

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Royce G. Smith

15 ACCOUNT # (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

GENERAL

SPECIFIC

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

\$ *3,680⁰⁰*

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

\$ *2,400⁰⁰*

EXPENDITURE
TOTALS

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

\$ *100⁰⁰*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,325⁰⁰*

CONTRIBUTION
BALANCE

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

\$ *10,249⁴¹*

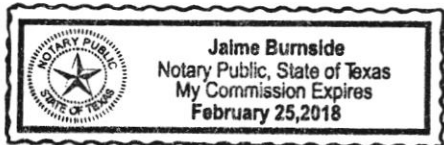
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Royce G. Smith
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Royce G. Smith*, this the *13th* day of *July*, 20 *15*, 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Royce G. Smith</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-6-15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William Cumbess</u>	7 Amount of contribution (\$) <u>\$ 250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>26731 W. Brooks Rd., Waller, Tx 77484</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <u>4-8-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Keith Mosing</u>	Amount of contribution (\$) <u>\$ 1000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10260 Westheimer Rd, Ste 700 Houston, Tx 77042</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <u>4-30-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wesley Martin</u>	Amount of contribution (\$) <u>\$ 50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 61 Simonton Tx 77476</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <u>5-1-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carl Miller</u>	Amount of contribution (\$) <u>\$ 100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>34719 FM 529 Brookshire, Tx 77423</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <u>7-5-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HARRY ZAMORA</u>	Amount of contribution (\$) <u>\$ 1000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>116325 Jersey Hollow Dr. Jersey Village Houston, Tx 77040</u>		(If travel outside of Texas, complete Schedule T)	
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Royce E. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-30-15		5 Payee name Knights of Columbus			
6 Amount (\$) \$500		7 Payee address; City; State; Zip Code 22892 Mack Washington Hempstead, Tx 77445			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event		(b) Description (If travel outside of Texas, complete Schedule T) fundraising for K.O.C.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held Sheriff	
Date 2-4-15		Payee name Texas Little Spikes Valley Ball			
Amount (\$) \$150		Payee address; City; State; Zip Code e/o Northwest Harris County Youth Sports EIN: 37-1450816			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Team Sponsor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held Sheriff	
Date 2-13-15		Payee name Waller County Sports Association			
Amount (\$) \$500		Payee address; City; State; Zip Code P.O. Box 1435 Waller, Texas 77484			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Team Sponsor & Sign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held Sheriff	
Date 2-26-15		Payee name The Republican Party of Waller County			
Amount (\$) \$250		Payee address; City; State; Zip Code P.O. Box 697 Pattison, Texas 77466			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event		Description (If travel outside of Texas, complete Schedule T) Table Sponsor Freedom Base.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held Sheriff	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Royce G. Smith	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-5-15	5 Payee name Pleasant Hill Masonic Lodge # 380 A.F. & A.M.	
6 Amount (\$) \$150	7 Payee address; City; State; Zip Code Field Store, Texas 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) sponership
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: Sheriff	
Date 3-28-15	Payee name Royal FFA	
Amount (\$) \$250	Payee address; City; State; Zip Code P.O. Box 1435 Waller, Texas 77484	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) fundraising for FFA
	Candidate / Officeholder name: _____ Office sought: _____ Office held: Sheriff	
Date 4-19-15	Payee name Hempstead FFA	
Amount (\$) \$275	Payee address; City; State; Zip Code P.O. Box 1007 Hempstead, Texas 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) donation - Auction
	Candidate / Officeholder name: _____ Office sought: _____ Office held: Sheriff	
Date 5-4-15	Payee name Fairfield Sports Association	
Amount (\$) \$200	Payee address; City; State; Zip Code 20310 Misty River Way Cypress, Tx 77433	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Team Sponsor
	Candidate / Officeholder name: _____ Office sought: _____ Office held: Sheriff	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Royce E. Smith	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-28-15	5 Payee name Waller Area Chamber of Commerce No. 2
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6 Amount (\$) \$150	7 Payee address; City; State; Zip Code 1110 Farr St. Waller, Tx 77484
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event / Adv.	(b) Description (If travel outside of Texas, complete Schedule T) Teacher luncheon Sponsor
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Sheriff
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Date 7-12-15	Payee name Waller County Fair & Rodeo
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Amount (\$) \$300	Payee address; City; State; Zip Code P.O. Box 911 Hempstead Tx 77445
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signage / rnl
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Sheriff
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Date 7-12-15	Payee name Prairie View Vol. F/F Assoc., Inc.
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Amount (\$) \$500	Payee address; City; State; Zip Code P.O. Box 427 Prairie View, Tx 77446
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event / Adv.	Description (If travel outside of Texas, complete Schedule T) Table Sponsor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Sheriff
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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