CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 FIRST МІ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** S ERIC NAME Date Received SUFFIX NICKNAME SMITH ADDRESS / PO BOX; APT / SUITE #: CITY: 4198 RAVENDANK DR ROCKVALL, TX 7508 7 4 CANDIDATE / ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ (469) 955 3916 **OFFICEHOLDER** PHONE MS / MRS / MP MI 6 CAMPAIGN 5 **TREASURER** ERIC 07/08/25 NAME SUFFIX Date Imaged SMITH 07/09 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4198 RAVENBANK DR ROCKWALL, TX 75087 CITY: 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER (469) 955 3916 PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 15 /2025 ELECTION TYPE 11 ELECTION Other Day 5 / 3 / 2025 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) CITY COUNCIL PLACE 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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

				-			
15 C/OH NAME	10	S. SMITH		16 Filer	ID (Ethics Cor	nmission Filers)	
17 CONTRIBUTION TOTALS					\$ 0.00		
					\$ 6.00		
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES					\$0.00		
					\$0.00		
CONTRIBUTION BALANCE	1 D. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				\$ 0,00		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS IG PERIOD	OF THE	\$0.00	>	
		affirm, under penalty of perjury, be reported by me under Title 15, l	that the accompanying report is to	rue and co	prrect and inclu	des all information	
					//1		
			Signature of 0	Candidate	or Officeholde	r	
		Diagon	alata althau autlau hala				
		Please comp	olete either option belo	W:			
(4) A 600 1 14							
(1) Affidavit							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before	ne by	this th	e	_ day of	*	
20, to certify	which, w	itness my hand and seal of office.					
Signature of officer administe	ering oath	Printed name of of	ficer administering oath		Title of officer	administering oath	
			OR			2000	
(2) Unsworn Declarati	ion						
My name is		5. SMITH	, and my date of birth	is			
My address is <u>4198</u>	RAVEA	VBANK DR	ROCKWALL	<u> </u>	75057	ROCKWALL	
		(street)	(city)	(state)	(zip code)	(country)	
Executed in ROCKWA	166	County, State of 7X	, on the day of		, 20_25		
			(mo	11(11)	(year)		
			Signature of Car	didate/Offi	ceholder (Decla	arant)	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			The	nstruction Guid	e explains how to complete this for	m.					
		•• Co			Type" on page 1 is marked "Fina						
	C/OH N		5.	SMITH		2 Filer ID (Ethics Commission Filers)					
3	SIGNAT										
	designat	ing a report as a fina	al report te	erminates my can	ical expenditures in connection with m npaign treasurer appointment. I also u tures without a campaign treasurer appointment. Signatur	nderstand that I may not accept any					
ı		RWHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••									
	A.	CAMPAIGN FUND	s								
	Check	only one:									
	X	I do not have unexp	ended co	entributions or une	expended interest or income earned from	om political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.									
	B.	ASSETS									
	Check	only one:									
	\blacksquare	I do not retain assets purchased with political contributions or interest or other income from political contributions.									
		that I may not conv	ert assets o underst	s purchased with and that I must d	political contributions or interest or otherspose of assets purchased with politic	com political contributions. I understand er income from political contributions to eal contributions in accordance with the Signature of Candidate					
					•	gataro or carranatto					
5		EHOLDER plete this section	only if y	ou are an office	holder ••						
		file. I am also aware an officeholder, I re	e that I wil tain politic	I be required to fil al contributions, i	ments applicable to an officeholder who e reports of unexpended contributions in nterest or other income from political co ne from political contributions.						
					s	Signature of Officeholder					