

# 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:

6

### OFFICE USE ONLY

Date Received

July 11 2017

JUL 11 2017

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr  
NICKNAME

Royce  
LAST

[ ]  
SUFFIX

Smith

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

P.O. Box 474

Hempstead, Texas 77445

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

826-8894

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs  
NICKNAME

Deedee  
LAST

[ ]  
SUFFIX

Smith

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

42330 FM 1736

Hempstead, Texas 77445

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

826-8894

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 \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

1 / 16 / 2017

THROUGH

6 / 30 / 2017

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Royce E. Smith 15 Filer ID (Ethics Commission Filers)

16 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.

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

|                         |   |  |
|-------------------------|---|--|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 2,950. <sup>50</sup> / <sub>100</sub> |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 0                                     |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2,680. <sup>90</sup> / <sub>100</sub> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 8,365. <sup>41</sup> / <sub>100</sub> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0                                     |

18 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.

Royce E. Smith  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce E. Smith, this the 11<sup>th</sup> day of July, 2017, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Justin Lane  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Royce E. Smith*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |                   |
|-----|---|-------------------|
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>2680.90</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 | \$                |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1 Total pages Schedule F1: <u>3</u>                              |  | 2 FILER NAME <u>Royce G. Smith</u>   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date <u>1-26-17</u>  |  | 5 Payee name <u>The Waller Times</u>   |  |   |  |
| 6 Amount (\$) <u>287.<sup>50</sup></u>                           |  | 7 Payee address; City; State; Zip Code<br><u>2323 Main St. Waller, Texas 77484</u>             |  |   |  |
| 8 PURPOSE OF EXPENDITURE   |  | (a) Category (See Categories listed at the top of this schedule)<br><u>Advertising Expense</u> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH            |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>   |  | Office sought<br><u>Sheriff</u>   |  |
| Date<br><u>3-13-17</u>   |  | Payee name<br><u>Brenham School of Dance</u>   |  |   |  |
| Amount (\$) <u>150.<sup>00</sup></u>                             |  | Payee address; City; State; Zip Code<br><u>2305-B Becker Dr. Brenham, Texas 77833</u>          |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><u>Donation - sponsorship</u>  |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH              |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>   |  | Office sought<br><u>Sheriff</u>   |  |
| Date<br><u>3/13</u><br><u>4/25</u>                               |  | Payee name<br><u>Waller County Fair Association</u>  |  |   |  |
| Amount (\$) <u>500.<sup>00</sup></u><br><u>300.<sup>00</sup></u> |  | Payee address; City; State; Zip Code<br><u>P.O. Box 911 Hempstead, Texas 77445</u>             |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><u>Advertising Expense</u>     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH              |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>   |  | Office sought<br><u>Sheriff</u>   |  |
|  |  |  |  | Office held<br><u>Sheriff</u>   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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:<br><b>3</b> | 2 FILER NAME<br><b>Royce G. Smith</b>  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>4-12-17</b>               | 5 Payee name<br><b>Waller Area Chamber of Commerce No. 2</b>   |   |
| 6 Amount (\$)<br><b>30.00</b>          | 7 Payee address; City; State; Zip Code<br><b>P.O. Box 53 Waller, Texas 77484</b>   |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b>     | (a) Category (See Categories listed at the top of this schedule)<br><b>Fees</b>  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: <b>Royce G. Smith</b> Office sought: <b>Sheriff</b> Office held: <b>Sheriff</b> |   |
| Date<br><b>4-12-17</b>                 | Payee name<br><b>Republican Party of Waller County</b>   |   |
| Amount (\$)<br><b>500.00</b>           | Payee address; City; State; Zip Code<br><b>P.O. Box 551 Hempstead, Texas 77445</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>          | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: <b>Royce G. Smith</b> Office sought: <b>Sheriff</b> Office held: <b>Sheriff</b> |   |
| Date<br><b>5-14-17</b>                 | Payee name<br><b>Waller County Sports Association</b>  |   |
| Amount (\$)<br><b>300.00</b>           | Payee address; City; State; Zip Code<br><b>P.O. Box 1435 Waller, Texas 77484</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>          | Category (See Categories listed at the top of this schedule)<br><b>Donation - scholarship</b>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: <b>Royce G. Smith</b> Office sought: <b>Sheriff</b> Office held: <b>Sheriff</b> |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1: <u>3</u>                   |  | 2 FILER NAME <u>Royce G. Smith</u>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date <u>5-25-17</u>                                 |  | 5 Payee name <u>Waller County News Citizen</u>  |  |   |  |
| 6 Amount (\$) <u>113.40</u>                           |  | 7 Payee address; City; State; Zip Code<br><u>350 US Bus Hwy 290, Ste 7 Hempstead, Texas 77445</u> |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br><u>Advertising Expense</u>    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>  |  | Office sought<br><u>Sheriff</u>   |  |
| Date<br><u>6-16-17</u>                                |  | Payee name<br><u>More Than Signs</u>  |  |   |  |
| Amount (\$) <u>500.<sup>00</sup></u>                  |  | Payee address; City; State; Zip Code<br><u>112 Austin St. Hempstead, Texas 77445</u>              |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><u>Donation - STEM program</u>    |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>  |  | Office sought<br><u>Sheriff</u>   |  |
| Date  |  | Payee name  |  |   |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)                                      |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>  |  | Office sought<br><u>Sheriff</u>   |  |
| Date  |  | Payee name  |  |   |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)                                      |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>  |  | Office sought<br><u>Sheriff</u>   |  |
| Date  |  | Payee name  |  |   |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)                                      |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>  |  | Office sought<br><u>Sheriff</u>   |  |
| Date  |  | Payee name  |  |   |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)                                      |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><u>Royce G. Smith</u>  |  | Office sought<br><u>Sheriff</u>   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED