

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>						
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR      FIRST      MI</p> <p><i>Mr.</i>      <i>Royce</i>      <i>G</i></p> <p>NICKNAME      LAST      SUFFIX</p> <p style="text-align: center;"><i>Smith</i></p>	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">Waller County Elections</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.5em;">JAN 16 2018</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">Received</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE</p> <p><i>P.O. Box 474      Hempstead, Texas 77445</i></p>								
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><i>(979)      826-8894</i></p>								
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR      FIRST      MI</p> <p><i>Mrs.</i>      <i>Deedee</i>      <i></i></p> <p>NICKNAME      LAST      SUFFIX</p> <p style="text-align: center;"><i>Smith</i></p>	<p>Receipt #      Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>							
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE</p> <p><i>42330 FM 1736      Hempstead, Texas      77445</i></p>								
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><i>(979)      826-8894</i></p>								
<p>9 REPORT TYPE</p>	<p> <input checked="" type="checkbox"/> January 15      <input 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)         </p>								
<p>10 PERIOD COVERED</p>	<p>Month    Day    Year      THROUGH      Month    Day    Year</p> <p><i>7 / 01 / 2017      12 / 31 / 2017</i></p>								
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month    Day    Year</p> <p><i>  /  /</i></p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input type="checkbox"/> General      <input type="checkbox"/> Special         </p>							
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p style="text-align: center; font-size: 1.5em;"><i>Sheriff</i></p>	<p>13 OFFICE SOUGHT (if known)</p> <p style="text-align: center; font-size: 1.5em;"><i>Sheriff</i></p>							
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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ <u>2,130.<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,000.<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,544.<sup>15</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6,951.<sup>32</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

CATHY JEAN HILL  
Notary Public, State of Texas  
My Commission Expires  
February 14, 2018

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce Glenn Smith, this the 18<sup>th</sup> day of January, 2018, to certify which, witness my hand and seal of office.

Cathy J Hill      Cathy J Hill      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Royce G. Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,000. <sup>00</sup>
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	\$ 7,544. <sup>15</sup>
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: 1

2 FILER NAME

Royce E. Smith

3 Filer ID (Ethics Commission Filers)

4 Date

8-22-17

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

Harry Zamora

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

11325 Jersey Hollow Dr. Houston, Tx 77040

250<sup>00</sup>/<sub>100</sub>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-19-17

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

Robert William Goree

Amount of contribution (\$)

Contributor address; City; State; Zip Code

11627 Fawnhope Houston, Tx 77008

500<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-26-17

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

William E. Murphy

Amount of contribution (\$)

Contributor address; City; State; Zip Code

250<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-17-17

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

Keith Mosing

Amount of contribution (\$)

Contributor address; City; State; Zip Code

10260 Westheimer Rd., Houston, Tx 77042

3,000<sup>00</sup>/<sub>100</sub>

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
3	Royce G. Smith	
<b>4</b> Date	<b>5</b> Payee name	
7-10-17	Friends of NRA	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
400. <sup>00</sup> / <sub>100</sub>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	
	Event Expense	
	<b>(b)</b> Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Fundraiser	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
	Royce G. Smith	Sheriff      Sheriff
Date	Payee name	
7-10-17	Waller Area Chamber of Commerce No. 2	
Amount (\$)	Payee address; City; State; Zip Code	
150. <sup>00</sup> / <sub>100</sub>	P.O. Box 53 Waller, Texas 77484	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Event Expense	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	New Teacher Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
	Royce G. Smith	Sheriff      Sheriff
Date	Payee name	
7-20-17	More Than Signs	
Amount (\$)	Payee address; City; State; Zip Code	
279. <sup>50</sup> / <sub>100</sub>	1112 Austin St. Hempstead, Texas 77445	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Advertising Expense	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
	Royce G. Smith	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: <b>3</b>	2 FILER NAME <b>Royce G. Smith</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8-7-17</b>	5 Payee name <b>Hello Hempstead</b>
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6 Amount (\$) <b>150.<sup>00</sup>/<sub>100</sub></b>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Student Backpacks</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Royce G. Smith</b>	Office sought <b>Sheriff</b>	Office held <b>Sheriff</b>
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Date <b>8-7-17</b>	Payee name <b>Waller PeeWee Football Association</b>
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Amount (\$) <b>350.<sup>00</sup>/<sub>100</sub></b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Team Sponsor</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Royce G. Smith</b>	Office sought <b>Sheriff</b>	Office held <b>Sheriff</b>
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Date <b>8-13-17</b> <b>10-16-17</b>	Payee name <b>Waller County News Citizen</b>
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Amount (\$) <b>28.<sup>00</sup>/<sub>100</sub></b> <b>122.<sup>85</sup>/<sub>100</sub></b>	Payee address; City; State; Zip Code <b>350 Buss Hwy 290, Ste 7 Hempstead, Tx 77445</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Ads</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Royce G. Smith</b>	Office sought <b>Sheriff</b>	Office held <b>Sheriff</b>
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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 Expense   | 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: <b>3</b>		2 FILER NAME <b>Royce E. Smith</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8/30/12, 9/12, 9/29, 10/2, 11/7</b>		5 Payee name <b>Waller County Fair Association</b>			
6 Amount (\$) <b>1500, 150, 100, 150, 3000</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 911 Hempstead, Texas 77445</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<b>Advertising / Event Expense</b>		<b>Signs / Sponsor - Fair</b>		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>11-7-17</b>		Payee name <b>The Waller Times</b>			
Amount (\$) <b>163.80</b>		Payee address; City; State; Zip Code <b>2323 Main St. Waller, Texas 77484</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<b>Advertising Expense</b>		<b>Ads</b>		
Complete ONLY if direct expenditure to benefit C/OH					
Date <b>12-22-17</b>		Payee name <b>Republican Party of Waller County</b>			
Amount (\$) <b>1000.00</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<b>Event Expense</b>		<b>Sponsorship</b>		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name <b>Royce E. Smith</b>		Office sought <b>Sheriff</b>		Office held <b>Sheriff</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED