

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR NICKNAME	FIRST Royce	MI G	DATE RECEIVED
	LAST Smith			SUFFIX

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:
	P.O. Box 474 Hempstead Tx 77445				

<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	826-8894	

<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR NICKNAME	FIRST Deedee	MI
	LAST Smith		

<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE:
	42330 FM 1736 Hempstead Tx 77445				

<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	826-8894	

<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15	<input checked="" 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)

<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	2008		2	3	2008

<b>11 ELECTION</b>	ELECTION DATE	ELECTION TYPE
	Month Day Year 3 / 4 / 2008	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>
	-	Sheriff

<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **	
	Name	
	Address / PO Box, Apt. / Suite #: City, State, Zip Code	

additional pages

**GO TO PAGE 2**

RECEIVED  
 WALKER COUNTY CLERK  
 ELECTIONS DIVISION  
 2008 FEB - 4 PM 1:13

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Royce G. Smith 16 ACCOUNT # (Ethics Commission Filers)

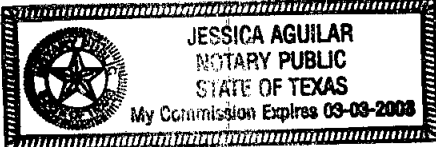
17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures 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. --

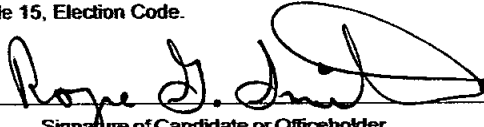
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)	\$ 2500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0 —
	4. TOTAL POLITICAL EXPENDITURES	\$ 3490.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 123.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 —

19 AFFIDAVIT

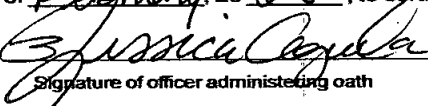


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce G. Smith, this the 1<sup>st</sup> day of February, 2008, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Jessica Aguilar  
 Printed name of officer administering oath

Notary  
 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: 2

2 FILER NAME

Royce G. Smith

3 ACCOUNT # (Ethics Commission files)

4 Date

1-1-08

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

Roger Wells

6 Contributor address; City; State; Zip Code

5086 Wright Dr. Katy, Tx 77493

7 Amount of contribution (\$)

\$ 200 <sup>00</sup>/<sub>100</sub>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-2-08

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

Randy Lewis

Contributor address; City; State; Zip Code

40330 Cook Rd. Hempstead, Tx 77445

Amount of contribution (\$)

\$ 350 <sup>00</sup>/<sub>100</sub>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-7-08

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

Thomas Rees

Contributor address; City; State; Zip Code

P.O. Box 479 Hempstead, Tx 77445

Amount of contribution (\$)

\$ 1000 <sup>00</sup>/<sub>100</sub>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-10-08

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

Rick Pearce

Contributor address; City; State; Zip Code

P.O. Box 191 Hempstead, Tx 77445

Amount of contribution (\$)

\$ 300 <sup>00</sup>/<sub>100</sub>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-08

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

Ted Krenak

Contributor address; City; State; Zip Code

2330 Vogel Ln. Brookshire, Tx 77423

Amount of contribution (\$)

\$ 100 <sup>00</sup>/<sub>100</sub>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Royce G. Smith</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1-11-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tim Junek</u>	7 Amount of contribution (\$) <u>\$500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>18069 FM 359 Hempstead, TX 77445</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>1-12-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Byron Fausset</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>23702 Norton House Ln Katy TX 77493</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind 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 Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind 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 Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind 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 Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME Royce G. Smith 3 ACCOUNT # (Ethics Commission filers)

4 Date 1-3-08	5 Payee name <u>Printing For Less</u> 6 Payee address: City, State, Zip Code <u>100 PFL Way Livingston MT 59047</u>	7 Amount (\$) <u>\$ 836.<sup>50</sup>/<sub>100</sub></u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>Push cards</u> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>Royce G. Smith Sheriff</u>
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Date 1-3-08	Payee name <u>Houston Sign Company</u> Payee address: City, State, Zip Code <u>5801 Chimney Rock Rd. Houston, Tx 77081</u>	Amount (\$) <u>\$ 1070.<sup>50</sup>/<sub>100</sub></u>
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Purpose of payment (See instructions regarding type of information required.) <u>Large signs</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>Royce G. Smith Sheriff</u>
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Date 1-25-08	Payee name <u>Computer Solutions</u> Payee address: City, State, Zip Code <u>225 Bus 290 E. Hempstead, Tx 77445</u>	Amount (\$) <u>\$ 163.<sup>08</sup>/<sub>100</sub></u>
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Purpose of payment (See instructions regarding type of information required.) <u>letters + envelopes</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>Royce G. Smith Sheriff</u>
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Date 1-25-08	Payee name <u>U.S. Post Office</u> Payee address: City, State, Zip Code <u>901 12th St. Hempstead, Tx 77445</u>	Amount (\$) <u>\$ 307.<sup>50</sup>/<sub>100</sub></u>
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Purpose of payment (See instructions regarding type of information required.) <u>Stamps</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>Royce G. Smith Sheriff</u>
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Royce G. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <u>Computer Solutions</u>	8 Amount (\$)
<u>1-4-08</u>	6 Payee address; City; State; Zip Code <u>225 Bus. 290 E. Hempstead, Tx 77445</u>	<u>\$ 112.16</u> <u>xx</u>
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>letterheads &amp; envelopes</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <u>U.S. Post Office</u>	Amount (\$)
<u>1-7-08</u>	Payee address; City; State; Zip Code <u>901 12<sup>th</sup> St. Hempstead, Tx 77445</u>	<u>\$ 123.50</u> <u>xx</u>
	Purpose of expenditure (See instructions regarding type of information required.) <u>Stamps</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <u>Houston Community Newspapers</u>	Amount (\$)
<u>1-7-08</u>	Payee address; City; State; Zip Code <u>705 12<sup>th</sup> St. Hempstead, Tx 77445</u>	<u>\$ 300.00</u> <u>xx</u>
	Purpose of expenditure (See instructions regarding type of information required.) <u>Advertisement</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <u>Hometown Hardware</u>	Amount (\$)
<u>1-10-08</u>	Payee address; City; State; Zip Code <u>Hwy 159 Hempstead, Tx 77445</u>	<u>\$ 230.04</u> <u>xx</u>
	Purpose of expenditure (See instructions regarding type of information required.) <u>Sign supplies</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <u>Good Signs</u>	Amount (\$)
<u>1-11-08</u>	Payee address; City; State; Zip Code <u>2640 25<sup>th</sup> St. Hempstead, Tx 77445</u>	<u>\$ 349.11</u> <u>xx</u>
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED