

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: *Mr.* NICKNAME
 FIRST: *Royce* LAST
 MI: *G.* SUFFIX
Smith

OFFICE USE ONLY
 Date Received: *2008 OCT 27 PM 1:22*
 Date Hand-delivered or Date Postmarked
 Receipt # _____ Amount _____
 Date Processed _____
 Date Imaged _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address
P.O. Box 474 Hempstead Tx 77445

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(979) 826-8894

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: *Mrs.* NICKNAME
 FIRST: *Deedee* LAST
 MI: *Smith* SUFFIX

7 CAMPAIGN TREASURER ADDRESS
 (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
42330 FM 1736 Hempstead Tx 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 THROUGH Month Day Year
10 / 6 / 2008 THROUGH 10 / 26 / 2008

11 ELECTION
 ELECTION DATE: Month Day Year
11 / 4 / 2008
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any): *-*

13 OFFICE SOUGHT (if known)
Sheriff

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..
 Name: *Sandy Currie*
 Address / PO Box; Apt. / Suite #; City; State; Zip Code
Hwy 359 Hempstead Tx 77445

additional pages

GO TO PAGE 2

RECEIVED
WALLER COUNTY CLERK
ELECTIONS DIVISION

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Royce G. Smith 16 ACCOUNT # (Ethics Commission Filers)

17 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"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2775.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4466.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4302.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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 G. Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce G. Smith, this the 27th day of October, 2008, to certify which, witness my hand and seal of office.

Amanda Rutledge Amanda Rutledge Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Royce E. Smith</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10-8-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Urban</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>42159 FM 1736 Hempstead, TX 77445</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10-8-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Oscar Brown</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>40820 FM 529 Hempstead, TX 77445</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10-17-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan Carmichael</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1724 Meyer St, Sealy, TX 77474</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10-19-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stephen Lobpries</u>	Amount of contribution (\$) <u>\$25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>35123 Pontiac Dr, Brookshire, TX 77423</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10-19-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Don Connor</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 67 Waller, TX 77484</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Royce E. Smith</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10-22-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thomas B. Dupont, Sr.</u>	7 Amount of contribution (\$) <u>\$300.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>24546 Riley Rd. Plantersville, Tx 77363</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10-25-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pat Chisum</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1607 Sanford St, Katy, Tx 77493</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10-26-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Odis Styers III</u>	Amount of contribution (\$) <u>\$1500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 557 Hempstead, Tx 77445</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Royce E. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10-7-08

More Than Signs

6 Payee address; City; State; Zip Code

Hwy 290 Hempstead Tx 77445

\$ 155.⁸⁸

8 Purpose of payment (See instructions regarding type of information required.)

9 .. Complete if direct expenditure to benefit C/OH ..

pol. signs
(If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Office sought Office held

Royce E. Smith Sheriff

Date

Payee name

Amount (\$)

10-9-08

News Citizen

Payee address; City; State; Zip Code

\$ 182.⁶⁴

10-17-08

12th St. Hempstead, Tx 77445

\$ 106.⁵⁴

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Advertisement
(If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Office sought Office held

Royce E. Smith Sheriff

Date

Payee name

Amount (\$)

10-13-08

J+A Postal Account

Payee address; City; State; Zip Code

P.O. Box 457 Hiawatha, IA 52233

\$ 2998.⁵¹

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

postage
(If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Office sought Office held

Royce E. Smith Sheriff

Date

Payee name

Amount (\$)

10-17-08

Standley Enterprises

Payee address; City; State; Zip Code

54171 Hwy 290 W. Hempstead, Tx 77445

\$ 207.⁸⁴

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

banuers
(If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Office sought Office held

Royce E. Smith Sheriff

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME

Royce E. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-17-08

5 Payee name

Waller Times

7 Amount (\$)

6 Payee address; City; State; Zip Code

P.O. Box 509 Waller, Tx 77484

\$ 219.²³/₁₀₀

8 Purpose of payment (See instructions regarding type of information required.)

Advertisement
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Royce E. Smith Sheriff

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Boyce G. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

10-9-08

I-45 Signs

203.77

10-15-08

6 Payee address; City; State; Zip Code

146.13

10-16-08

9811 N I-45, Ste A106 Houston, Tx 77037

146.13

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Signs

Date

Payee name

Amount (\$)

10-7-08

Waller Co. Fair Association

Payee address; City; State; Zip Code

100.00

P.O. Box 911 Hempstead, Tx 77445

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

donation for Senior Brunch

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

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