

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

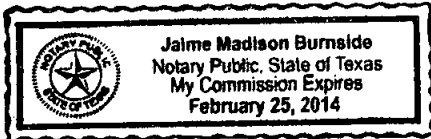
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

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)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3109.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3670.88
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 12th day of January, 2011, to certify which, witness my hand and seal of office.

Jaime Madison Burnside Jaime Madison Burnside Notary
 Signature of officer administering oath Printed name of officer administering oath 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 B. Smith</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10-6-10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce Breckenridge</u>		7 Amount of contribution (\$) <u>\$500⁰⁰/₀₀</u>
	6 Contributor address; City; State; Zip Code <u>29955 Riley Rd., Waller, Tx 77484</u>		
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)	
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)	
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)	
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)	

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Royce G. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-11-10		5 Payee name Deedee Smith			
6 Amount (\$) \$1500		7 Payee address; City; State; Zip Code P.O. Box 474 Hempstead Tx 77445			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) event expense		(b) Description (If travel outside of Texas, complete Schedule T) golf course reimb.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 7-12-10		Payee name Waller Booster Club			
Amount (\$) \$125		Payee address; City; State; Zip Code 20950 Field Stone Rd. Waller, Tx 77484			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) adv. expense		Description (If travel outside of Texas, complete Schedule T) program ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 8-29-10		Payee name ET Distributors, Inc.			
Amount (\$) \$423.62		Payee address; City; State; Zip Code P.O. Box 16080 Austin, Tx 78761			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) shirts for 3K memorial run	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 8-29-10 9-13-10		Payee name Wittenburg Printing			
Amount (\$) \$209.57 \$189.79		Payee address; City; State; Zip Code 210 Meyer Sealy, Tx 77474			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) printing for 3K memorial run	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

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1 Total pages Schedule F: 3		2 FILER NAME Royce G. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-13-10		5 Payee name More Than Signs			
6 Amount (\$) \$21.65		7 Payee address; City; State; Zip Code 1112 Austin St Hempstead, Tx 77445			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		Printing expense		2 govt. signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought / Office held Sheriff	
Date 9-16-10		Payee name Republican Women of Waller County			
Amount (\$) \$40		Payee address; City; State; Zip Code P.O. Box 954 Hempstead, Tx 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Fees		membership	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought / Office held Sheriff	
Date 9-23-10		Payee name Waller County Fair Association			
Amount (\$) \$85		Payee address; City; State; Zip Code Hwy 359 S. Hempstead, Tx 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Gift/Awards/Mem. Exp.		Fair sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought / Office held Sheriff	
Date 10-1-10		Payee name Jessica's Special Cakes			
Amount (\$) \$100		Payee address; City; State; Zip Code 25899 Pine Oak Dr. Hockley, Tx 77449			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Food/Beverage		Cap. Cookies for Senior luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought / Office held Sheriff	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME: Royce T. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 10-10-10		5 Payee name: Elton Mathis			
6 Amount (\$): \$150		7 Payee address; City: State: Zip Code: 13th St. Hempstead Tx 77445			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		event expense		reimbo for Senior luncheon	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name		Office sought Office held	
		Royce T. Smith		Sheriff	
Date: 10-10-10		Payee name: Odin Steyers			
Amount (\$): \$175		Payee address; City: State: Zip Code: P.O. Box 557 Hempstead Tx 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		event expense		reimbo for Senior luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name		Office sought Office held	
		Royce T. Smith		Sheriff	
Date: 10-24-10		Payee name: Carl's BBQ			
Amount (\$): \$90		Payee address; City: State: Zip Code: 21920 Hwy 290 Cypress Tx 77429			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Food/Beverage Exp.		Food for Senior luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name		Office sought Office held	
		Royce T. Smith		Sheriff	
Date:		Payee name:			
Amount (\$):		Payee address; City: State: Zip Code:			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name		Office sought Office held	

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