

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **9**

OFFICE USE ONLY

Date Received
RECEIVED
JAN 16 2024
BOSQUE CO. ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST **Thomas** MI **M**
NICKNAME **Max** LAST **Smith** SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 123 Meridian TX 76665

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(254) 435-5829

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST **Susan** MI
NICKNAME **Godwin** LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 123 Meridian TX 76665

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(254) 855-9773

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 23 12 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 5 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Bosque County Attorney

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

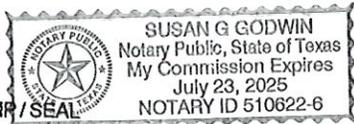
| | | |
|----------------------------------|---|--|
| 15 C/OH NAME <i>Max Smith</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>0</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>4313.81</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>44.02</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>2810.87</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>5789.13</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>7500.00</i> |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by *Max Smith* this the *16th* day of *January*, 20*24*, to certify which, witness my hand and seal of office.
Susan G. Godwin *Susan G. Godwin* *Notary Public*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).
 Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Max Smith</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1100 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3213.81 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 7500 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2810.87 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME

Max Smith

3 Filer ID (Ethics Commission Filers)

4 Date

8/24/23

5 Full name of contributor

Linda Smith

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State; Zip Code

**Fort Worth TX
76110**

8 Principal occupation / Job title (See Instructions)

Managing Partner

9 Employer (See Instructions)

M + M Group

Date

8/24/23

Full name of contributor

M.O. Whited

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

City;

State; Zip Code

Hurst, TX 76053

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/4/23

Full name of contributor

Edwin Nichols

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$400

Contributor address;

City;

State; Zip Code

Meridian TX 76665

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Edwin S. Nichols Exploration

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>1</u> | |
| 2 FILER NAME <u>Max Smith</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>0</u> | |
| 5 Date <u>8/14/23</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linda Smith</u> | 8 Amount of Contribution \$ <u># 1030.56</u> | 9 In-kind contribution description <u>Campaign letter openers, bumper stickers campaign button campaign banner & posters</u> |
| 7 Contributor address: _____ City: _____ State: _____ Zip Code <u>Fort Worth TX 76110</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Managing Partner</u> | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>M&M GROUP</u> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|--|--|
| Date <u>12/20/23</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Russell Smith</u> | Amount of Contribution \$ <u># 2183.25</u> | In-kind contribution description <u>small & large campaign yard signs</u> |
| Contributor address: _____ City: _____ State: _____ Zip Code <u>Fort Worth TX 76110</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>President</u> | | Employer (FOR NON-JUDICIAL)(See Instructions) <u>Qualitiscap Services, Inc.</u> | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule E: **2**

2 FILER NAME

Max Smith

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **0**

5 Date of loan
7/12/23

7 Name of lender out-of-state PAC (ID#: _____)
Max Smith

9 Loan Amount (\$) **\$1500**

6 Is lender a financial institution?
Y (N)

8 Lender address; City; State; Zip Code
PO Box 123 Meridian, TX 76665

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

T. Maxwell Smith, PLLC

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

11/21/23

Name of lender out-of-state PAC (ID#: _____)
Max Smith

Loan Amount (\$) **\$1000**

Is lender a financial institution?
Y (N)

Lender address; City; State; Zip Code
PO Box 123 Meridian, TX 76665

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

T. Maxwell Smith, PLLC

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

Max Smith

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

12/28/23

7 Name of lender

Max Smith

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$ 5000

6 Is lender a financial institution?

Y N

8 Lender address;

P.O. Box 123 Meridian, TX 76665

City;

State;

Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

T. Maxwell Smith, PLLC

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

is lender a financial institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Max Smith | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/9/23 | 5 Payee name Sports Near Graphics | |
| 6 Amount (\$) 345.59 | 7 Payee address; City; State; Zip Code 1920 Wenneca Ave. Fort Worth TX 76102 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Campaign T Shirts |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|--|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Max Smith | Office sought Bosque County Attorney | Office held |
|---|---|--|-------------|

| | | |
|------------------------------|---|--|
| Date 8/21/23 | Payee name Print World | |
| Amount (\$) 941.78 | Payee address; City; State; Zip Code 6025 E. Lancaster Ave. Fort Worth TX 76112 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Large Campaign Signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|--|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Max Smith | Office sought Bosque County Attorney | Office held |
|---|---|--|-------------|

| | | |
|------------------------------|---|---|
| Date 8/28/23 | Payee name Print World | |
| Amount (\$) 420.01 | Payee address; City; State; Zip Code 6025 E. Lancaster Fort Worth TX 76112 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Small Campaign Yard Signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|--|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Max Smith | Office sought Bosque County Attorney | Office held |
|---|---|--|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME MAX SMITH | 3 Filer ID (Ethics Commission Filers) |
|--|----------------------------------|---------------------------------------|

| | |
|--------------------------|--------------------------------|
| 4 Date 9/22/23 | 5 Payee name Wix.com |
|--------------------------|--------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) 281.82 | 7 Payee address; wix.com 500 Terry A Francois Blvd San Francisco CA 94158 |
|--------------------------------|---|

| | | |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description campaign website |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|--|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Max Smith | Office sought Bosque County Attorney | Office held |
|---|---|--|-------------|

| | |
|-------------------------|---|
| Date 11/22/23 | Payee name Bosque County Republican Party |
|-------------------------|---|

| | |
|---------------------------|---|
| Amount (\$) 750 | Payee address; 505 N. 5th Street Suite 240 Clifton TX 76634 |
|---------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Candidate Application Filing Fee |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|------------------------------|
| Date 12/29/23 | Payee name Staples |
|-------------------------|------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 27.05 | Payee address; 1660 So. University Dr. Fort Worth TX 76107 |
|-----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description campaign Business cards |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|--|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Max Smith | Office sought Bosque County Attorney | Office held |
|---|---|--|-------------|

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