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:
The C/On that dedon't	duide explains now to complete this form.		-
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI SUFFIX	Date Received
	Dnith		ω 즉즉
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /POBOX; APT/SUITE#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarks
change of address	P.O. Box 414 Hempste	Ad leads 175	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (919) 8 26 - 8894	EXTENSION	Date Processed
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged
TREASURER NAME	Mcs. Deedee		
	NICKNAME LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #;	CITY; STATE;	ZIP CODE
	42330 FM 1736 F	tempstead	10xA4 11445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
	(919) 826-8897		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	THROUGH		
	11 15 2015	7 15	2015
11 ELECTION	Month ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	
	Sheriff		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	vce Di	Snith 15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME	
,	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,400 00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	ZED \$ 100 00
	4. TOTAL POLITICAL EXPENDITURES \$ 3,325 00		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. ORTING PERIOD	10,24941
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$ 0
18 AFFIDAVIT			perjury, that the accompanying report information required to be reported by
No.	Jaime Burnside lary Public, State of Tex by Commission Expires February 25,2018	as Signature of Cand	didate or Officeholder
AFFIX NOTARY STAN		me, by the said Rouce G. Smi	+b
Sworn to and sub	1 11.0	, 20	15 200 200 100 100 100 100 100 100 100 100
Signature of officer adm	mod inistering oath	Printed name of officer administering oath	Title of officer administering path
	// (S)	-	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	1 Total pages Schedule A:
The Instruction Guide explains how to complete this form.	
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Range For Smith	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	
	3750
4-10-15 26731 W. Brooks Rd. Waller, Tx 17484	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
11042	\$ 1000 L
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Principal occupation / Job title (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
	350
4-30-15 PD Box 61 Simonton 1x11416	(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 In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	contribution (\$) description (if applicable)
71423	3 /00
5-1-15 34719 FM S29 Prophenice, 1x	(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 In-kind contribution contribution (\$) description (if applicable)
Harry Zamora	Contribution (4)
Contributor address; City; State; Zip Code	41000
1 5 15 11 275 Janes Hall 21 Da 71040	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED
If contributor is out-of-state PAC, please see instruction guide forace	dditional reporting requirements.
Il collulinator is out-or-state (Ao, piedes see men anno game	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

> Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME	410	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code	V.S	
3500	22892 Mack Washingto	N Hem	astead Tx 17445
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	Event	fundanis	ing for K.D.C.
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held Sheriff
Date	Payee name	/) 0	
A-4-15 Amount (\$)	Payee address; City: State Zip Code	Volley BA	
, ,	Sily, Salet 2,5 Soc	/	EIN: 37-1450816
0216	ela Nachlanest Hassis	(-1) - Y	11 5 1
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	7	~ Sponsor
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 4 6 - 12 - 15	Payee name	Λ	\
Amount (\$)	Waller Lounty Sport	s Associ	Ation
A	Payee address; City; State; Zip code		
\$500	P.O. Box 1435 WA	Mer. Tra	AS 71484
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertisins	Tran S	20 NOVE & Sign
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Date	Payee name	, ,	
2-26-15	The Republican Par	to at 14) Aller County
Amount (\$)	Payee address; City; State; Zip Code	7	ZATIET COUNTY
3250	P.D. Box 691 Patt	ison. Tex	AS 7741010
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Event	Table	Sponsor Freedom
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)

Travel In District

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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1 Total pages Schedule F:	2 FILER NAME Royce J. Smit	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
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6 Amount (\$)	7 Payee address; City; State; Zip Code	
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date 4-19-15 Amount (\$)	Payee name Payee address; Qity; State; Zip Code	A
4-19-15 Amount (\$)	Hempstead FF	A
4-19-15 Amount (\$)	Payee address; Gity; State; Zip Code	A Lempsterd Tear 17445
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages		
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1 Total pages Schedule F:	2 FILER NAME		
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1-14-10	Prairie View Vol. 1+	H550C, INC.	
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