

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: <div style="text-align: right; font-size: 2em;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Royce G NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Smith</div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY 2012 APR 30 PM 2:00 FILED WALLER COUNTY CLERK ELECTIONS DIVISION </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, Texas 77445		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (919) 826-8894		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Deedee NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Smith</div>	Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 42330 FM 1736 Hempstead, Texas 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () (919) 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 1 / 1 / 2012 4 / 29 / 2012		
11 ELECTION	ELECTION DATE Month Day Year 5 / 29 / 2012	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.5em;">Sheriff</div>	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Royce E. Smith **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

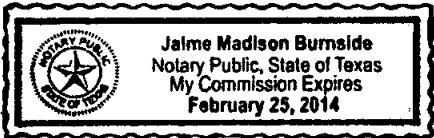
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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

17 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)	\$ 3,650. ⁰⁰ / ₁₀₀
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,195. ⁵¹ / ₁₀₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,423. ⁹² / ₁₀₀
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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 30th day of April, 20 12, to certify which, witness my hand and seal of office.

Jaime Madison Burnside Jaime Madison Burnside Admin. Asst.
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: 1	
2 FILER NAME <i>Royce E. Smith</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-16-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Scianna</i>	7 Amount of contribution (\$) <i>\$2500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5738 Old Hwy 36 Rd, Bellville, Tx 77418</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-26-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard L. Falkenhagen, Jr.</i>	Amount of contribution (\$) <i>\$300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>15993 FM 1887 Rd, Hempstead, Tx 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-1-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marsha Wiesner</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>737 12th St, Hempstead, Tx 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-12-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shawn Knox</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 907, Hempstead, Tx 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-19-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Connor</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 67, Waller, Tx 77484</i>		(If travel outside of Texas, complete Schedule T)	
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 1-6-12		5 Payee name More Than Signs			
6 Amount (\$) 1268.69		7 Payee address; City; State; Zip Code 1112 Austin St. Hempstead, Texas 77445			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 1-26-12		Payee name Hempstead FFA			
Amount (\$) 125.00		Payee address; City; State; Zip Code P.O. Box 1007 Hempstead, Texas 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Awards/Memorials		Description (If travel outside of Texas, complete Schedule T) Trophy Buckle	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 2-16-12		Payee name More Than Signs			
Amount (\$) 675.48		Payee address; City; State; Zip Code S/A			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 2-20-12		Payee name Waller County Sports Association			
Amount (\$) 300.00		Payee address; City; State; Zip Code Waller, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) fence billboard	
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 | 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 2-25-12		5 Payee name Focusing Families			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code Main St., Hempstead, Texas 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) Auction donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 3-3-12		Payee name Pattison United Methodist Church			
Amount (\$) 50.00		Payee address; City; State; Zip Code Hwy 359, Pattison, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) fund-raiser donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 3-6-12		Payee name More Than Signs			
Amount (\$) 525.01		Payee address; City; State; Zip Code S/A			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce G. Smith		Office sought Sheriff	
Date 3-6-12		Payee name Waller County Sports Association			
Amount (\$) 200.00		Payee address; City; State; Zip Code Waller, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) fund-raiser sponsorship	
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 | 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: <u>3</u>		2 FILER NAME <u>Royce G. Smith</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3-8-12</u>		5 Payee name <u>Times Tribune</u>			
6 Amount (\$) <u>5250</u>		7 Payee address; City; State; Zip Code <u>P.O. Box 1549 Brookshire Texas 77423</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>ANNOUNCEMENT</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Royce G. Smith</u>		Office sought <u>Sheriff</u>	
Date <u>3-27-12</u>		Payee name <u>More Than Signs</u>			
Amount (\$) <u>363.22</u>		Payee address; City; State; Zip Code <u>SLA</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Signs</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Royce G. Smith</u>		Office sought <u>Sheriff</u>	
Date <u>3-28-12</u>		Payee name <u>Hempstead F.F.A.</u>			
Amount (\$) <u>700.00</u>		Payee address; City; State; Zip Code <u>SLA</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Auction donation</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Royce G. Smith</u>		Office sought <u>Sheriff</u>	
Date <u>4-19-12</u>		Payee name <u>More Than Signs</u>			
Amount (\$) <u>435.11</u>		Payee address; City; State; Zip Code <u>SLA</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Signs</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Royce G. Smith</u>		Office sought <u>Sheriff</u>	

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