

# 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:
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Randy Smith</i>	NICKNAME LAST SUFFIX	<b>OFFICE USE ONLY</b>
	Date Received		

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>P.O. Box 748 Hempstead, TX 77445</i>	Date Hand-delivered or Date Postmarked <i>7-14-00</i>
<input type="checkbox"/> Change of Address		

5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Randy Smith</i>	NICKNAME LAST SUFFIX	Receipt #	Amount
	Date Processed		Date Imaged	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>P.O. Box 748 / Holik Rd Hempstead, TX 77445</i>
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CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(409) 826-2170</i>
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8 REPORT TYPE	<input 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 checked="" 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)			

9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<i>01/15/2000</i>		<i>07/15/2000</i>

10 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year <i>11/07/2000</i>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE <i>Sheriff</i>	12 OFFICE SOUGHT (if known) <i>Sheriff</i>
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13 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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

C/OH NAME

*Randy Smith*

15 ACCOUNT # (Ethics Commission filers)

### 16 SUPPORTING POLITICAL COMMITTEE(S)

.. This listing includes political expenditures 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 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

### 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)

\$

*0*

### EXPENDITURE TOTALS

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

\$

*0*

4. TOTAL POLITICAL EXPENDITURES

\$

*0*

### OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

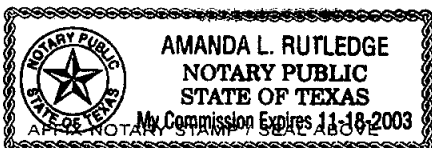
\$

*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.

*Randy Smith*  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said *Randy Smith*, this the *14<sup>th</sup>* day of *July*, 20*00*, to certify which, witness my hand and seal of office.

*Amanda L. Rutledge*  
Signature of officer administering oath

*Amanda L. Rutledge*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath