

FORM C/OH  
COVER SHEET PG 1

Revised 1/1/2026

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

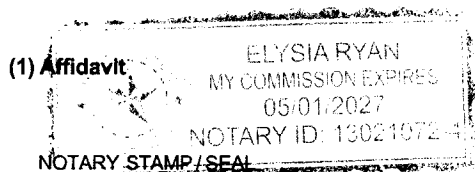
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> ANGELA SMITH		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1550.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 445.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 5632.61
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 466.16
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4448.55

**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.

*Angela M. Smith*  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Angela M. Smith this the 7 day of January, 2026, to certify which, witness my hand and seal of office.

Elysia Ryan Elysia Ryan Notary of Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (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**

<b>19 FILER NAME</b> ANGELA SMITH		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4548.55
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4638.56
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 548.55
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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.		<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME <b>ANGELA SMITH</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  <b>12/05/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>MARY &amp; RONALD SMITH</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>SILSBEE, TX 77656</b>	<b>7</b> Amount of contribution (\$)  <b>1000.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  <b>12/09/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>WILLIAM GLAZE</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>SILSBEE, TX 77656</b>	<b>Amount of contribution (\$)</b>  <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) ..... <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) ..... <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>3</b>
2 FILER NAME <b>ANGELA SMITH</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan <b>09/02/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ANGELA SMITH</b>	9 Loan Amount (\$) <b>3000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>KOUNTZE, TX 77625</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>11/04/2025</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ANGELA SMITH</b>	Loan Amount (\$) <b>167.78</b>
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>KOUNTZE, TX 77625</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>3</b>
2 FILER NAME <b>ANGELA SMITH</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan <b>11/19/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ANGELA SMITH</b>	9 Loan Amount (\$) <b>182.67</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>KOUNTZE, TX 77625</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>12/01/2025</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ANGELA SMITH</b>	Loan Amount (\$) <b>1,000.00</b>
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>KOUNTZE, TX 77625</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="radio"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.		<b>1</b> Total pages Schedule E: <b>3</b>
<b>2</b> FILER NAME <b>ANGELA SMITH</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 0.00</b>
<b>5</b> Date of loan <b>12/07/2025</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ANGELA SMITH</b>	<b>9</b> Loan Amount (\$) <b>198.10</b>
<b>6</b> Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code <b>KOUNTZE, TX 77625</b>	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial Institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b>  none		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME ANGELA SMITH	3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2025	5 Payee name IMPRINT.COM	
6 Amount (\$) 92.01	7 Payee address; City; State; Zip Code 14550 BEECHNUT ST, HOUSTON, TX 77083 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL ADVERTISING - CAMPAIGN BUTTONS
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/01/2025	Payee name SPRING-PRINT LUMBERTON	
Amount (\$) 460.44	Payee address; City; State; Zip Code 540 S MAIN ST, LUMBERTON, TX 77657 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL ADVERTISING-CUSTOM CAMPAIGN SHIRTS
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/30/2025	Payee name IMPRINT.COM	
Amount (\$) 200.37	Payee address; City; State; Zip Code 14550 BEECHNUT ST, HOUSTON, TX 77083 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL ADVERTISING-CUSTOM RECTANGLE MAGNETS & CUSTOM BANNER
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought 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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>ANGELA SMITH</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/31/2025</b>	<b>5</b> Payee name <b>HARDIN COUNTY REPUBLICAN PARTY</b>	
<b>6</b> Amount (\$) <b>750.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>620 S MAIN ST, LUMBERTON, TX 77657</b> <small>Check if individual's residence address.</small>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FEES</b>	<b>(b)</b> Description <b>CAMPAIGN FILING FEE</b>
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>11/25/2025</b>	Payee name <b>PARCO PRINTING</b>	
Amount (\$) <b>1,021.13</b>	Payee address; City; State; Zip Code <b>123 NORTH 5TH ST, SILSBEE, TX 77656</b> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>POLITICAL ADVERTISING-18X24 CAMPAIGN YARD SIGNS</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>12/05/2025</b>	Payee name <b>PARCO PRINTING</b>	
Amount (\$) <b>1,169.07</b>	Payee address; City; State; Zip Code <b>123 NORTH 5TH ST, SILSBEE, TX 77656</b> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>POLITICAL ADVERTISING-48X48 CAMPAIGN SIGNS</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME ANGELA SMITH	3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2025	5 Payee name PARCO PRINTING	
6 Amount (\$) 845.54	7 Payee address; City; State; Zip Code 123 NORTH 5TH ST, SILSBEE, TX 77656 <small>Check if individual's residence address.</small>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL ADVERTISING-METAL POSTS FOR YARD SIGNS AND DELIVERY FEE FOR SIGNS
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/18/2025	Payee name ANGELA SMITH	
Amount (\$) 100.00	Payee address; City; State; Zip Code KOUNTZE, TX 77625 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description PARTIAL LOAN REPAYMENT
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME ANGELA SMITH	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution EDUCATION FIRST FEDERAL CREDIT UNION	
6 PAYMENT	(a) Amount Charged \$ 167.78	(b) Date Expenditure Charged 11/04/2025
7 PAYEE	(a) Payee name VISTA PRINT	(c) Date(s) Credit Card Issuer Paid 11/04/2025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL ADVERTISING-CAR MAGNETS
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 182.67	(b) Date Expenditure Charged 11/19/2025
PAYEE	(a) Payee name WAL-MART	(c) Date(s) Credit Card Issuer Paid 11/25/2025
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description CANDY FOR HARDIN COUNTY CHRISTMAS PARADES
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Payee address; City, State, Zip Code
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME ANGELA SMITH	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution  
CARDMEMBER SERVICES

6 PAYMENT

(a) Amount Charged  
\$ 198.10

(b) Date Expenditure Charged  
12/07/2025

(c) Date(s) Credit Card Issuer Paid  
12/17/2025

7 PAYEE

(a) Payee name  
SAM'S CLUB

(b) Payee address; City, State, Zip Code  
1615 I-10 S, BEAUMONT, TX 77701  
☐ Check if individual's residence address.

8 PURPOSE OF  
EXPENDITURE

☒ Political  
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)  
EVENT EXPENSE

(b) Description  
CANDY FOR HARDIN COUNTY CHRISTMAS PARADES

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name Office Sought Office Held

PAYMENT

(a) Amount Charged  
\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address; City, State, Zip Code  
☐ Check if individual's residence address.

PURPOSE OF  
EXPENDITURE

☒ Political  
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name Office Sought Office Held

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Candidate / Officeholder name Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED