

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:

2016 JAN 15 PM 2:45
WALLER COUNTY ELECTIONS
ADMINISTRATIONS OFFICE
RECEIVED

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Royce G.
NICKNAME LAST SUFFIX
Smith

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING 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
Mrs. Deedee
NICKNAME LAST SUFFIX
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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 16 / 2015 1 / 14 / 2016

11 ELECTION

Month ELECTION DATE Day Year ELECTION TYPE
3 / 1 / 2016 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

GO TO 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *3,200.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *2,850.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *550.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,921.54*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *11,827.81*

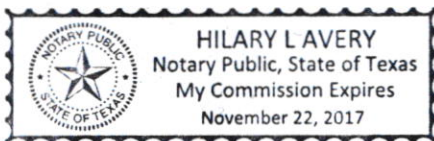
OUTSTANDING LOAN TOTALS

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 *16*, to certify which, witness my hand and seal of office.

Hilary Avery
Signature of officer administering oath

Hilary Avery
Printed name of officer administering oath

Chief Deputy
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>2</u>	
2 FILER NAME <u>Royce G. Smith</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8-14-15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nancy Thomason</u>	7 Amount of contribution (\$) <u>\$100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>12598 Peters Rd. Hempstead, Texas 77445</u>		(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#: _____) <u>Ted Krenek</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10-17-15 P.O. Box 491 Pattison, Texas 77466</u>		(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#: _____) <u>R. L. Waltrip</u>	Amount of contribution (\$) <u>\$500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10-22-15 Hegar Rd. Waller, Texas 77484</u>		(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#: _____) <u>L. Brooks Long</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10-22-15 13919 Conway Place Cypress, Texas 77429</u>		(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#: _____) <u>Ross + Judy Lewis</u>	Amount of contribution (\$) <u>\$1000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1-4-16 39716 FM 3346 Hempstead, Texas 77445</u>		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Royce E. Smith</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>1-14-16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Odis Styers</u>	7 Amount of contribution (\$) <u>\$1000</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 1297 Hempstead Texas 77445</u>		(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#: _____) <u>Dorthea K.H. Dumas</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1-14-16 P.O. Box 1046 Brookshire Texas 77423</u>		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 E. Smith	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-16-15	5 Payee name Hempstead I.S.D. Athletic Booster Club
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6 Amount (\$) \$150	7 Payee address; City; State; Zip Code Austin St. Hempstead, Texas 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) game nights
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input checked="" type="checkbox"/>	Office held <input type="checkbox"/>
		Sheriff	

Date 1-8-16 10-26-15	Payee name More Than Signs
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Amount (\$) \$1237.94 \$253.00	Payee address; City; State; Zip Code 1112 Austin St. Hempstead, Texas 77445
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input checked="" type="checkbox"/>	Office held <input type="checkbox"/>
		Sheriff	

Date 10-29-15	Payee name Sacred Heart Church
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Amount (\$) \$525	Payee address; City; State; Zip Code Hwy 359 Pattison, Texas 77466
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Fundraising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input checked="" type="checkbox"/>	Office held <input type="checkbox"/>
		Sheriff	

Date 1-12-16	Payee name Knights of Columbus
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Amount (\$) \$1000	Payee address; City; State; Zip Code 22892 Mack Washington Hempstead, Texas 77445
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adv. / Donation	Description (If travel outside of Texas, complete Schedule T) Fundraising Event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input checked="" type="checkbox"/>	Office held <input type="checkbox"/>
		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) |

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1 Total pages Schedule F: <u>2</u>	2 FILER NAME <u>Royce G. Smith</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <u>7-25-15</u>	5 Payee name <u>Waller PeeWee Football Association</u>
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6 Amount (\$) <u>\$350</u>	7 Payee address; City; State; Zip Code <u>P.O. Box unk. Waller, Texas 77484</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Donation</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>sponsor team</u>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <u>Sheriff</u>
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Date <u>8-17-15</u>	Payee name <u>The Waller Times</u>
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Amount (\$) <u>\$55.60</u>	Payee address; City; State; Zip Code <u>2323 Main St. Waller, Texas 77484</u>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising</u>	Description (If travel outside of Texas, complete Schedule T) <u>Grad. Ad</u>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <u>Sheriff</u>
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Date <u>9-30-15</u>	Payee name <u>Waller County Fair Association</u>
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Amount (\$) <u>\$150</u>	Payee address; City; State; Zip Code <u>P.O. Box 911 Hempstead, Texas 77445</u>
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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>Senior Lunch sponsor</u>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <u>Sheriff</u>
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Date <u>10-6-15</u>	Payee name <u>St. Katherine Drexel Church</u>
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Amount (\$) <u>\$200</u>	Payee address; City; State; Zip Code <u>FM 1488 Hempstead Texas 77445</u>
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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>Fundraiser Event</u>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <u>Sheriff</u>
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