

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.5em;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME: <u>Mr.</u> FIRST: <u>Royce</u> LAST: <u>Smith</u> MI: <u>G.</u> SUFFIX:	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 474 Hempstead, Tx 77445</u>	Date Received  <u>Waller County Elections</u>  <u>JUN 15 2020</u>  <u>Received</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(281)</u> PHONE NUMBER: <u>831-0680</u> EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME: <u>Mrs.</u> FIRST: <u>Deebee</u> LAST: <u>Smith</u> MI: SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>42330 FM 1736 Hempstead, Texas 77445</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>( )</u> PHONE NUMBER: <u>936-275-7942</u> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <u>2 / 24 / 2020</u> <u>6 / 14 / 2020</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>7 / 14 / 2020</u>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <u>Sheriff</u>	13 OFFICE SOUGHT (if known)  <u>Sheriff</u>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Royce G. Smith

15 Filer ID (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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

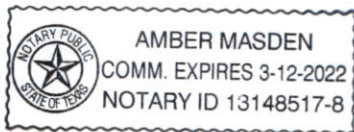
EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN 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)	\$	13,500. <sup>00</sup>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0
4. TOTAL POLITICAL EXPENDITURES	\$	9,122. <sup>01</sup>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	4,975. <sup>31</sup>
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 Glenn Smith  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce Glenn Smith, this the 15<sup>th</sup> day of June, 2020, to certify which, witness my hand and seal of office.

Amber Masden Signature of officer administering oath  
Amber Masden Printed name of officer administering oath  
Notary Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Royce G. Smith</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>13,500.<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9,722.<sup>01</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

**Royce G. Smith**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Marsha Wiesner**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

**2-28-20 12th St. Hempstead, Texas 77445**

**200.<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Anthony Edmonds**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**2-18-20 1328 Heritage Tr. N., Bellville, Tx 77418**

**2000.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Jim Kyrisch**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**3-2-20 Riley Rd. Waller, Texas 77484**

**1000.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Darren Coleman**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**3-5-20 Moncrey Ave League City, Tx 77573**

**250.<sup>00</sup>**

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Royce G. Smith

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MANUAL ZAMORA

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

3-9-20 Hunt Tr. Ln. Fulshear, Texas 77441

1500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Paul Hooney

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3-9-20 Austin St. Hempstead, Texas 77446

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rob Easton

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3-10-20 Provincial Blvd Katy, Texas 77450

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert Gregory

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3-10-20 Echo Ln. Houston, Texas 77024

1000.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

**Royce E. Smith**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**Keith Mosing**  
6 Contributor address; City; State; Zip Code

**3-17-20 Westheimer Rd., Houston, Texas 77042**

**2500.<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Glynn Ferguson**  
Contributor address; City; State; Zip Code

**3-25-20 Wiggins Rd. Hempstead, Tx 77445**

**500.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Tom Rees**  
Contributor address; City; State; Zip Code

**5-28-20 P.O. Box 479 Hempstead, Texas 77445**

**1000.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Reagan Folmar**  
Contributor address; City; State; Zip Code

**6-5-20 P.O. Box 333 Pattison, Texas 77466**

**500.<sup>00</sup>**

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.**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Royce E. Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-5-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernard Renken</b>	7 Amount of contribution (\$) <b>500.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 1 Waller, Texas 77484</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6-9-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlie Swize</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 649 Pattison, Texas 77466</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6-10-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shawn Knox</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 907 Hempstead, Texas 77446</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>3</u>	<b>2</b> FILER NAME <u>Royce G. Smith</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>2/26, 3/26, 5/11, 6/10</u>	<b>5</b> Payee name <u>S&amp;S Outdoor Advertising, Inc.</u>	
<b>6</b> Amount (\$) <u>1600.<sup>00</sup></u>	<b>7</b> Payee address; City; State; Zip Code <u>12450 FM 1458, Sealy, Texas 77474</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <u>Royce G. Smith</u>	Office sought <u>Sheriff</u>
		Office held <u>Sheriff</u>
Date <u>3-10-20</u>	Payee name <u>Monarville Volunteer Fire Dept.</u>	
Amount (\$) <u>300.<sup>00</sup></u>	Payee address; City; State; Zip Code <u>13631 Cochran Rd, Waller, Texas 77484</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Donation</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <u>Royce G. Smith</u>	Office sought <u>Sheriff</u>
		Office held <u>Sheriff</u>
Date <u>3-13-20</u>	Payee name <u>The Waller County Express</u>	
Amount (\$) <u>78.<sup>00</sup></u>	Payee address; City; State; Zip Code <u>1110 Austin St., Hempstead, Texas 77445</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <u>Royce G. Smith</u>	Office sought <u>Sheriff</u>
		Office held <u>Sheriff</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME: <b>Royce G. Smith</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	-------------------------------------	---------------------------------------

4 Date: <b>3-13-20</b>	5 Payee name: <b>The Waller Times</b>
------------------------	---------------------------------------

6 Amount (\$): <b>149.<sup>85</sup></b>	7 Payee address; City; State; Zip Code: <b>2323 Main St. Waller, Texas 77484</b>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Royce G. Smith</b>	Office sought: <b>Sheriff</b>	Office held: <b>Sheriff</b>
---	--	-------------------------------	-----------------------------

Date: <b>3/13, 4/8, 5/26</b>	Payee name: <b>We Brand It Promotions LLC</b>
------------------------------	---

Amount (\$): <b>4413.<sup>89</sup></b>	Payee address; City; State; Zip Code: <b>1112 Austin St. Hempstead, Texas 77445</b>
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Printing</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Royce G. Smith</b>	Office sought: <b>Sheriff</b>	Office held: <b>Sheriff</b>
---	--	-------------------------------	-----------------------------

Date: <b>4-25-20</b>	Payee name: <b>Royal I.S.D. FFA</b>
----------------------	-------------------------------------

Amount (\$): <b>500.<sup>00</sup></b>	Payee address; City; State; Zip Code: <b>Pattison, Texas 77466</b>
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Donation</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Royce G. Smith</b>	Office sought: <b>Sheriff</b>	Office held: <b>Sheriff</b>
---	--	-------------------------------	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>3</u>	<b>2</b> FILER NAME <u>Royce G. Smith</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>6-1-20</u>	<b>5</b> Payee name <u>C and C Sports and Apparel LLC</u>	
<b>6</b> Amount (\$) <u>131.59</u>	<b>7</b> Payee address; City; State; Zip Code <u>21749 Blassingame Rd. Hempstead, Tx 77445</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Royce G. Smith</u>	Office sought <u>Sheriff</u>
		Office held <u>Sheriff</u>
Date <u>2/25, 6/4</u>	Payee name <u>KC Strategies, LLC</u>	
Amount (\$) <u>2548.68</u>	Payee address; City; State; Zip Code <u>3571 Far West Blvd #1916 Austin, Tx 78731</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Royce G. Smith</u>	Office sought <u>Sheriff</u>
		Office held <u>Sheriff</u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED