CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST HEASCHE NICKNAME LAST	MI C	OFFICE USE ONLY Date Received Waller County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CO P. O BOX 653 PRANT	RIC VIEW TY 77446 EXTENSION	FFR 9 4 2020
PHONE 6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST SHARON LAST SMITH	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI		STATE; ZIP CODE V TY 77446
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 883 9887	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical structures and the structure of the		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year (123 / 2020)
11 ELECTION	Month Day Year Primary 3 / 3 /2020 General	Runoff Other Description Special	Expires Septemb
12 OFFICE	Constable Pct 3	13 OFFICE SOUGHT (if known	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	terschel	C. Smith	er 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 OF 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			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000.00	
EXPENDITURE TOTALS	3. TOTAL	\$.499.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 554.00	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 9429,43	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT		I swear, or affirm, under penalty of perjury true and correct and includes all informati		
	OSCAR PRICE Notary ID # 12665374 bires September 9, 202		e or Officeholder	
AFFIX NOTARY STAN		by the said Hexschel Smith	, this the 24^{TH}	
day of FEBRU	14R72020,	to certify which, witness my hand and seal of office.		
		OSCAR LOYD PRICE	NOTARY	
Signature of officer a	administering oath	Printed name of officer administering oath T	itle of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		JILLI I G G
19	FILER NAME HCASchel C Smith 20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \(\tilde{\phi} \)
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 554.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	Free of the state	
		do .

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME HEASCHER C Smith	3 Filer ID (Ethics Commission Filers)					
4 Date 5 Full name of contributor out-of-state PAC (ID#:) FRED FROST 6 Contributor address; City; State; Zip Code P. D Bo X 130893 Hou srow TX 77219	7 Amount of contribution (\$) \$1000'					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)					
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)					
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
Contributor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)					
Date Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	etions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	JEEDED					

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

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME HERSCHEL C Smith 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor Out-of-state PAC (ID#: Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor out-of-state PAC (ID#:_ In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of pledgor out-of-state PAC (ID#:_ Amount of In-kind contribution Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind contribution ut-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Check 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

and the second of the second o					
TH	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	Herschel C Smith	3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L.,			
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor'	s principal occupation (FOR JUDICIAL)	Contrib	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		- m		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment			category not listed above)
	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME HEXSChel C. SW	ich 3 Filer ID	(Ethics Commission Filers)
4 Date 21 2020	5 Payee name DWAYNE CHARLESTON	**************************************	
6 Amount (\$)	7 Payee address;	City; Stat	e; Zip Code
\$499.00	204 Sunset Lane t	Prairie View TX	77446
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expenses	Printing of Politice	al Advertisement
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	er living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State	e; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	r living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
buto	r dyec name		
Amount (\$)	Payee address;	City; State	e; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
7 - 5 - 33	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDIII E AS NEEDED	
		SCHEDOLL AS NEEDED	

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME HERSCHEL C. Smith TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date N 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** State; Zip Code 18 Guarantor address; City; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:____ Interest rate State; Zip Code Is lender Lender address; City; a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) Name of guarantor **GUARANTOR INFORMATION** State: Zip Code Guarantor address; City: not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 1/1/2020

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2:	2 FILERNAME HERSChel C Smith 3 Filer ID (Ethics		3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL OF UNITER	IITEMIZED UNPAID INCURRED OBLIGATIONS \$				
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Poli	itical			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	etin, TX, officeholder living	expense	
11 Complete ONLY if direct expenditure to benefit C/Oh	11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political Non-Pol	itical			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office he	ld	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TH	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Herschel C Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Ci	ity; State; Zip Code
, e	7 Description of investment	
	8 Amount of investment (\$)	
		o e e e e e e e e e e e e e e e e e e e
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Ci	ity; State; Zip Code
	Description of investment	AV 2
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 co		egory not listed above)		
1 Total pages Schedule F4:	es Schedule F4: 2 FILER NAME HEASCHEL C Smith 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City; State;	Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Pol	itical			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE					
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ving expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought Office	held		
Date	Payee name				
Amount (\$)	Payee address;	City; State;	Zip Code		
TYPE OF EXPENDITURE	Political Non-Pol	litical			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	Description Check if Austin, TX, officeholder li	vijin evnense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Offi	fice sought Office			
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDIU F AO METOTO			
	ADDITIONAL COPIES OF THIS SC	TEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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

С	redit Card Payment	The Instruction Guide 6	explains how to comple	ete this form.	Other (enter a category	Thornord above,
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee address;		City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Check if travel outside of Texas. Com		Description Check if Austin	.TX, officeholder living ex	nense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name		e sought		Office held
	Date	Payee name		3		
	Amount (\$) Reimbursement from political contributions	Payee address;		City;	State;	Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule)	Description		
		Check if travel outside of Texas. Con	nplete Schedule T.	Check if Austin	, TX, officeholder living e	kpense
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office	e sought		Office held
	Date	Payee name				
	Amount (\$) Reimbursement from political contributions intended	Payee address;		City;	State;	Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	o of this schedule)	Description		
		Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Austir	n, TX, officeholder living e	xpense
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Offic	e sought		Office held
		ATTACH ADDITIONAL COP	PIES OF THIS SCHEI	DULE AS NEEL	DED	
L						Pavisad 1/1/203

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME HEASCHEL C	Smith	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
,				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
Thomas a second	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
4 4 4 4				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Business name			By
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED -	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME HEASCHEL C	Smith 3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City State Zip Code		
		22		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name	1		
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER SCHEDUL

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME	Herschel C Smith 3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State	e; Zip Code	
	7 Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received	2 (*	Amount (\$)
	Address of person from whom amount is received; City; State	te; Zip Code	
is a solonisti	Purpose for which amount is received Check if po	political contribution i	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
		7	1 10 10 10 10 10 10 10 10 10 10 10 10 10
	Purpose for which amount is received Check if po	olitical contribution r	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if no	slitical contribution r	
	CHECK II PC	olitical contribution r	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:			
2 FILER NAME	teasche	d C Suri	ill	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expendi	iture reported or	1:				
Schedule A2	Schedu) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu		Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
6 Dates of travel	Dates of travel 7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination	city or name of destination	location			
10 Means of transportati	on 1 1	Purpose of travel (including	ng name of conference, s	eminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported or	1:				
Schedule A2	Schedu	ile B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	ıle F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportati	ion	Purpose of travel (includi	ng name of conference, s	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported or	n:				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling					
Departure city or name of departure location						
27737.00	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••								
1	C/OH N	HERSCHEL C Smith	2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
	Signature of Candidate / Officeholder							
4		FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Checl	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned	from political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	В.	ASSETS						
	Check only one:							
	I do not retain assets purchased with political contributions or interest or other income from political contributions.							
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or opersonal use. I also understand that I must dispose of assets purchased with pol requirements of Election Code, § 254.204.	ther income from political contributions to					
		2	Signature of Candidate					
5		EHOLDER						
	•• Com	plete this section only if you are an officeholder						
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
		/	Signature of Officeholder					