

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: **7**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr, Billy W

NICKNAME LAST SUFFIX
BW Smith

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1045 Cochran Drive Mesquite, Texas 75149

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(682) 272-4324

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr, Billy W

NICKNAME LAST SUFFIX
BW Smith

OFFICE USE ONLY

Date Received

RECEIVED

JUL 08 2025

CITY OF MESQUITE
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1045 Cochran Drive Mesquite, Texas 75149

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(682) 272-4324

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
1 / 1 / 25 THROUGH 6 / 30 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 4 / 25 General Special

12 OFFICE

OFFICE HELD (if any)

City councilman district 5

13 OFFICE SOUGHT (if known)

City councilman district-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

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 Billy W. (BW) 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,155.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 489.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,929.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Billy W. (BW) Smith, and my date of birth is July 28, 1954.

My address is 1045 Cochran Dr., Mesquite, TX., 75149, USA.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 7th. day of July, 2025.
(month) (year)

Billy W. Smith
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Billy W. (BW) 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	\$ 2,155.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 489.54
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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

Billy W. (BW) Smith

3 Filer ID (Ethics Commission Filers)

4 Date

04/09/2025

5 Full name of contributor

Henry Kiser

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

30.00

6 Contributor address;

City;

State;

Zip Code

720 Michelle Way Mesq. Tx. 75149

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

04/26/2025

Full name of contributor

Frank Greenhaw

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1211 Lake Shore Mesq. Tx. 75149

Principal occupation / Job title (See Instructions)

Retired Musician

Employer (See Instructions)

Date

05/20/2025

Full name of contributor

Carolyn Prado

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

721 Melinda Mesquite Tx. ~~75149~~ 75149

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

05/30/2025

Full name of contributor

Babbett Bradshaw

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

1236 S. Beltline Rd. Mesq. Tx. 75149

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 Billy W. (BW) Smith		3 Filer ID (Ethics Commission Filers)
4 Date 06/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) David Fischer	100.00
	6 Contributor address; City; State; Zip Code 1017 Grande Dr. Mesq. TX. 75149	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Jana Hubacek	150.00
	Contributor address; City; State; Zip Code 213 Tolar Mesq. Tx. 75149	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Terry Westmoreland	200.00
	Contributor address; City; State; Zip Code 438 Dinalynn Mesq. Tx. 75149	
Principal occupation / Job title (See Instructions) Parks		Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Quincy Sinkler	100.00
	Contributor address; City; State; Zip Code 1210 Pioneer Rd. Mesq. Tx. 75149	
Principal occupation / Job title (See Instructions) Carwash Owner		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 Billy W. (BW) Smith		3 Filer ID (Ethics Commission Filers)
4 Date 06/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Vickey Hernandez	7 Amount of contribution (\$) 75.00
6 Contributor address; City; State; Zip Code 725 Parkwood Mesq. TX. 75149		
8 Principal occupation / Job title (See Instructions) Officer Worker		9 Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Stephen Smith	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1315 Greenbiar Lancaster, Tx. 75146		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Dean Hildebrand	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4406 Silverthorn Mesq. Tx. 75150		
Principal occupation / Job title (See Instructions) Elevator Tech.		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
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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: 1	2 FILER NAME Billy W. (BW) Smith	3 Filer ID (Ethics Commission Filers)
4 Date 06/21/2025	5 Payee name CiCi's Pizza	
6 Amount (\$) 489.54	7 Payee address; City; State; Zip Code 1200 Davis Street St. #122 Mesquite Texas 75149	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Food for re-elction kick off and fund raiser.
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Billy W. (BW) Smith	Office sought City council D-5
		Office held City council D-5
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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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