

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: **8**

3 CANDIDATE / OFFICEHOLDER NAME

MS / (MRS) / MR FIRST MI
Mrs Karen H.
NICKNAME LAST SUFFIX
Smith

OFFICE USE ONLY

Date Received

12/29/2021
@ 11:01

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
400 S. Madison San Angelo, TX 76901

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 277-9619

Date Hand-delivered on Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / (MRS) / MR FIRST MI
Mrs Lyndon R.
NICKNAME LAST SUFFIX
Galindo

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1220 S. Madison San Angelo, TX 76901

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 656-0530

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 Month Day Year
12 / 12 / 21 THROUGH 12 / 29 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
1 / 29 / 22 General Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

City Council SMD5

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
 GENERAL NA
COMMITTEE ADDRESS
 SPECIFIC
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Karen Hesse Smith

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)

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,525.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 2,637.86

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3,887.14

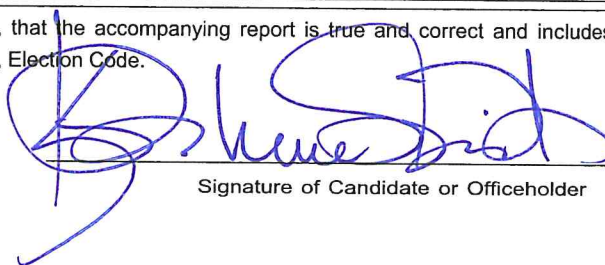
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

18 SIGNATURE

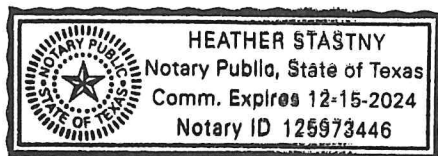
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Karen Hesse Smith this the 29 day of December, 2021, to certify which, witness my hand and seal of office.

Unstastny
Signature of officer administering oath

Heather Stastny
Printed name of officer administering oath

Deputy City Clerk
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

19 FILER NAME

Karen Hesse Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,525.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,637.86
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: 3
2 FILER NAME Karen Hesse Smith		3 Filer ID (Ethics Commission Filers)
4 Date 12/20/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.B. Shahan	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code P.O. Box 2807 San Angelo TX 76902	
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 12/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe M. Mertz	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 630 S. Bishop San Angelo TX 76901	
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions)
Date 12/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann and John West	Amount of contribution (\$) 700.00
	Contributor address; City; State; Zip Code 718 W. Ave H San Angelo TX 76903	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Stribling	Amount of contribution (\$) 700.00
	Contributor address; City; State; Zip Code 1123 Montecito Dr. San Angelo, TX 76901	
Principal occupation / Job title (See Instructions) retired		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.

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Louise Strain</i>	7 Amount of contribution (\$)
<i>12/20/21</i>	6 Contributor address; City; State; Zip Code <i>910 Alta Loma Circle San Angelo, TX 76901</i>	<i>1,000.00</i>
8 Principal occupation / Job title (See Instructions) <i>rancher</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Ridge</i>	Amount of contribution (\$)
<i>12/20/21</i>	Contributor address; City; State; Zip Code <i>1430 S. Madison San Angelo, TX 76901</i>	<i>200.00</i>
Principal occupation / Job title (See Instructions) <i>teacher</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis Rork</i>	Amount of contribution (\$)
<i>12/20/21</i>	Contributor address; City; State; Zip Code <i>2503 W. Ave K San Angelo, TX 76901</i>	<i>150.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna C. Sugg</i>	Amount of contribution (\$)
<i>12/20/21</i>	Contributor address; City; State; Zip Code <i>1205 W. Ave D San Angelo, TX 76901</i>	<i>1,000.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)

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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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lawrence A. Ricci</i>	7 Amount of contribution (\$)
<i>12/13/21</i>	6 Contributor address; City; State; Zip Code <i>718 W. Ave D San Angelo TX 76903</i>	<i>700.00</i>
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>H.R. Wardlaw III</i>	Amount of contribution (\$)
<i>12/13/21</i>	Contributor address; City; State; Zip Code <i>1201 S. Park San Angelo TX 76901</i>	<i>700.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Hesse</i>	Amount of contribution (\$)
<i>12/13/21</i>	Contributor address; City; State; Zip Code <i>415 South Park San Angelo, TX 76901</i>	<i>200.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shellie Yokum</i>	Amount of contribution (\$)
<i>12/13/21</i>	Contributor address; City; State; Zip Code <i>1112 Algerita San Angelo TX 76901</i>	<i>75.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		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.

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 FILER NAME: <i>Karen Hesse Smith</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>400⁰⁰</i>
5 Date of loan <i>12-13-21</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Hesse Smith</i>	9 Loan Amount (\$) <i>400⁰⁰</i>
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>400 S. Madison San Angelo TX 76901</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>retired</i>		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 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 | 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: 1	2 FILER NAME Karen Hesse Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 12/14/21	5 Payee name U.S. Post Office
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6 Amount (\$) 23200	7 Payee address; 1 N. Abe St. San Angelo TX 76902	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description stamps
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/21	Payee name Q's Printing and Design
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Amount (\$) 2347.33	Payee address; 20 N. Howard Suite 8 San Angelo TX 76901	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description postcards, envelopes, processing for Post Office
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/21	Payee name Q Printing and Design
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Amount (\$) 58.53	Payee address; 20 N. Howard Suite 8 San Angelo TX 76901	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign letters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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