

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Zachary R Smith 15 Filer ID (Ethics Commission Filers) 83-3414866

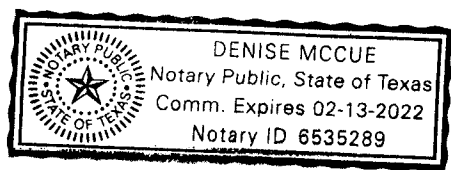
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		<u>Tredac/Texas Assoc. of Realtors Political Action Committee</u>
	COMMITTEE ADDRESS	<u>Po Box 2246 Austin TX 78768-2246</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Deborah Spangler</u>
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		<u>Po Box 2246 Austin TX 78768-2246</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1500.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>515.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>985.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

18 AFFIDAVIT
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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Zachary Smith, this the 4 day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Denise McCue Printed name of officer administering oath
Notary public Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: (1)

2 FILER NAME **Zachary R. Smith** 3 Filer ID (Ethics Commission Filers)
83-3414866

4 Date **3/18/19** 5 Full name of contributor out-of-state PAC (ID#: _____) **Sophia, Inc.** 7 Amount of contribution (\$) **500.⁰⁰**
6 Contributor address; City; State; Zip Code
117 Kingwood Forest Victoria TX, 77904

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date **4/3/19** Full name of contributor out-of-state PAC (ID#: _____) **TrePAC / Texas Association of Realtors .** Amount of contribution (\$) **1000.⁰⁰**
Contributor address; City; State; Zip Code
P.O. Box 2246 Austin TX. 78768

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:		2 FILER NAME <i>Zachary R. Smith.</i>		3 Filer ID (Ethics Commission Filers) <i>83 - 3414866</i>	
4 Date <i>3-18-19</i>		5 Payee name <i>Rapid Printing & Designs.</i>			
6 Amount (\$) <i>500.⁰⁰</i>		7 Payee address; City; State; Zip Code <i>1708 N. Navarro Ste 300. Victoria, TX. 77901</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <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		Office sought	
Office held					

Date <i>3-29-19</i>		Payee name <i>NewFirst National Bank</i>			
Amount (\$) <i>15.⁰⁰</i>		Payee address; City; State; Zip Code <i>10301 NE Zac Lentz Pkwy Victoria, TX. 77904</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Accounting/ Banking</i>		Description <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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <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					

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