

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:

10

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

1/20/2022

[Signature]

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 277-9619

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

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

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 / 30 / 21 THROUGH 1 / 20 / 22

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
 General Special

1 / 29 / 22

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

City Council SMD 5

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

NA

GENERAL

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

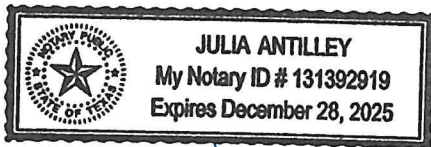
15 C/OH NAME KAREN HESSE SMITH		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 400.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,431.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 200.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 400.00

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.

Karen Hesse Smith
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 20th day of January,

20 22, to certify which, witness my hand and seal of office.

Julia Antilley Julia Antilley City Clerk
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

19 FILER NAME <i>KAREN HESSE 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	\$ <i>3,750.00</i>
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	\$ <i>400.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>17,431.82</i>
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: 4
2 FILER NAME <i>Karon Hesse Smith Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/3/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Hesse</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>5446 Rutherglen Dr Houston TX 77096</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>1/3/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>H. M. Johnson</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>1326 Paseo De Tera San Angelo TX 76901</i>		
Principal occupation / Job title (See Instructions) <i>Rancher</i>		Employer (See Instructions)
Date <i>1/3/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles J. Hughes</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1104 W. Beauregard San Angelo TX 76901</i>		
Principal occupation / Job title (See Instructions) <i>attorney & Rancher</i>		Employer (See Instructions)
Date <i>1/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee E. Moore</i>	Amount of contribution (\$) <i>700.00</i>
Contributor address; City; State; Zip Code <i>1323 Algerita San Angelo, TX 76901</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 <i>Karen Hesse Smith Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/7/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BARBARA H. ROGERS</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>405 S. MADISON S.A. TX 76901</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>1/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CATHERINE A. NEILL</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>1213 PASEO DE VACA S.A. TX 76901</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>1/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACKIE MARTIN</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1010 ALTA LOHAA CIR S.A. TX 76901</i>		
Principal occupation / Job title (See Instructions) <i>WOOL INDUSTRY</i>		Employer (See Instructions)
Date <i>1/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MOMIE KLLINGTON</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>2702 DOUGLAS DR S.A. TX 76904</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Karen Hesse Smith Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/18/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DEBORAH GRISSEN</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. BOX 2690 SAN ANGELO TX 76902</i>		
8 Principal occupation / Job title (See Instructions) <i>RANCHER</i>		9 Employer (See Instructions)
Date <i>1/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CARON C. DUCOTE</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>1219 MACKENZIE S.A. TX 76901</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>1/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEPHEN R. BOSTER</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6115 JEFFERSON S.A. TX 76901</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>1/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY CORTESE</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 2418 SAN ANGELO TX 76902</i>		
Principal occupation / Job title (See Instructions) <i>BUILDER</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 <i>Kevin Hesse Smith Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/18/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LOUELEN MEYER</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>2104 DOUGLAS DR. S.A. TX 76904</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>1/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHELLIE YOKUM</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1112 ALGERITA S.A. TX 76901</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 1
2 FILER NAME Karen Hesse Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 400⁰⁰
5 Date of loan 12-13-21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Hesse Smith	9 Loan Amount (\$) 400⁰⁰
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 400 S. Madison San Angelo TX 76901	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) retired		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 N	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:	2 FILER NAME <i>KAREN HESSE SAITH</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-2-22</i>	5 Payee name <i>Q PRINTING & DESIGN</i>	
6 Amount (\$) <i>1,365.94</i>	7 Payee address; City; State; Zip Code <i>20 N. HOWARD ST SUITE 8 SAN ANGELO TX 76901</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description
	(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	Office sought Office held
Date <i>1-6-22</i>	Payee name <i>Q PRINTING & DESIGN</i>	
Amount (\$) <i>2,681.60</i>	Payee address; City; State; Zip Code <i>SAME AS ABOVE</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</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 <i>1-7-22</i>	Payee name <i>Q PRINTING & DESIGN</i>	
Amount (\$) <i>128.28</i>	Payee address; City; State; Zip Code <i>SAME AS ABOVE</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</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

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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:	2 FILER NAME <i>KAREN HESSE SMITH</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1-19-22</i>	5 Payee name <i>DRISHTI POINT</i>
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6 Amount (\$) <i>1,500.00</i>	7 Payee address; <i>511 S. BISHOP</i>	City; <i>SAN ANGELO TX</i>	State;	Zip Code <i>76901</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description
	(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 <i>1-18-22</i>	Payee name <i>HLST</i>
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Amount (\$) <i>1,560</i>	Payee address; <i>2800 ARMSTRONG ST.</i>	City; <i>SAN ANGELO TX</i>	State;	Zip Code <i>76903</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>T.V. ADVERTISING</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-18-22</i>	Payee name <i>FOSTER COMMUNICATIONS</i>
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Amount (\$) <i>196.00</i>	Payee address; <i>2824 SHERWOOD WAY</i>	City; <i>SAN ANGELO TX</i>	State;	Zip Code <i>76901</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>RADIO ADVERTISING</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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