

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | | | | | | | | | | |
|---|---|--|--|-----------------|--|---------------|---|--|--|-----------|-----------|----------------|--|-------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Royce Smith | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%; padding: 5px;">Date Received</td> <td style="width:50%; padding: 5px;"> JUL 15 AM 10:42 RECEIVED COUNTY ELECTIONS ADMINISTRATIONS OFFICE </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table> | | OFFICE USE ONLY | | Date Received | JUL 15 AM 10:42 RECEIVED COUNTY ELECTIONS ADMINISTRATIONS OFFICE | Date Hand-delivered or Date Postmarked | | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | |
| Date Received | JUL 15 AM 10:42 RECEIVED COUNTY ELECTIONS ADMINISTRATIONS OFFICE | | | | | | | | | | | | | | |
| Date Hand-delivered or Date Postmarked | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 474 Hempstead, Tx 77445 | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 826-8894 | | Date Hand-delivered or Date Postmarked | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mrs. Deedee Smith | Receipt # | Amount \$ | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 42330 FM 1736 Hempstead, Texas 77445 | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 826-8894 | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input 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 checked="" 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) | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 2 / 21 / 2016 THROUGH 6 / 30 / 2016 | | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 8 / 2016 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Sheriff | 13 OFFICE SOUGHT (if known) Sheriff | | | | | | | | | | | | | |
| 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.

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 | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,139. ⁸⁸ / ₁₀₀ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5,493. ³⁷ / ₁₀₀ |
| 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.

Royce Glenn Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said R. Glenn Smith, this the 15 day of July, 2016, to certify which, witness my hand and seal of office.

Shawna K. Willke
Signature of officer administering oath

SHAWNA K. WILLKE
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|--|---|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| Royce E. Smith | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 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 | | \$ 5,139 ⁸⁸ |
| 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 | | \$ |

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: <u>6</u> | 2 FILER NAME <u>Royce G. Smith</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>2-28-16</u> | 5 Payee name <u>Waller Christian Academy</u> | |
| 6 Amount (\$) <u>500.⁰⁰/₁₀₀</u> | 7 Payee address; City; State; Zip Code <u>1208 Penick Rd Waller, Texas 77484</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Donation</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |
| Date <u>2-28-16</u> | Payee name <u>The Waller Times</u> | |
| Amount (\$) <u>136.⁵⁰/₁₀₀</u> | Payee address; City; State; Zip Code <u>2323 Main St. Waller, Texas 77484</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Advertising</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |
| Date <u>3-3-16</u> | Payee name <u>Katz Printers</u> | |
| Amount (\$) <u>671.⁹⁹/₁₀₀</u> | Payee address; City; State; Zip Code <u>5807 Hwy Bld Katy, Texas 77494</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Printing</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |

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: <u>6</u> | 2 FILER NAME <u>Royce E. Smith</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>3-7-16</u> | 5 Payee name <u>Hello Hempstead</u> | |
| 6 Amount (\$) <u>250.⁰⁰</u> | 7 Payee address; City; State; Zip Code <u>646 12th St. Hempstead, Texas 77445</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Donation</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce E. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |
| Date <u>3-10-16</u> | Payee name <u>The Hotline Press</u> | |
| Amount (\$) <u>26.⁰⁰</u> | Payee address; City; State; Zip Code <u>1116 Austin St. Hempstead, Texas 77445</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Advertising</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce E. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |
| Date <u>3-18-16</u> | Payee name <u>Pleasant Hill Masonic Lodge 380</u> | |
| Amount (\$) <u>375.⁰⁰</u> | Payee address; City; State; Zip Code <u>FM 1488 Fields Store (Waller, Tx)</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Donation</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce E. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |

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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.

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|--|--|--|
| 1 Total pages Schedule F1: 6 | 2 FILER NAME Royce G. Smith | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3-18-16 | 5 Payee name Knights of Columbus | |
| 6 Amount (\$) 250. ⁰⁰ | 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) Donation | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Royce G. Smith Office sought: Sheriff Office held: Sheriff | |
| Date 3-21-16 | Payee name More Than Signs | |
| Amount (\$) 460. ⁰⁰ | Payee address; City; State; Zip Code 1112 Austin St. Hempstead, Texas 77445 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Royce G. Smith Office sought: Sheriff Office held: Sheriff | |
| Date 3-21-16 | Payee name Waller County 4-H | |
| Amount (\$) 75. ⁰⁰ | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Royce G. Smith Office sought: Sheriff Office held: 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: <u>6</u> | 2 FILER NAME <u>Royce G. Smith</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>6-27-16</u> <u>3-21-16</u> | 5 Payee name <u>Waller County Fair + Rodeo</u> | |
| 6 Amount (\$) <u>300.00</u> <u>300.00</u> | 7 Payee address; City; State; Zip Code <u>P.O. Box 911 Hempstead, Texas 77445</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Advertising/Event Expense</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |
| Date <u>4-13-16</u> | Payee name <u>Waller Area Chamber of Commerce No. 2</u> | |
| Amount (\$) <u>100.00</u> | Payee address; City; State; Zip Code <u>1110 Farr St. Waller, Texas 77484</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Donation</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |
| Date <u>4-13-16</u> | Payee name <u>The Time Tribune</u> | |
| Amount (\$) <u>52.50</u> | Payee address; City; State; Zip Code <u>P.O. Box H Katy, Texas 77492</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Advertising</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u> | |

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.

| | | |
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| 1 Total pages Schedule F1: 6 | 2 FILER NAME Royce G. Smith | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4-13-16 | 5 Payee name Hempstead FFA | |
| 6 Amount (\$) 800. ⁰⁰ | 7 Payee address; City; State; Zip Code P.O. Box 1007 Hempstead, Texas 77445 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donations | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Royce G. Smith Office sought: Sheriff Office held: Sheriff | |
| Date 4-13-16 | Payee name Republican Party of Waller County | |
| Amount (\$) 500. ⁰⁰ | Payee address; City; State; Zip Code P.O. Box 551 Hempstead, Texas 77445 | |
| PURPOSE OF EXPENDITURE | 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Royce G. Smith Office sought: Sheriff Office held: Sheriff | |
| Date 5-3-16 | Payee name West I-10 Chamber of Commerce | |
| Amount (\$) 50. ⁰⁰ | Payee address; City; State; Zip Code 907 Bains St. Brookshire, Tx 77423 | |
| PURPOSE OF EXPENDITURE | 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Royce G. Smith Office sought: Sheriff Office held: 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
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 to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: <i>6</i> | 2 FILER NAME <i>Royce G. Smith</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5-30-16</i> | 5 Payee name <i>Hempstead I.S.D.</i> | |
| 6 Amount (\$) <i>150.⁰⁰</i> | 7 Payee address; City; State; Zip Code <i>524 Austin St. Hempstead, Texas 77445</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Donations</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Royce G. Smith</i> Office sought: <i>Sheriff</i> Office held: <i>Sheriff</i> | |
| Date <i>6-27-16</i> | Payee name <i>Wittenburg Printing</i> | |
| Amount (\$) <i>142.⁸⁹</i> | Payee address; City; State; Zip Code <i>210 Meyer St. Sealy, Texas 77474</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Royce G. Smith</i> Office sought: <i>Sheriff</i> Office held: <i>Sheriff</i> | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED