JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** PAMELA SMITHAM NAME Date Received NICKNAME LAST SUFFIX PAMELA LUTHER 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE **OFFICEHOLDER** 133 N. RIVERFRONT MAILING DALLAS, TX 75207 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (469) 569-2917 PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR MI **TREASURER** LOU ANN RICHARDSON NAME Date Processed NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE; ZIP CODE **TREASURER** 6905 BATTLE CREEK **ADDRESS** FORT WORTH, TEXAS (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** 400-3812 PHONE 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** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year COVERED 01 01 /2022 06 30 2022 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** X Primary Runoff Month Day Other Year Description 2022 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) JUDGE CNTY CT CRIM APS #2 (SAME) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S 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 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME			16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLI PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE E	TICAL CONTRIBUTIONS (OTHER ' JARANTEES OF LOANS, OR LECTRONICALLY)	THAN	\$
	2. TOTAL POLITICAL CONT	TRIBUTIONS LOANS, OR GUARANTEES OF LOA	ANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPE	NDITURES		\$ 1261.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIL OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	E LAST DAY	\$ 2071.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS A	AS OF THE	\$ 0
18 SIGNATURE I sv	vear, or affirm, under penalty of perjury uired to be reported by me under Title 15	, that the accompanying report is	true and corr	rect and includes all information
	and to be reperted by the under Title 15	Jamela Sme	Tham	-
		Signature o	of Candidate/C	Officeholder
	Please con	nplete either option be	low:	DALLAS O DALLAS D 2022 JUL 12
(1) Affidavit NOTARY STAMP/SEAL	EBBIE DOLL MURPHY Notary Public, State of Tex Comm. Expires 02-21-202 Notary ID 133602190	as		PH 3: 56
Sworn to and subscribed		omithan this	the Sh	day of July,
20, to certify	which, witness my hand and seal of office			
Ollais of for	iph Ebbi	e Murphy	T	exas Notary
Signature of officer administer	ing oath Printed name of	officer administering oath		Title of officer administering oath
		OR	草族熟練	
(2) Unsworn Declaration	n			
My name is		, and my date of birt	th is	
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on theday of	ionth)	_, 20 (year)
		Signature of Ca	andidate/Office	sholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		COVER SH	EET PG 3
19	FILER NAME 20	Filer ID (Ethics Commis	ssion Filers)
21 S	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	XX SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	IBUTIONS \$	1261.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON-	TRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	17.
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH \$	
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$	F3 [7]
			CTIONS DENNING

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
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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME PAMELA SMITHAM / PAMELA LUTHE	R	3 Filer ID (Ethic	es Commission Filers)
4 Date 1-3-22	5 Payee name FACEBOOK		L	2
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$65	FACEBOOK 1 HACKER WAY, MENLO	CA 94025	s	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING	SOCIAL MED	IA	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			The state of the s
2-1-22	FACEBOOK			N 33 8 5
Amount (\$)	Payee address;	City;	State;	Zip Code
\$77.52	FACEBOOK 1 HACKER WAY, MENLO	O CA 94025		\$ 55 E
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3-1-22	FACEBOOK			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$16.99	FACEBOOK 1 HACKER WAY, MENI	_O CA 94025		
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living	expense
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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 Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	ns how to	Expense Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a cate	rict gory not listed at	6.25
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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
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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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/0

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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4 Date 1-18-22	5 Payee name GO DADDY	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
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3	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADVERTISING	DOMAIN NAME
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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\$7.03	500 TERRY A FRANCOIS BLVD, 61	TH FLOOR, SAN FRANCISCO, CA 94158
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Complete ONLY if direct expenditure to benefit C/OF Date 2-23-22 Amount (\$) \$7.03	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name WIX Payee address; 500 TERRY A FRANCOIS BLVD, 6TH Category (See Categories listed at the top of this schedule)	City; State; Zip Code FLOOR, SAN FRANCISCO, CA 94158

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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	3y al Committee	Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services		kpense /ages/Contract Labor	Travel In District Travel Out Of District Other (enter a category)	ict	
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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 Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)
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\$7.03	500 TERRY A FRANCOIS BLVD	City;	State; Zip Code
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