

# 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:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
*Randy Smith*  
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
*P.O. Box 1448  
Wempstead, Texas 77445*

Change of Address

Date Hand-delivered or Date Postmarked

*1.18.05 lrf*

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*Randy Smith*  
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  
*40757 Holik  
Wempstead, TX. 77445*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(979) 826-2170*

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*10 / 25 / 04 THROUGH 12 / 31 / 04*

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
*11 / 2 / 04*  
 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

*Sheriff*

12 OFFICE SOUGHT (if known)

*Sheriff*

13 NOTICE OF 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

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 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of 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

\$ *94.50*

4. TOTAL POLITICAL EXPENDITURES

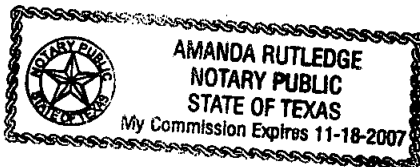
\$ *94.50*

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Randy Smith*, this the *14<sup>th</sup>* day of *January*, 20 *05*, to certify which, witness my hand and seal of office.

*Amanda Rutledge*  
Signature of officer administering oath

*Amanda Rutledge*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages: Schedule F: 1

2 FILER NAME

*Randy Smith*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*11-4-04*

5 Payee name

*The Times Tribune*

7 Amount (\$)

*40.00*

6 Payee address; City; State; Zip Code

*P.O. Box 1549  
Brookshire, TEXAS 77423*

8 Purpose of payment (See instructions regarding type of information required.)

*Pol. Adv. newspaper  
Thankyou notice*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*11-4-04*

Payee name

*The Hotline Press*

Amount (\$)

*12.00*

Payee address; City; State; Zip Code

*1116 Austin Street  
Homestead, TX 77445*

Purpose of payment (See instructions regarding type of information required.)

*Pol. Adv. newspaper  
Thankyou notice*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*11-4-04*

Payee name

*The Waller Times*

Amount (\$)

*42.50*

Payee address; City; State; Zip Code

*P.O. Box 509  
Waller, TEXAS 77484*

Purpose of payment (See instructions regarding type of information required.)

*Pol. Adv. newspaper  
Thankyou notice*

\*\* Complete 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 payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME Randy Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date 11-4-04 5 Payee name The Waller Times  
 6 Payee address; City; State; Zip Code  
P.O. Box 509  
Waller, TEXAS 77484  
 7 Purpose of expenditure (See instructions regarding type of information required.)  
Pub. Adv. newspaper balance used after  
thank you notice all Pub. Contributor used

8 Amount (\$)  
1.48  
 Reimbursement from political contributions intended

Date Payee name  
 Payee address; City; State; Zip Code  
 Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)  
  
 Reimbursement from political contributions intended

Date Payee name  
 Payee address; City; State; Zip Code  
 Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)  
  
 Reimbursement from political contributions intended

Date Payee name  
 Payee address; City; State; Zip Code  
 Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)  
  
 Reimbursement from political contributions intended

Date Payee name  
 Payee address; City; State; Zip Code  
 Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)  
  
 Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**