CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 1

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The C/C	OH Instruction G	uide explains how to complete this form.		pagoo mad	
OFFIC	DIDATE / CEHOLDER	MS/MRS/MR FIRST	MI /?	OFFICE U	SEONLY
NAME	=	HERSCHEL NICKNAME LAST	SUFFIX	Date Received	
		Sm. th	23.1.3.		:
4 CANE			CITY; STATE; ZIP CODE	Waller Count	y Elections
OFFIC MAILI ADDF	1	P.O Box 653 PA	MAIR VIEW TX 77446	JAN 20	2017
Char	nge of Address			Recei	ved
5 CAND OFFIC PHON	CEHOLDER	area code	EXTENSION	Date Hand-delivered o	r Date Postmarked
6 CAME	PAIGN ASURER	MS/MRS/MR FIRST	МІ	Receipt #	Amount \$
NAME		NICKNAME LAST		Date Processed	
		Smith		Date Imaged	
7 CAME		STREET ADDRESS (NO PO BOX PLEASE); APT / SU	Λ .	ZIP CODE	, ; , , , , , , , , , , , , , , , , , ,
TREA ADDF	ASURER RESS	P. 0 Box 653	PIAMRIE VIEW TX	77446	
(Residend	ce or Business)	,			
0 000	DAICH!	AREA CODE PHONE NUMBER	EXTENSION		
8 CAMF TREA PHON	SURER	(281) 883 9887	EXTEROIDIT		
rnuf		001			
	ODT 7:00				
9 REPO	ORT TYPE	January 15 30th day before e	election Runoff	15th day after treasurer app	ointment
		July 15 Sth day before ele	ection Exceeded \$500 limit	(Officeholder Final Report (Only) Attach C/OH - FR)
				-	
10 PERI	OD ERED	Month Day Year	Month	Day Year	,
		10/30/20lb	THROUGH (2/	31/2016	9
11 ELEC	CTION	ELECTION DATE	ELECTION TYPE		
		Month Day Year Primary	Runoff Other Description		
		General	Special		
12 OFFI	CE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	4	
		Constable Pct	-3 Constable	le Par.	3.
		CO TO	PAGE 2		
		GO 10	FAGE 2		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Francisco Described Committee

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME	leasch	el C. 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.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		COMMITTEE CAMPAIGN THEASUREN ADDRESS					
17 CONTRIBUTION TOTALS		I 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)	\$ Ø				
EXPENDITURE TOTALS	3. TOTAL UNLES	\$ 239,44					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1277.22				
CONTRIBUTION BALANCE	5. TOTAL OF REF	AY \$ 3449.10					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$						
18 AFFIDAVIT							
AFFOR STARY STAN	EDQUETTIA DOGGETT tary ID # 129721087 / Commission Expires February 21, 2018 AP/SEALABOVE	true and correct and includes all infor under Tiple 15 Election Code. Washington Signature of Candi	date er Office folder				
Sworn to and subsc		by the said HISON SMITH to certify which, witness my hand and seal of office.	, this the <u>2041</u>				
Close		Cedguetti a Doggett	Motory				
Signature of officer		Printed name of officer adofinistering oath	Title of officer administering oath				

CEDQUETTIA GUGGETT Notary 10 # 129721387 Ny Commission Expons Petronary 21 2019

SUBTOTALS - C/OH

Farmer and the About the Filter Committee

FORM C/OH COVER SHEET PG 3

19	HERSCHEL C Smith 20 Filer ID (Ethics Co	mmiss	ion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	<i>D</i>
4.	SCHEDULE E: LOANS	\$	Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1516.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	
			Deviced 0/0/004

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HERSCHEL C. Smith 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ City; State; Zip Code 6 Contributor address; 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Contributor address: City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) City; State; Zip Code Contributor address; **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

				
Т	he Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:	
2 FILER NAM	Herschel C. Smith	3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	\$		
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description	
	7 Contributor address; City; State; Zip Cod		Charle if moved autoids of Tours Complete School de T	
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State; Zip Contributor	<i>.</i>		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF I	THIS SCHED	ULE AS NEEDED additional reporting requirements.	

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SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code _ Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Date In-kind contribution ut-of-state PAC (ID#:_ Full name of pledgor Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor out-of-state PAC (ID#:__ Date description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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. Davissed 0/0/001E

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	LOANS			SCHEDULE E
	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2	FILER NAME	Heaschel C. S	nik	3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		\$
5	Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	1	
14	Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable			
20	Principal Occupa	ition (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
		on / Job title (See Instructions)	Employer (See Instructions)	1
	Description of Col	lateral	Check if personal funds were account (See Instructions)	deposited into political
_	none	Name of guarantor		Amount Guaranteed (\$)
	GUARANTOR INFORMATION	radine of guarantor		
		Guarantor address; City;	State; Zip Code	
	not applicable	<u> </u>	Employer (Oct Instructions)	
	Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
	If	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS Nonestruction guide for additional r	EEDED eporting requirements.

