

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	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Royce Smith	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%; padding: 2px;">Date Received</td> <td style="width:50%; padding: 2px; text-align: center;"> 2015 JAN 15 RECEIVED WALLER COUNTY ELECTIONS ADMINISTRATIONS OFFICE </td> </tr> <tr> <td style="padding: 2px;">Date Hand-delivered or Postmarked</td> <td style="padding: 2px; text-align: center;"> JAN 24 </td> </tr> <tr> <td style="padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received	2015 JAN 15 RECEIVED WALLER COUNTY ELECTIONS ADMINISTRATIONS OFFICE	Date Hand-delivered or Postmarked	JAN 24	Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received	2015 JAN 15 RECEIVED WALLER COUNTY ELECTIONS ADMINISTRATIONS OFFICE														
Date Hand-delivered or Postmarked	JAN 24														
Receipt #	Amount														
Date Processed															
Date Imaged															
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 (979) 826-8894														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mrs. Deedee Smith														
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 () 979-826-8894														
9 REPORT TYPE	<input checked="" 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 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 7 / 16 / 2014 1 / 14 / 2015														
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if known)													

GOTO 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.

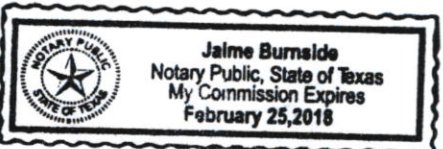
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1900 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2782 ⁶⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,594 ⁴¹
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 15th day of January, 20 15, to certify which, witness my hand and seal of office.

Jaime Burnside Jaime 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: <u>1</u>	
2 FILER NAME <i>Royce G. Smith</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/30/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Welton Hill</i>	7 Amount of contribution (\$) <i>\$150</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>235 W. Palm St., Ste 104 Bellville Tx 77418</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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: 2	2 FILER NAME Royce G. Smith	3 ACCOUNT # (Ethics Commission Filers)
------------------------------------	---------------------------------------	--

4 Date 7/16, 8/15, 8/15, 11/13	5 Payee name Waller County Fair Association
--	---

6 Amount (\$) 450.00, 100.00, 150.00, + 500.00	7 Payee address; City; State; Zip Code P.O. Box 911 Hempstead, Texas 77445
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Advertising Sponsorships	(b) Description (If travel outside of Texas, complete Schedule T) ANNUAL FAIR, sign age sponsor Queen candidates
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Sheriff
---	-------------------------------	---------------	-------------------------------

Date 7-16	Payee name Denny's Restaurant
---------------------	---

Amount (\$) 281.00	Payee address; City; State; Zip Code Cottonwood St. Hempstead, Texas 77445
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Law Enforcement Breakfast
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Sheriff
---	-------------------------------	---------------	-------------------------------

Date 7-21	Payee name Peewee Football Association
---------------------	--

Amount (\$) 350.00	Payee address; City; State; Zip Code Waller, Texas 77484
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) Team Sponsor
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Sheriff
---	-------------------------------	---------------	-------------------------------

Date 8-15	Payee name The Waller Times
---------------------	---------------------------------------

Amount (\$) 5160	Payee address; City; State; Zip Code 2323 Main St. Waller, Texas 77484
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Grade Ad
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Sheriff
---	-------------------------------	---------------	-------------------------------

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: <u>2</u>	2 FILER NAME <u>Royce E. Smith</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>8-15</u>	5 Payee name <u>Pattison United Methodist Church</u>	
6 Amount (\$) <u>100.00</u>	7 Payee address; City; State; Zip Code <u>P.O. Box 67 Pattison, Texas 77466</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Event</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Fall Festival Sponsorship</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <u>Sheriff</u> Office held
Date <u>10-17</u>	Payee name <u>St. Katherine Drexel Church</u>	
Amount (\$) <u>200.00</u>	Payee address; City; State; Zip Code <u>FM 1488 Hempstead, Texas 77445</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event</u>	Description (If travel outside of Texas, complete Schedule T) <u>Fall Festival Sponsor</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <u>Sheriff</u> Office held
Date <u>11-3</u>	Payee name <u>Sacred Heart Church</u>	
Amount (\$) <u>500.00</u>	Payee address; City; State; Zip Code <u>Hwy 359 Pattison, Texas 77466</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event</u>	Description (If travel outside of Texas, complete Schedule T) <u>Auction Donation</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <u>Sheriff</u> Office held
Date <u>11-11</u>	Payee name <u>Hempstead I.S.D.</u>	
Amount (\$) <u>100.00</u>	Payee address; City; State; Zip Code <u>Hempstead, Texas 77445</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Donation</u>	Description (If travel outside of Texas, complete Schedule T) <u>assist with Bus Trans.</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <u>Sheriff</u> Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED