

# 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: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <b>Randy Smith</b> NICKNAME FIRST LAST MI SUFFIX	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> Date Hand-delivered or Date Postmarked <b>9/30/04</b> Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>P.O. Box 748 Hempstead, TEXAS 77445</b>		
5 CAMPAIGN TREASURER NAME	TITLE <b>Randy Smith</b> NICKNAME FIRST LAST MI SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <b>40757 Holik Hempstead, TEXAS 77445</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(979) 826-2170</b>		
8 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)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>07/15/04    10/02/04</b>		
10 ELECTION.	ELECTION DATE Month Day Year <b>11/02/04</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <b>Sheriff</b>	12 OFFICE SOUGHT (if known) <b>Sheriff</b>	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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 Address / PO Box: Apt. / Suite #: City: State: Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Randy Smith*

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)

\$ *0*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *532.80*

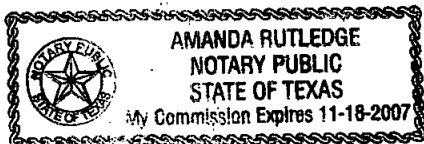
OUTSTANDING LOAN TOTALS

5. 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Randy Smith*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Randy Smith*, this the *1<sup>st</sup>* day of *October*, 2004, to certify which, witness my hand and seal of office.

*Amanda Rutledge*  
Signature of officer administering oath

Amanda L. Rutledge  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <span style="float: right;">1</span>
2 FILER NAME <i>Randy Smith</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9-17-04</i>	5 Payee name <i>Waller County News Citizen</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 556 Hempstead, TEXAS 77445</i>	7 Amount (\$)  <i>244.80</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Political Advertisement</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>9-24-04</i>	Payee name <i>The Hotline Press</i> Payee address; City; State; Zip Code <i>1116 Austin Street Hempstead, TEXAS 77445</i>	Amount (\$)  <i>135.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Political Advertisement</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>9-24-04</i>	Payee name <i>The Waller Times</i> Payee address; City; State; Zip Code <i>P.O. Box 509 Waller, TEXAS 77484</i>	Amount (\$)  <i>153.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Political Advertisement</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**