

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  <div style="text-align: center; font-size: 2em;">5</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR NICKNAME: <u>Mr.</u> FIRST: <u>Royce</u> LAST: <u>Smith</u> MI: <u>G</u> SUFFIX:	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Postmarked  Receipt #      Amount  Date Processed  Date Imaged  <div style="text-align: center; font-size: 1.5em; color: blue;">2012 OCT - 8 PM 1:51</div> <div style="text-align: center; font-size: 0.8em; color: blue;">WALLER COUNTY CLERK ELECTIONS DIVISION FILED</div>	
	<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 474 Hempstead, Texas 77445</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(919)</u> PHONE NUMBER: <u>826-8894</u> EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR NICKNAME: <u>Mrs.</u> FIRST: <u>Deedee</u> LAST: <u>Smith</u> MI: SUFFIX:		
	<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>42330 FM 1736 Hempstead, Texas 77445</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>(919)</u> PHONE NUMBER: <u>826-8894</u> EXTENSION:		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year <u>7 / 15 / 2012</u> <u>10 / 8 / 2012</u>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <u>11 / 6 / 2012</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	<b>12 OFFICE</b> OFFICE HELD (if any)  <u>Sheriff</u>	<b>13 OFFICE SOUGHT</b> (if known)  <u>Sheriff</u>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Royce G. 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 1500.<sup>00</sup>

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1488.<sup>88</sup>

CONTRIBUTION BALANCE

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

\$ 1194.<sup>09</sup>

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 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 8 day of Oct, 20 12, to certify which, witness my hand and seal of office.

Frances R. Laughlin  
Signature of officer administering oath

Frances R. Laughlin  
Printed name of officer administering oath

Notary  
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

*Royce E Smith*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

*9-17-12*

*Republican Party of Waller County*

*\$500*

*9-19-12*

*P.O. Box 697 Pattison, Texas 77466*

*\$1,000*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  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  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  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  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 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: <b>2</b>	2 FILER NAME <b>Royce E. Smith</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---------------------------------------	----------------------------------------

4 Date <b>7-26-12</b>	5 Payee name <b>Waller PeeWee Football Association</b>
--------------------------	-----------------------------------------------------------

6 Amount (\$) <b>350.00</b>	7 Payee address; City; State; Zip Code <b>25694 Nelson Rd. Hempstead, Texas 77445</b>
--------------------------------	------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>sign + name on shirt</b>
--------------------------	----------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

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

Date <b>9-17-12</b>	Payee name <b>Hempstead Chamber of Commerce</b>
------------------------	----------------------------------------------------

Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 517 Hempstead, Texas 77445</b>
------------------------------	------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event</b>	Description (If travel outside of Texas, complete Schedule T) <b>table @ fundraiser</b>
------------------------	------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

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

Date <b>9-17-12</b>	Payee name <b>More Than Signs</b>
------------------------	--------------------------------------

Amount (\$) <b>588.88</b>	Payee address; City; State; Zip Code <b>1112 Austin St. Hempstead, Texas 77445</b>
------------------------------	---------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing</b>	Description (If travel outside of Texas, complete Schedule T) <b>signs</b>
------------------------	---------------------------------------------------------------------------------	-------------------------------------------------------------------------------

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

Date <b>9-18-12</b>	Payee name <b>Waller County Fair Association</b>
------------------------	-----------------------------------------------------

Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>22000 Fairgrounds Rd. Hempstead, Texas 77445</b>
------------------------------	---------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event</b>	Description (If travel outside of Texas, complete Schedule T) <b>Fair sponsor</b>
------------------------	------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>2</b>	2 FILER NAME <b>Royce E. Smith</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---------------------------------------	----------------------------------------

4 Date <b>9-18-12</b>	5 Payee name <b>St. Katharine Drexel Catholic Church</b>
--------------------------	-------------------------------------------------------------

6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>800 FM 1488 Rd Hempstead, Texas 77445</b>
--------------------------------	----------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Bazaar sponsor</b>
--------------------------	----------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

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

Date <b>10-7-12</b>	Payee name <b>Holleman Elementary PTO</b>
------------------------	----------------------------------------------

Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>2200 Brazeal St. Waller, Texas 77484</b>
-----------------------------	-------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event</b>	Description (If travel outside of Texas, complete Schedule T) <b>Festival sponsor</b>
------------------------	------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

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

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
-----------------------------------------------------	-------------------------------	---------------	-------------

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
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED