CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ OFFICEHOLDER NAME 4 CANDIDATE/ OFFICEHOLDER NAME 4 CANDIDATE/ OFFICEHOLDER NAME 5 CANDIDATE/ OFFICEHOLDER ANEA CODE PHONE 6 CANDIDATE/ OFFICEHOLDER NAME 7 CANDIDATE/ OFFICEHOLDER NAME 8 CANDIDATE/ OFFICEHOLDER NAME 8 CANDIDATE/ OFFICEHOLDER NAME 8 CANDIDATE/ OFFICEHOLDER NAME 8 CANDIDATE/ OFFICEHOLDER NAME 9 CANDIDATE/ TREASURER ADDRESS 10 OPBOX NAME AND PROST 10 Date Hand-delivered or Date Postmarked 11 Date Hand-delivered or Date Postmarked 12 Date Inaged 13 OFFICE BOUGHT (# Nower) 14 Date Hand-delivered or Date Postmarked 15 Date Hand-delivered or Date Postmarked 16 Date Hand-delivered or Date Postmarked 17 CAMPAIGN 18 Date Hand-delivered or Date Postmarked 18 Date Hand-delivered or Date Postmarked 19 Date Hand-delivered or Date Postmarked 19 Date Hand-delivered or Date Postmarked 10 Date Hand-delivered or Date Postmarked 10 Date Hand-delivered or Date Postmarked 19 Date Hand-delivered or Date Postmarked 19 Date Hand-delivered or Date Postmarked 19 Date Hand-delivered or Date P	-				
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GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	_	ζ .\λ	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	*			
	SPECIFIC	COMMITTEE ADDRESS	9		
		COMMITTEE CAMPAIGN TREASURER NAME	1		
Additional Pages			40 S		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	1		
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0		
	2. TOTAL (OTHER	\$ 0			
EXPENDITURE TOTALS	3. TOTAL F	\$ 0			
	4. TOTAL	\$ 265, 50			
CONTRIBUTION BALANCE	5. TOTAL P	\$ 8 D910.31			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	\$ 0			
18 AFFIDAVIT					
144444	•••	I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.			
No.	DANA HICKS LEV stary Public, State of My Commission Expi February 25, 2018	Texas !	date or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Loyce G. Smith , this the 21 day of Juyuaup, 20 11 , to certify which, witness my hand and seal of office.					
Denty	~	DANA Lieks Lowis	Notony Public		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	mmission Filers)			
Royce D. Smith				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3, SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS	\$ 265,50		
6, SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7, SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	USINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	\$			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Commence of the

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	Expense emorials Expense	Office Overl Polling Expo Printing Exp		Transportation Travel In Distr Travel Out Of	
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4 Date	5 Payee nar	-	yce 1	OM	(V)	L	
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6 Amount (\$)	7 Payee add	dress:	City; State; Z	in Code	-itizen		
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PURPOSE		-			Check if travel or	utside of Texas. Con	plete Schedule T.
OF					Check if Austin	n, TX, officeholder	living expense
EXPENDITURE	^ \					L	
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9 Complete ONLY if direct	Candida	ate / Officeho	der name		Office sought	0	Office held
expenditure to benefit C/OH		. [7	Min.		Slace	7	Slaggiff
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OF					Check if Austin	n, TX, officeholder	living expense
EXPENDITURE				1			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							