

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <div style="text-align: center; font-size: 2em; font-weight: bold;">7</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI NICKNAME      LAST      SUFFIX Mr. Royce Smith G	<div style="border: 2px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received  <span style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">2008 MAR 31 PM 8:52</span>                      Date Hand-delivered or Date Postmarked                      Receipt #      Amount                      Date Processed                      Date Imaged                 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 0.8em; margin-top: 5px;">                     FILED                      WALLER COUNTY CLERK                      ELECTIONS DIVISION                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	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      FIRST      MI NICKNAME      LAST      SUFFIX Mrs. Beedee Smith		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	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 type="checkbox"/> 30th day before election <input checked="" 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 2 / 26 / 2008      3 / 30 / 2008		
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 4 / 8 / 2008		
<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>  <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

**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)	\$ 3700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4134.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1714.90
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.

Royce G. Smith  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce G. Smith this the 31st day of Mar, 2008, to certify which, witness my hand and seal of office.

Sabrina Tarbutton  
Signature of officer administering oath

Sabrina Tarbutton  
Printed name of officer administering oath

Notary St. of Tx  
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: <u>1</u>	
2 FILER NAME <u>Royce G. Smith</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3-17-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bernard Renken</u>	7 Amount of contribution (\$) <u>\$ 500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 676 Katy Tx 77492</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3-21-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Gregory</u>	Amount of contribution (\$) <u>\$ 1000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Clemmons Switch Rd. Pattison Tx 77466</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3-21-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thomas DuPont</u>	Amount of contribution (\$) <u>\$ 200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Riley Rd. Magnolia Tx 77355</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3-25-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom Rees</u>	Amount of contribution (\$) <u>\$ 1000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 479 Hempstead Tx 77445</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3-7-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ted Serna</u>	Amount of contribution (\$) <u>\$ 1000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Hwy 159 Hempstead Tx 77445</u>		(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: 2

2 FILER NAME Royce G. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date 2-26-08  
 5 Payee name Good Signs  
 6 Payee address; City; State; Zip Code  
2640 25th St. Hempstead Tx 77445

7 Amount (\$)  
\$ 125.84

8 Purpose of payment (See instructions regarding type of information required.)  
Signs  
 (If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..  
 Candidate / Officeholder name Office sought Office held  
Royce G. Smith Sheriff

Date 3-1-08  
 Payee name Houston Community Newspapers  
 Payee address; City; State; Zip Code  
3-24-08 705 12th St. Hempstead Tx 77445

Amount (\$)  
\$ 479.52

Purpose of payment (See instructions regarding type of information required.)  
Advertisement  
 (If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
 Candidate / Officeholder name Office sought Office held  
Royce G. Smith Sheriff

Date 3-17-08  
 Payee name The Hotline Press  
 Payee address; City; State; Zip Code  
1116 Austin St. Hempstead Tx 77445

Amount (\$)  
\$ 63.38

Purpose of payment (See instructions regarding type of information required.)  
Advertisement  
 (If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
 Candidate / Officeholder name Office sought Office held  
Royce G. Smith Sheriff

Date 3-20-08  
 Payee name U.S. Postal Service  
 Payee address; City; State; Zip Code  
3-24-08 901 12th St. Hempstead Tx 77445

Amount (\$)  
\$ 1025.00

Purpose of payment (See instructions regarding type of information required.)  
Stamps  
 (If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
 Candidate / Officeholder name Office sought Office held  
Royce G. Smith Sheriff

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2  
 3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME Royce E. Smith

4 Date 3-20-08  
 5 Payee name Computer Solutions  
 6 Payee address; City; State; Zip Code  
225 Bus. 290 E Hempstead Tx 77445

7 Amount (\$)  
\$94.72

8 Purpose of payment (See instructions regarding type of information required.)  
letters + envelopes  
 (If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
 Candidate / Officeholder name Office sought Office held  
Royce E. Smith Sheriff

Date 3-21-08  
 Payee name Johnson Graphics  
 Payee address; City; State; Zip Code  
P.O. Box 509 Waller Tx 77484

Amount (\$)  
\$373.<sup>50</sup>/<sub>100</sub>

Purpose of payment (See instructions regarding type of information required.)  
Advertisement (Waller Times)  
 (If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
 Candidate / Officeholder name Office sought Office held  
Royce E. Smith Sheriff

Date  
 Payee name  
 Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)  
 (If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
 Candidate / Officeholder name Office sought Office held

Date  
 Payee name  
 Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)  
 (If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
 Candidate / Officeholder name Office sought Office held

**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: 2

2 FILER NAME

Rayce G. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

3-14-08

Computer Solutions

\$ 1038.42

3-24-08

6 Payee address; City; State; Zip Code

225 Bus. 290 E Hempstead Tx 77445

7 Purpose of expenditure (See instructions regarding type of information required.)

letters, copies, envelopes

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

2-29-08

Johnson Graphics

\$ 315.15

3-14-08

6 Payee address; City; State; Zip Code

P.O. Box 509 Waller Tx 77484

7 Purpose of expenditure (See instructions regarding type of information required.)

Advertisement (Waller Times)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3-18-08

Good Signs

\$ 488.00

6 Payee address; City; State; Zip Code

2640 25th St. Hempstead, Tx 77445

7 Purpose of expenditure (See instructions regarding type of information required.)

pol. signs

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3-20-08

Houston Sign Co., Inc.

\$ 27.06

6 Payee address; City; State; Zip Code

5801 Chimney Rock Rd, Houston Tx 77081

7 Purpose of expenditure (See instructions regarding type of information required.)

sign stakes

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3-25-08

Wal-Mart

\$ 44.05

6 Payee address; City; State; Zip Code

Bus. 290 E. Hempstead Tx 77445

7 Purpose of expenditure (See instructions regarding type of information required.)

env. labels + supplies

Reimbursement from political contributions intended

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: 2

2 FILER NAME

Royce G. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date  
3-25-08

5 Payee name  
Hometown Hardware

8 Amount (\$)  
45.21

6 Payee address; City; State; Zip Code  
13th St. Hempstead Tx 77445

7 Purpose of expenditure (See instructions regarding type of information required.)  
T-posts for signs  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date  
3-27-08

Payee name  
Hometown Hardware

Amount (\$)  
15.01

Payee address; City; State; Zip Code  
Bus. H 290 Waller Tx 77484

Purpose of expenditure (See instructions regarding type of information required.)  
T-posts for signs  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)  
 Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)  
 Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)  
 Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

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