

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Royce G. Smith	<div style="border: 2px solid black; padding: 5px;"> OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;"> 2008 OCT -6 AM 11:22 WALLER COUNTY CLERK ELECTIONS DIVISION </div> </div>	
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		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mrs. Beedee Smith		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 42330 FM 1736 Hempstead Tx 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-8894		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 16 / 2008 10 / 5 / 2008		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2008	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Sheriff	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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		

FILED

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 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

additional pages

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)

\$ 5750.⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1872.⁸²

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 5848.³⁰

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 *6th* day of *Oct*, 20*08*, to certify which, witness my hand and seal of office.

Amanda Rutledge
Signature of officer administering oath

Amanda Rutledge
Printed name of officer administering oath

Notary Public
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: 3	
2 FILER NAME Royce E. Smith		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-3-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Madeira	7 Amount of contribution (\$) \$ 150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 20211 Fairfield Trace Dr. Cypress, Tx 77433-5759		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-3-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley Oldham	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 27209 Keezdon Rd. Cypress, Tx 77447		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-3-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Beard	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 27362 Joseph Rd. Hockley, Tx 77447		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-4-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. L. Waltrip	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 130548 Houston, Tx 77219		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Newcomb	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 41993 Lewisville Rd Hempstead, Tx 77445		(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>3</u>	
2 FILER NAME <u>Royce E. Smith</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9-18-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thomas Rees</u>	7 Amount of contribution (\$) <u>\$1000.⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 479 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>9-23-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Randy Lewis</u>	Amount of contribution (\$) <u>\$400.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>40330 Cook Rd. Hempstead, Tx 77445</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9-24-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard L. Falkenhagen, Jr.</u>	Amount of contribution (\$) <u>\$500.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>16277 FM 1887 Hempstead, Tx 77445</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9-25-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ann Davis</u>	Amount of contribution (\$) <u>\$100.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 451 Katy, Tx 77492-0451</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9-25-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>The Waller Co. Republican Club</u>	Amount of contribution (\$) <u>\$2000.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>35427 Pontiac Dr. Brookshire Tx 77423</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>3</u>	
2 FILER NAME <u>Royce E. Smith</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10-2-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Republican Women of Waller County</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>16121 Jersey Dr. Houston Tx 77040</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)	

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: <u>2</u>
2 FILER NAME <u>Royce G. Smith</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>7-16-08</u>	5 Payee name <u>Team Jedi Marketing, Inc.</u> 6 Payee address; City; State; Zip Code <u>5481 SW 60th St, Ste 201 Ocala, FL 34474</u>	7 Amount (\$) <u>370.⁰⁰</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Fans w/ Adv.</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held:	
Date <u>8-5-08</u>	Payee name <u>Kim Dennis Benefit</u> Payee address; City; State; Zip Code <u>P.O. Box 126 Hempstead Tx 77445</u>	Amount (\$) <u>425.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Adv. at function</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held:	
Date <u>8-15-08</u>	Payee name <u>Prairie View Vol. Fire Fighting Assoc., Inc.</u> Payee address; City; State; Zip Code <u>502 Ellen Powell Dr, Prairie View, Tx 77446</u>	Amount (\$) <u>50.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Adv. support</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held:	
Date <u>8-26-08</u>	Payee name <u>Hempstead Booster Club</u> Payee address; City; State; Zip Code <u>16 H.I.S.D. Austin St, Hempstead Tx 77445</u>	Amount (\$) <u>100.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Adv. in football schedule</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>Royce G. Smith</u> Office sought: <u>Sheriff</u> Office held:	
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: <u>2</u>	
2 FILER NAME <u>Royce G. Smith</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9-8-08</u>	5 Payee name <u>News Citizen</u>	7 Amount (\$) <u>102.72</u>	
6 Payee address; City; State; Zip Code <u>705 12th St. Hempstead, Tx 77445</u>			
8 Purpose of payment (See instructions regarding type of information required.) <u>Advertisement</u> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <u>Royce G. Smith Sheriff</u> Office sought: _____ Office held: _____	
Date <u>9-8-08</u>	Payee name <u>Computer Solutions</u>	Amount (\$) <u>31.60</u>	
Payee address; City; State; Zip Code <u>Austin St. Hempstead, Tx 77445</u>			
Purpose of payment (See instructions regarding type of information required.) <u>adv. cards</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <u>Royce G. Smith Sheriff</u> Office sought: _____ Office held: _____	
Date <u>9-29-08</u>	Payee name <u>Waller Co. Fair Assoc.</u>	Amount (\$) <u>100.00</u>	
Payee address; City; State; Zip Code <u>Hwy 359 Hempstead, Tx 77445</u>			
Purpose of payment (See instructions regarding type of information required.) <u>Adv. w/ "100 club"</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <u>Royce G. Smith Sheriff</u> Office sought: _____ Office held: _____	
Date <u>10-3-08</u>	Payee name <u>Waller Times</u>	Amount (\$) <u>125.00</u>	
Payee address; City; State; Zip Code <u>P.O. Box 509 Waller, Tx 77484</u>			
Purpose of payment (See instructions regarding type of information required.) <u>Advertisement</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <u>Royce G. Smith Sheriff</u> Office sought: _____ Office held: _____	

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**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 9-5-08	5 Payee name Waller Times 6 Payee address; City; State; Zip Code P.O. Box 509 Waller, Tx 77484	8 Amount (\$) 118.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Advertisement (If travel outside of Texas, complete Schedule T)		
Date 9-25-08	Payee name PrintingForLess.com Payee address; City; State; Zip Code 100 PFL Way Livingston, MT	Amount (\$) 450.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Push cards (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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