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidats/Opense

Paris a consideration to the Patient Comments of the

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Vages/Contract Labor Oth	er (enter a category not listed above)		
Creat Cast ayriest	The instruction Guide explains how to	complete this form.	,		
1 Total pages Schedule F1:	2 FILER NAME, HCKSChel C.	mith 3 F	Filer ID (Ethics Commission Filers)		
4 Date 11/7/16	5 Payee name KROICZYK MEAT				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
149,50	P.D. Box 476, Hamp	stead T+	77445		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside o	f Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX,	officeholder living expense		
EXPENDITORE					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name	, , ,			
12/14/16	Pendleton Baptis	+ Chapel			
Amount (\$)	Payee address; City; State; Zip Code	2	_		
\$100	1220 1st ST. Hempstee	ad T+ 77	145		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	D. I. danal	Check if travel outside of	Texas. Complete Schedule T.		
OF EXPENDITURE	DONATION	Check if Austin, TX, o	officeholder living expense		
EXPENDITORE					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date / /	Payee name				
11/8/16	CREATIVE WORLD				
Amount (\$)	Payee address; City; State; Zip Code				
\$450.	1942 5th Street,	Hempstead	TY 77445		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	0. 4 2	Check if travel outside of	Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense	Check if Austin, TX,	officeholder living expense		
EAFERDITURE					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OI	н		1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candificant Powerst

Canada annotale d'Antitorio California Commissionia

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME HEASCHEL C Smi	12	3 Filer ID (Ethics Commission Filers)			
4 Date // / / / / / / 6 6 Amount (\$)	Denny's Restaurant					
6 Amount (\$)	7 Payee address, City; State; Zip Code					
157.83	100 attonwood DR, Hemps	tead TY -	17445			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-			
PURPOSE OF EXPENDITURE	FOOD & BEVERAGE Expense	[-]	outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
11/18/16	Sharon Smith					
Amount (\$)	Payee address; City; State; Zip Code					
295.72	P.O Box 653 Prairie V	1 au TY	77446			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Polling Expenses	[]	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
10/31/16	Shanoa Sinch					
Amount (\$)	Payee address; City; State; Zip Code	1/				
124,17	\$ 0 Box 603 PrAMILE	View	TX 77446			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Polling Expenses		utside of Texas. Complete Schedule T. in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

