CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th. 01011 h	hilds avaleling how to complete this form	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction G	Buide explains how to complete this form.		5	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE OFFY	
NAME	Mr Royce	، جا	Date Received	
	NICKNAME LAST	SUFFIX	FEB 22	<u>`</u>
	Snith		22	1
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY:	STATE; ZIP CODE	⊋ :	
MAILING			Date Hand-delivered or Postmark	6
ADDRESS Change of address	1/ 1/ 1/ 1/	1 Townson		10
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount	S
OFFICEHOLDER	() 0		Date Processed	
PHONE	919' 826-8894	Mi	Date Imaged	-
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	ws.	Dette mageu	2012
NAME	NICKNAME LAST	SUFFIX	·	
	50:110			
- 0111011		om. om.	7/0.000	_
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
ADDRESS (residence or business)				
	LI JERIMA DEERLY	Last Tax	AS 77445	
8 CAMPAIGN	AREA CODE PHONE NUMBER	empstead, lex	85 1177.5	
TREASURER	()	Cidado		
PHONE				
	979-826-8894			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment	
	July 15 8th day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)	
		limit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	THROUGH	. / /		
	1 27 7010	20	2016	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	•		
	Month Lay Year Primary	Runoff	General Special	
	3 1 2016			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (I'known))	
	Sheriff	Sh	esiff	
GOTO PAGE 2				
L				

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	Rose	e Is. Smith	5 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.			
	COMMETTEE 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)	\$ 1500.00	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$	
	4. TOTAL	\$ 1750.04		
BALANCE	5. TOTAL F	\$ 10, 633. 25		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT			perjury, that the accompanying report information required to be reported by	
Jalme Burnside Notary Public, State of Texas My Commission Expires Fabruary 25,2018 me under Title 15, Election Code. Roy July Signature of Candidate or Officeholder				
AFFIX NOTARY STAM		2 and (1) S		
Sworn to and sub	- 1	me, by the said Koyce Glenn Sy	ny hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
	- John Janes	- miles in competition in the competition of the co	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:		
2 FILER NAME	Royce D. Smith		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1000	Jen Jen	der Village,	\$500	1
1-48-110	110325 Jersey Hollow Ur.	Jeans 11040		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#) Time Bixle Contributor address; City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-28-110	POR 21 Value T	1146	9 y00	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
A-15-10 Principal occup	23/047 Hug 159 Head	Ste Ad least Employer (See)		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ OM. Rees + John Contributor address; City; State; Zip Code	Ny Ne	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-18-16 Principal occup	P.O. Box 419 Hemperedo, pation / Job title (See Instructions)	Employer (See I	(If travel outside onstructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		A	
			Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	-	1		
Principal occup	eation / Job title (See Instructions)	Employer (See I	(If travel outside onstructions)	of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

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 Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By				
Fees	Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental	Candidate/Officeholder/Political Committee			
	The Instruction Guide explains how to com	(
1 Total pages Schedule F:	2 FILER NAME				
1 Total pages outleddie 1.	2 FILER NAME D	3 ACCOUNT # (Ethics Commission Filers)			
	Royce L7. Omit	^			
4 Date 1-25-16	5 Payee name				
1-39-16	NAI DEADLICS	TNG.			
6 Amount (\$) 12	7 Payee address; City; State; Zip Code				
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162.30	15500 4 St (1 (1)	() () -			
108.20	5502 = It steeda) Kata loxas 17493			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b)	Description (If travel outside of Texas, complete Schedule T)			
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		11,005			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/O	У п	Sheritt Sheritt			
Date 1-4-16	Payee name				
2-19-16	M 71 (.				
	Pavee address: City: State: Zip Code				
Amount (\$) 399,50	Payee address; City; State; Zip Code				
399.50	1112 Austin St. Henry	Head Texas 71445			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	101 1				
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expenditure to benefit C/C	JH	Sheritt Sheritt			
Date	Payee name				
1-16-110	The Wolf T.				
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68.	12323 Waid St. Wall	ec. levas MM484			
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0-4-110	The Hotline P	1635			
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expenditure to benefit C/OH					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

		CATEGORIES FOR	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract	t Labor L	oan Renavment	//Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising			
Consulting Expense	Food/Beverage Expense	Travel In District			quipment & Related Expense
Event Expense	Polling Expense	Travel Out Of District	C		nations Made By iceholder/Political Committee
Fees	Printing Expense				
. 003		Office Overhead/Rental			category not listed above)
	The Instruction Guide	e explains how to com	plete this form	n.	
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4 Date	5 Payee name				
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