

**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	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Stephanie	MI
	NICKNAME	LAST Jennings-Smith	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	776 6th Street Somerville, TX 77879		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Jamie	MI D
	NICKNAME	LAST Jennings	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	8689 FM 2774		Caldwell TX 77836
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	979	412-1811	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	11/17/2025		12/31/2025
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other
	03/03/2026		
11 OFFICE	OFFICE HELD (if any) COUNTY TREASURER Burleson		12 OFFICE SOUGHT (if known) COUNTY TREASURER

FILED

OFFICE USE ONLY

Date Received
JAN 15 2026

ANNA L. SCHIELACK
COUNTY CLERK, BURLESON CO., TEX.
By: *[Signature]* Deputy

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 5

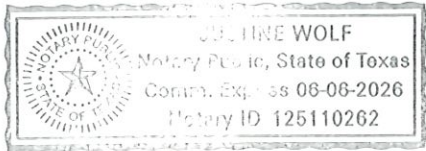
13 C / OH NAME Jennings-Smith, Stephanie	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE TYPE	COMMITTEE NAME										
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
	<input type="checkbox"/> SPECIFIC											
COMMITTEE CAMPAIGN TREASURER NAME												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,090.01
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Stephanie Jennings Smith

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Stephanie Jennings Smith this the 15th day of January, 2026, to certify which, witness my hand and seal of office.

Justine Wolf

Signature of officer administering

Justine Wolf

Printed name of officer administering

Notary

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Jennings-Smith, Stephanie	19 Filer ID
20 SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT
NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 340.01
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 750.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 4/5	2 FILER NAME Jennings-Smith, Stephanie		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution Citibank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$340.01	(b) Date of Charge 12/30/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name DIRTCHEAPSIGNS.COM		(b) Payee address; City, State, Zip Code 6706 LOHMAN FORD RD LAGO VISTA, TX 78645
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description 100 YARD SIGNS
	(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

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

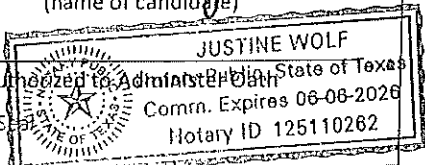
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 5/5	2 FILER NAME Jennings-Smith, Stephanie	3 Filer ID
4 Date 11/24/2025	5 Payee name BURLESON COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 301 E HWY 21 CALDWELL, TX 77836	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

APPLICATION FOR A PLACE ON THE GENERAL PRIMARY BALLOT

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Republican</u> PARTY GENERAL PRIMARY BALLOT					
To: State/County Chair (Democratic or Republican)					
I request that my name be placed on the above-named official primary ballot as a candidate for nomination to the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>County Treasurer</u>			INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED		INCUMBENT DECLARATION: (Check this box if you are the incumbent.) INCUMBENT <input checked="" type="checkbox"/>
FULL NAME (First, Middle, Last) <u>Stephanie Nichole Jennings-Smith</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Stephanie Jennings Smith</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>776 6th Street</u>			PUBLIC MAILING ADDRESS (Optional) (Address at which you receive campaign related correspondence, if available.) <u>776 6th Street</u>		
CITY <u>Somerville</u>		STATE <u>Tx</u>	ZIP <u>77879</u>	CITY <u>Somerville</u>	
STATE <u>Tx</u>		ZIP <u>77879</u>			
PUBLIC EMAIL ADDRESS (Optional) (Address at which you receive campaign related emails, if available.) <u>Snpinter@yahoo.com</u>		OCCUPATION (Do not leave blank) <u>County Treasurer</u>		DATE OF BIRTH <u>11 / 13 / 1975</u>	VOTER REGISTRATION VOID NUMBER ² (Optional)
TELEPHONE CONTACT INFORMATION (Optional) Home: <u>979-324-1212</u> Office: <u>979-567-2305</u> Cell: <u>979-324-1212</u>					
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			IN THE STATE OF TEXAS <u>50</u> year(s) ____ month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>46</u> year(s) ____ month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review Sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Stephanie Jennings Smith</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Stephanie Jennings Smith</u> , of <u>Burleson</u> County, Texas, being a candidate for the office of <u>County Treasurer</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
<u>X Stephanie Jennings Smith</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>18th</u> day of <u>November</u> , <u>2025</u> , by <u>Stephanie Jennings Smith</u> , (day) (month) (year) (name of candidate)					
<u>Justine Wolf</u> Signature of Officer Authorized to Administer Oath ⁴			<u>Justine Wolf</u> Printed Name of Officer Authorized to Administer Oath Notarial or Official Seal		
Title of Officer Authorized to Administer Oath					

TO BE COMPLETED BY CHAIR OR SECRETARY OF THE COUNTY EXECUTIVE COMMITTEE: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE PAID BY: # 1044 Citizens

CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A FILING FEE Voter Registration Status Verified

This document and \$ 750.00 filing fee or petition of _____ pages received (See Section 1.007)

11 / 24 / 2025
Date Filed

Karen Bolt
Signature of Chair or Designee Receiving Filed Application

____ / ____ / ____ or ____ / ____ / ____
Date Accepted Date Rejected

Signature of Chair or Secretary Upon Determination of Application

STEPHANIE NICHOLE SMITH
CHAD WILLIAM SMITH
P O BOX 814
CALDWELL TX. 77836

1044

88-1299/1131
2

11/17/2025

Date

CHECK AMOUNT

Pay to the Order of Burleson County Republican Party \$ 750.00
Seven hundred fifty & no/100 Dollars

Photo Safe Deposit Details on back

 Citizens
State Bank
979-596-1421
www.csbk.bank

For Filing Fee - Election

Stephanie Smith

⑆ 113112995⑆ 20 8703 0⑆ 1044

Registered Office

Home > My Account > My Orders

My Orders

Below are your orders. You can download your sales receipt, see your order details and also re-order past orders.

MY ACCOUNT

MY ORDERS

MY DESIGNS

LOGOUT

Order num.:	#199395	Billing Address
Amount:	\$340.01	Stephanie Smith
Order date:	Dec. 30th 2025	776 6th Street
Payment date:	Dec. 30th 2025	Somerville, TX 77879
Production:	Standard	979-324-1212
Rush fee:	\$0.00	snpinter@yahoo.com
Order status:	In Production	Shipping Address
Shipping:	PickUp from DCS Facility (Lago Vista, TX)	Stephanie Smith
Shipping fee:	\$0.00	776 6th Street
Tracking num.:	N/A	Somerville, TX 77879
Shipping date:	N/A	979-324-1212
Sales Tax:	\$25.91	snpinter@yahoo.com
Discount:	\$34.90	
Sales Receipt:	Download Sales Receipt	

RE-ORDER

Yard Signs, 18"x24", White