### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

		Ta account a	2 Tatal aggree filed: N	
The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: AAA	
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONEY	
OFFICEHOLDER	No. 0	F	The same of the sa	
NAME	Moyce.	<del></del>		
	NICKNAME LAST	SUFFIX	3 67	
	( 11		or	
	Smith		2: 45	
4 CANDIDATE /	ADDRESS /PO BOX: APT/SUITE#; CITY;	STATE; ZIP CODE	5 00	
OFFICEHOLDER				
MAILING			Date Hand-delivered or Postmarked	
ADDRESS		\ -		
change of address	DOD 404 11.	ad I NAWY	Receipt # Amount	
Change of address	I.V. DOX TIT Mempsite	na lexas	Kacaibi w	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
OFFICEHOLDER				
PHONE	(919) 826-8894			
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER	Mar	0		
NAME	NICKNAME LAST	SUFFIX		
	NICKNAME LAST	301111		
	Smith			
	O miles			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	
TREASURER				
ADDRESS				
(residence or business)	-	11 1	T .	
	42330 -M 19312	Hemostead	LOVAS MAYYS	
	1000 111100	The state of the s	1 CARD I I I I I	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	( )			
PHONE				
	000 000 0000			
	919-826-8894			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
	January 15 30th day before election	Kulloli	treasurer appointment	
			(afficeholder only)	
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
			1	
10 PERIOD	N	Month	Vent	
COVERED	Month Day Year THROUGH	Month Day	Year	
	INKOOGH	/ /		
	10 110 2016	1 14	2011	
	1 10 0013		01010	
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary	Runoff	General Special	
	13/ 1/2011			
40.055105	OFFICE HEID (Korn)	43 OFFICE SOLICHT (Manual)		
12 OFFICE	OFFICE HELD (Fany)	13 OFFICE SOUGHT (If known)		
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GO TO PAGE 2				

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	yce 5	. Snith	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
	ω	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!	AN \$ 3, 200 50	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,850 00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	\$ 3,921.54		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  S 1 81			
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$		
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.  HILARY L AVERY Notary Public, State of Texas My Commission Expires November 22, 2017  Signature of Candidate or Officeholder				
Sworn to and subscribed before me, by the said Boy Cu Glun Smth, this the day of day of the said to certify which, witness my hand and seal of office.  Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				

# POLITICAL CONTRIBUTIONS OTHER THAN PLED S OR LOANS

SCHEDULE
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	3/00
9 Principal occupation / Job title (See Instructions)  Hemostera Tanasa	(If travel outside of Texas, complete Schedule T)
Date  Full name of contributor out-of-state PAC (ID#)  Contributor address; City; State; Zip Code	Amount of In-kind contribution 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	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	\$500
Principal occupation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T)  Instructions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
Contributor address; City; State; Zip Code	contribution (\$) description (if applicable)
11429	950
Principal occupation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
11 1 11445	<b>4</b> /000 €
Principal occupation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED
If contributor is out-of-state PAC, please see instruction guide forac	iditional reporting requirements.

## POLITICAL CONTRIBUTIONS OTHER THAN PLED S OR LOANS

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### SCHEDULE A

				1 Total pages Sche	edule A:
	The	Instruction Guide explains how to complete this	rorm.		
2	FILER NAME	0 - 0 11		3 ACCOUNT # (Et	hics Commission Filers)
		Kauce Ta. Smith			
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution description (if applicable)
		Odis Stress		contribution (\$)	description (ii applicable)
		6 Contributor address; City; State; Zip Code			
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١		DOB was He adod	104.05	(If travel outside of	of Texas, complete Schedule T)
4	Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
3	r mopar occup	, ,			
	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code	).um.A3	contribution (\$)	description (ii applicable)
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		0 1 1	1114	100	
1	-14-11	P.O. Box 1046 Brooksh	ise leads		of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
					In-kind contribution
	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
		Contributor address; City; State; Zip Code			
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	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
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	Principal occu	pation 7 Job title (See Institutions)		-	
F	D-1-	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Date	Full name of contributor		contribution (\$)	description (if applicable)
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		Contributor address; City; State; Zip Code			i
1	12				i
				(If travel outside	of Texas, complete Schedule T)
H	Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
L					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
1	1f	contributor is out-of-state PAC, please see instr	uction guide forad	ditional reporting	requirements.
1					

## POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide  Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Printing Expense Travel Out Of District Toan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)  The Instruction Guide			
1 Total pages Schedule F:	2 FILER NAME  3 ACCOUNT # (Ethics Commission Filers)  5 Payee name			
10-16-15 6 Amount (\$)	Hempstead I.S. A. Athartic Booster (1.1)			
\$150	Austin St. Hemosterd Tours 11445			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel dutside of Texas, complete Schedule T)			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought ( )			
Date 1 8 - 16	Payee name Mars Than Sisans			
Amount (\$) 94	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising Signs			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought.			
Date 10 - 19 - 15 Amount (\$)	Payee name  SACred Heart Church  Payee address; City; State: Zip Code			
PURPOSE	Hwy 359 Pattison Texas Mylab			
OF EXPENDITURE	Category   See categories listed at the top of this schedule   Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/O	Carididate / Office held			
Date  Amount (\$)	Payee name Kuights of Columbus			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Office sought  Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### **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 for	orm.
1 Total pages Schedule F:	2 FILER NAME	_ ( ),	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name		
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1-03-15	WAller VeeWee	tootball H.	SSOCIATION
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
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3350	P.D. Box unk.	MALLER	101AS 17484
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	
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Date	Payee name	1	
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\$ 55.60	AZZZ I LAIN	24. /1/2//2	- LONGE MAURY
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Consider CARVIS Ford	Candidate / Officeholder name	055	TAD. Ma
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sough	Office held
orportation to boriont or c			Sheritt
Date	Payee name		
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Amount (\$)	Payee address; City; Sta	ite; Zip Code	
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3150	P. O Box 911	Hemostead	TOURS MALLIC
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	Candidate / Officeholder name	Office sough	
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9 700	FM 1488	Handsland	Laine MALLIE
DUBBOSE	Category (See categories listed at the top	of this schedule)	CFT   CHK91
PURPOSE	(Gee categories listed at the top	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Harration		l desired
	Candidate (Office halds		undraiser Event
Complete ONLY if direct	Candidate / Officeholder name	Office sough	Office held
expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
	ATTACTIADDITIONALO	OF THIS GOTTEDULE AS	HEEDED