

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	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Randy Smith Randy Smith			
OFFICE USE ONLY			
Date Received			
7-10-02 LJH			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	P.O. Box 548 Hempstead, TEXAS 77445		
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Randy Smith			
Date Hand-delivered or Date Postmarked		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
	40757 Holik Hempstead, TEXAS 77445		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	826-2170	
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
	01	15	02
THROUGH		Month	Day
		07	15
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Sheriff		
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

14 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

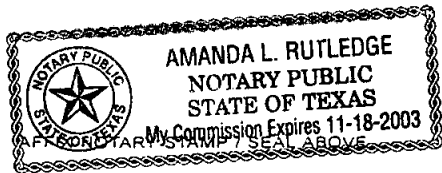
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 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 *8th* day

July, 20*02*, to certify which, witness my hand and seal of office.

Amanda L. Rutledge *Amanda L. Rutledge* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath