

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME <i>Mr.</i>	FIRST LAST <i>Royce</i>	MI SUFFIX <i>G</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 474 Hempstead, Tx 77445</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>826-8894</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME <i>Mrs.</i>	FIRST LAST <i>Deedee</i>	MI SUFFIX <i>Smith</i>
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>42330 FM 1736 Hempstead, Texas 77445</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>826-8894</i>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year MONTH DAY YEAR <i>7 / 1 / 2016</i> THROUGH <i>10 / 10 / 2016</i>		
11 ELECTION	ELECTION DATE Month / Day / Year <i>11 / 8 / 2016</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Sheriff</i>	13 OFFICE SOUGHT (if known) <i>Sheriff</i>	

OFFICE USE ONLY

Date Received

Waller County Elections

OCT 11 2016

Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Royce G. 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

The Republican Party of Waller County

SPECIFIC

COMMITTEE ADDRESS

7/29

P.O. Box 551 Hempstead, Texas 77445

\$500

COMMITTEE CAMPAIGN TREASURER NAME

Sandra Brown

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

\$ 3,280⁰⁰/₂₆

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,700⁰⁰/₂₆

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,664⁵⁰

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

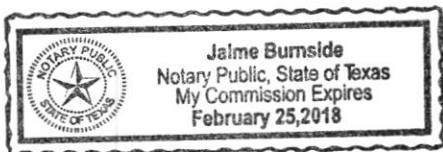
\$ 7,808⁸¹

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 Glenn Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce Glenn Smith, this the 11th day of October, 2016, to certify which, witness my hand and seal of office.

Jaime Burnside
Signature of officer administering oath

Jaime Burnside
Printed name of officer administering oath

Admin Asst
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Royce Glenn 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>3,700⁵⁰</i>
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>4,664⁵⁰</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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME
Royce G. Smith

3 Filer ID (Ethics Commission Filers)

4 Date
5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

Sheila C. Stephenson
6 Contributor address; City; State; Zip Code

9-7-16 25144 Mitchell Rd., Hempstead, Tx 77445

100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Harry Zamora
Contributor address; City; State; Zip Code

9-30-16 16325 Jersey Hollow Dr., Houston, Tx 77040

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

William E. Murphy
Contributor address; City; State; Zip Code

8-13-16 24118 Wild Horse Ln, Hockley, Tx 77447

250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

R. Anthony Boltong
Contributor address; City; State; Zip Code

8-22-16 20318 Everwood Greenway, Cypress, Tx 77433

500⁰⁰

Principal occupation / Job title (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Royce G. Smith

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

Phillip S. Rhee
6 Contributor address; City; State; Zip Code

9/18

526 Trails End St., Houston, Tx 77024

1,000⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Thomas M. Peden
Contributor address; City; State; Zip Code

9/17

P.O. Box 270513, Houston, Tx 77277

250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

David & Nancy Lindley
Contributor address; City; State; Zip Code

9/17

P.O. Box 1176, Hempstead, Tx 77445

50.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Frank & Rhonda Austin
Contributor address; City; State; Zip Code

9/17

20 Riverwood Dr., Hempstead, Tx 77445

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <u>Royce L. Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Katherine & Lawrence Jones</u> 6 Contributor address; City; State; Zip Code <u>P.O. Box 315, Pattison, Tx 77466</u>	7 Amount of contribution (\$) <u>150⁰⁰</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Margaret & C. Ross Conner</u> Contributor address; City; State; Zip Code <u>1325 Reddleshire Ln, Houston, Tx 77043</u>	Amount of contribution (\$) <u>150⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rick & Cindy Pearce</u> Contributor address; City; State; Zip Code <u>P.O. Box 191, Hempstead, Tx 77445</u>	Amount of contribution (\$) <u>150⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 3		2 FILER NAME Royce G. Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 7-16-16		5 Payee name Hempstead Chamber of Commerce			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 910 11th St. Hempstead Tx 77445			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contrib/Don.		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Queen Contest	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Office held Sheriff Sheriff	
Date 7-27-16		Payee name Waller Chamber of Commerce No. 2			
Amount (\$) 75.00		Payee address; City; State; Zip Code P.O. Box 53 Waller, Texas 77484			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution/Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Circus + Teacher husband	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Office held Sheriff Sheriff	
Date 8-9		Payee name Waller PeeWee Football Association			
Amount (\$) 350.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team Sponsor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Office held Sheriff Sheriff	

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: <u>3</u>	2 FILER NAME <u>Royce E. Smith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>8-14</u>	5 Payee name <u>Hello Hempstead</u>	
6 Amount (\$) <u>100.00</u>	7 Payee address; City; State; Zip Code <u>646 12th St., Hempstead, Tx 77445</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Donation</u>	(b) Description <u>Back-Pack Program</u> <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 <u>Royce E. Smith</u>	Office sought <u>Sheriff</u>
Date <u>8/14</u> <u>9/14</u> <u>10/14</u>	Payee name <u>Waller County Fair & Rodeo</u>	
Amount (\$) <u>1500.00</u> <u>1500.00</u> <u>1500.00</u>	Payee address; City; State; Zip Code <u>P.O. Box 911, Waller Co., Hempstead, Tx 77445</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Donation / Adv.</u>	Description <u>Sponsorships / Adv.</u> <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 <u>Royce E. Smith</u>	Office sought <u>Sheriff</u>
Date <u>8-14</u>	Payee name <u>Waller County News Citizen</u>	
Amount (\$) <u>28.00</u>	Payee address; City; State; Zip Code <u>350 Hwy 290 E., Hempstead, Tx 77445</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Ad</u> <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 <u>Royce E. Smith</u>	Office sought <u>Sheriff</u>

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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			

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1 Total pages Schedule F1: 3	2 FILER NAME Royce G. Smith	3 Filer ID (Ethics Commission Filers)	
4 Date 10-3	5 Payee name More Than Signs		
6 Amount (\$) 811.50	7 Payee address; City; State; Zip Code 1112 Austin St. Hempstead Tx 77445		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Royce G. Smith	Office sought Sheriff	Office held Sheriff
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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 Royce G. Smith	Office sought Sheriff	Office held Sheriff
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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 Royce G. Smith	Office sought Sheriff	Office held Sheriff
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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 Royce G. Smith	Office sought Sheriff	Office held Sheriff

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