-	Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense	Loan Repayment Office Overhead/ Polling Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
	Consuming Expense Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense	Printing Expense		Travel In District Travel Out Of District Other (onter a extense) and listed above)		
	сании ане/спрепоие/Political	Committee Legal Services The Instruction Guide expla	Salaries/Wages/ Ins how to comple		Other (enter a category not listed above)		
1	Total pages Schedule F2:	2 FILER NAME HERSChel	C. Smi		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UNITEM	IIZED UNPAID INCURRED OBL			• 0		
5	Date	6 Payee name		<u></u>			
7	Amount (\$)	8 Payee address; City; State	; Zip Code				
9	TYPE OF EXPENDITURE	Political	Non-Political				
10		(a) Category (See Categories listed at the top of	this schedule)	(b) Description			
	PURPOSE OF			Check if tra	rvel outside of Texas. Complete Schedule T.		
	EXPENDITURE			Check if	Austin, TX, officeholder living expense		
11 Complete ONLY if direct							
	Date	Payee name					
	Amount (\$)	Payee address; City; State	; Zip Code				
	TYPE OF EXPENDITURE	Political	Non-Political				
		Category (See Categories listed at the top of	this schedule)	Description			
	PURPOSE OF EXPENDITURE				avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Herschel C. Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/	•	Travel in District Travel Out Of District Other (enter a category not listed above)	
		The Instruction Guide explain	-		Calci (cind acategory normalization)	
1 Total pages Schedule F4:	2 FILER	NAME HEASCHEL C.	Smil	h	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXF	ENDITURES CHARGED			s Ø	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address; City; State;	Zip Code			
9 TYPE OF EXPENDITURE		Political	Non-Politica	I		
10	(a) Categ	Ory (See Categories listed at the top of th	is schedule)	(b) Description	on	
PURPOSE				Check i	f travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE				Check	if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee	name				
Amount (\$)	Payee	address; City; State;	Zip Code			
TYPE OF EXPENDITURE		Political	Non-Politica	al		
W W	Categ	ory (See Categories listed at the top of th	is schedule)	Descripti	on	
PURPOSE				Check	if travel outside of Texas. Complete Schedule T.	
OF Expenditure				Check	if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		ndidate / Officeholder name	Office	sought	Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS SCH	EDULE AS NE	EEDED	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services			s/Wages/Contract Labor	Other (enter a category not listed above)
		i ne instru	ction Guide ex	plains now to	complete this form.	
1 Total pages Schedule G:	2 FILER NA	me Hexs	chel	C. Su	nith	3 Filer ID (Ethics Commission Filers
4 Date	5 Payee nan	ne				
6 Amount (\$)	7 Payee add	dress;	City; State;	Zip Code		
Reimbursement from political contributions intended						
8	(a) Category	See Categories I	isted at the top of t	his schedule)	(b) Description	
PURPOSE OF				;	Check if travel outsi	ide of Texas. Complete Schedule T.
EXPENDITURE					Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeho	older name		Office sought	Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	dress;	City; State;	Zip Code		
Reimbursement from political contributions intended						
	Category	(See Categories I	isted at the top of t	his schedule)	(b) Description	
PURPOSE OF					Check if travel outs	ide of Texas. Complete Schedule T.
EXPENDITURE					Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		ate / Officeh	older name		Office sought	Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	dress;	City; State;	Zip Code		
Reimbursement from political contributions intended						
	Category	(See Categories I	isted at the top of t	his schedule)	(b) Description	
PURPOSE OF					Check if travel outs	ide of Texas. Complete Schedule T.
EXPENDITURE					Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6		ate / Officeh	older name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.			
1 Total pages Schedule H:	2 FILER NAME HEASCHEL C. S	ini L	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Cod	le			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Coo	de			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Coo	de			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME HEASCHEL C. SMIT	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
2	FILER NAME	Herschel C Smith	3 Filer ID (Ethics Commission Filers)	
4	Date	5 Name of person from whom amount is received	8 Amount (\$)	
		6 Address of person from whom amount is received; City; State;	Zip Code	
		7 Purpose for which amount is received Check if	political contribution returned to filer	
	Date	Name of person from whom amount is received	Amount (\$)	
		Address of person from whom amount is received; City; State	; Zip Code	
		Purpose for which amount is received Check if	political contribution returned to filer	
	Date	Name of person from whom amount is received	Amount (\$)	
		Address of person from whom amount is received; City; State;		
		Purpose for which amount is received	political contribution returned to filer	
	Date	Name of person from whom amount is received	Amount (\$)	
		Address of person from whom amount is received; City; State	; Zip Code	
		Purpose for which amount is received Check if	political contribution returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
		Tarran Estata Communication control co	Davidand 0/0/0015	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	•					O to tale To	
	The Instruc	tion Guide e	xplains h	ow to complete this	form.	Total pages Schedule T: Filer ID (Ethics Commission Filers)	
2	FILER NAME	exsche	21' (Sinitt-		3 Filer ID (Ethics Continuesion Files)	
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5	Contribution / Expendit			□ a	Schedule C2	Schedule D Schedule F1	
	Schedule A2	∐ Sched		Schedule B(J) Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
	Schedule F2		lule F4				
6	Dates of travel	7 Name of	7 Name of person(s) traveling				
		8 Departure city or name of departure location					
		9 Destination city or name of destination location					
10	Means of transportati	on	11 Purpos	se of travel (including r	name of conference, s	eminar, or other event)	
	Name of Contributor /	Corporation of	or Labor O	rganization / Pledgor /	Payee		
	Contribution / Expend	liture reported	on:				
	Schedule A2	Sched		Schedule B(J)	Schedule C2	Schedule D Schedule F1	
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
┝	Dates of travel	Name of	person(s)) traveling			
		Departur	e city or n	ame of departure locat	tion		
		Destinati	on city or	name of destination lo	cation		
-	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
H	Contribution / Expend	diture reported	l on:				
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
	Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
		Destination city or name of destination location					
	Means of transporta	tion	Purpo	ose of travel (including	name of conference,	seminar, or other event)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
-		CALL:	!		aa atata tua	Designed 0/0/001	

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

	The Instruction Guide explains how Complete only if "Report Type" on page	e 1 is marked Final Report
1 C/OH	HEASCHEL C. Smith	2 Filer ID (Ethics Commission Filers)
3 SIGN/		
	t expect any further political contributions or political expenditure eport as a final report terminates my campaign treasurer appoir utions or make any campaign expenditures without a campaign	might raise and search as the
4 FILEI	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••	,
A.	CAMPAIGN FUNDS	
Che	ck only one:	de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata del contrata del contrata de la contrata del contrata de
	I do not have unexpended contributions or unexpended inter	rest or income earned from political contributions.
	may not convert unexpended political contributions or unexpersonal use. I also understand that I must file an annua unexpended contributions or unexpended interest or income	income earned from political contributions. I understand that I kpended interest or income earned on political contributions to I report of unexpended contributions and that I may not retain earned on political contributions longer than six years after filing f unexpended political contributions and unexpended interest or the requirements of Election Code, § 254.204.
В.	ASSETS	
Che	ock only one:	
	I do not retain assets purchased with political contributions	or interest or other income from political contributions.
	that I may not convert assets purchased with political contril	sterest or other income from political contributions. I understand butions or interest or other income from political contributions to ets purchased with political contributions in accordance with the
		Signature of Candidate
	CEHOLDER omplete this section only if you are an officeholder	
	file. I am also aware that I will be required to file reports of une	ele to an officeholder who does not have a campaign treasurer on xpended contributions if, after filing the last required report as an orne from political contributions, or assets purchased with politi- ntributions.
		Signature of Officeholder
F	ideally. Tour Paking Commission was a string at the string	