

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: <u>Mr</u> FIRST: <u>Royce</u> MI: <u>G</u> NICKNAME: <u>Smith</u> LAST: <u>Smith</u> SUFFIX: | OFFICE USE ONLY Date Received: 2009 JAN 15 PM 1:25 Date Hand-delivered or Date Postmarked: Receipt # _____ Amt: _____ Date Processed: Date Imaged: | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: <u>P.O. Box 474</u> APT / SUITE #: <u>Hempstead</u> CITY: <u>Tx</u> STATE: <u>77445</u> ZIP CODE: | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: <u>(979)</u> PHONE NUMBER: <u>826-8894</u> EXTENSION: | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: <u>Mrs</u> FIRST: <u>Deedee</u> MI: <u>Smith</u> NICKNAME: <u>Smith</u> LAST: <u>Smith</u> SUFFIX: | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): <u>42330 FM 1736</u> APT / SUITE #: <u>Hempstead</u> CITY: <u>Tx</u> STATE: <u>77445</u> ZIP CODE: | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: <u>(979)</u> PHONE NUMBER: <u>826-8894</u> EXTENSION: | | |
| 9 REPORT TYPE | <input checked="" 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 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: <u>10</u> / Day: <u>27</u> / Year: <u>2008</u> THROUGH Month: <u>12</u> / Day: <u>31</u> / Year: <u>2008</u> | | |
| 11 ELECTION | ELECTION DATE: Month: <u>11</u> / Day: <u>4</u> / Year: <u>2008</u> 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) <u>Sheriff</u> | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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 E. 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. **

| | | |
|--|----------------|--------------------------------------|
| <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) | \$ 100.50 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2576.16 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2326.50 |
| 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 E. Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce E. Smith, this the 15th day of January, 2009, 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: | |
| 2 FILER NAME <i>Royce E. Smith</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>11-10-08</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Frishman</i> | 7 Amount of contribution (\$) <i>\$100 ⁰⁰/₂</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>5723 Hwy Blvd Katy, Tx 77494</i> | | (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#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) | | | |

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

| | | | |
|---|---|-------------------------|---------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

| | | | |
|---|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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: 2 |
| 2 FILER NAME Royce E. Smith | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10-27-08 11-7-08 12-16-08 | 5 Payee name Waller Co. News Citizen 6 Payee address; City; State; Zip Code 12th St. Hempstead, Tx 77445 | 7 Amount (\$) \$ 234.⁰¹ \$ 234.⁰¹ \$ 68.⁴⁹ |
| 8 Purpose of payment (See instructions regarding type of information required.) Advertisement (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 10-28-08 | Payee name I * 45 Signs Payee address; City; State; Zip Code 9811 N I-45, Ste A106 Houston, Tx 77037 | Amount (\$) \$ 152.⁸⁴ |
| Purpose of payment (See instructions regarding type of information required.) pol. 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 E. Smith Sheriff | |
| Date 10-31-08 | Payee name Standley Enterprises Payee address; City; State; Zip Code 54171 Hwy 290 W. Hempstead, Tx 77445 | Amount (\$) \$ 36.⁸¹ |
| Purpose of payment (See instructions regarding type of information required.) pol. sign (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 11-7-08 12-12-08 | Payee name Capital One Bank Payee address; City; State; Zip Code P.O. Box 60599 City of Industry, CA 91716 | Amount (\$) \$ 500.⁰⁰ \$ 300.⁰⁰ |
| Purpose of payment (See instructions regarding type of information required.) Advertisements in local paper (Times Tribune) (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 | |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |

LOANS

SCHEDULE E

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | |
| 15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 16 Name of guarantor 17 Guarantor address; City; State; Zip Code | 18 Amount Guaranteed (\$) |
| 19 Principal Occupation | | 20 Employer |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation | | Employer |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender 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 E. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11-7-08

HSBC Card Services

\$500.00

12-12-08

6 Payee address; City; State; Zip Code

P.O. Box 60102 City of Industry, CA 91716

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)

Advertisement reimb.
(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

Payee name

Amount (\$)

12-16-08

Hempstead Band Boosters

\$50.00

Payee address; City; State; Zip Code
Dawaha St. Hempstead, Tx 77445

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 E. Smith Sheriff

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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