

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:**

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received: 2008 JUL 15 AM 10:59
 FILED
 WALLER COUNTY CLERK
 ELECTIONS DIVISION

Date Hand-delivered or Date Postmarked

Receipt # _____ Amt: _____

Date Processed _____

Date Imaged _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 P.O. Box 474 Hempstead Tx 77445

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (979)
 PHONE NUMBER: 826-8894
 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs
NICKNAME: Deedee
FIRST: Deedee
LAST: Smith
MI:
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 42330 FM 1736 Hempstead Tx 77445

8 CAMPAIGN TREASURER PHONE

AREA CODE: (979)
 PHONE NUMBER: 826-8894
 EXTENSION:

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 3 / 31 / 2008 THROUGH 7 / 15 / 2008

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 4 / 2008
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE


OFFICE HELD (if any):
 OFFICE SOUGHT (if known): Sheriff

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: _____

Address / PO Box; Apt. / Suite #; City; State; Zip Code: _____



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Royce G. Smith 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION 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)	\$ 1426. ¹⁵
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1047. ²¹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1502. ⁶²
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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 July, 2008, to certify which, witness my hand and seal of office.

Amanda Rutledge Signature of officer administering oath
Amanda Rutledge Printed name of officer administering oath
Notary Public 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>1</u>	
2 FILER NAME <u>Royce E. Smith</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>4-7-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Odus Styers III</u>	7 Amount of contribution (\$) <u>476.¹⁵</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 557 Hempstead, Tx 77445</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-7-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jon Strange</u>	Amount of contribution (\$) <u>250.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>722 Pin Oak Rd # 202A Katy, Tx 77494</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-18-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wayne McQuaid</u>	Amount of contribution (\$) <u>200.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>39611 FM 1488 Rd. Hempstead, Tx 77445</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5-9-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Hartley</u>	Amount of contribution (\$) <u>500.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Henson Rd. Hempstead, Tx 77445</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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Royce G. Smith		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-31-08	5 Payee name Houston Sign Co. Inc.	7 Amount (\$) 254.⁵⁰
6 Payee address; City; State; Zip Code 5801 Chimney Rock Rd Houston Tx 77081		
8 Purpose of payment (See instructions regarding type of information required.) Signs (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Royce G. Smith Sheriff
Date 3-31-08	Payee name Houston Community Newspapers	Amount (\$) 87.⁵¹
Date 4-28-08	Payee address; City; State; Zip Code 705 12th St, Hempstead, Tx 77445	Amount (\$) 125.⁵⁶
Purpose of payment (See instructions regarding type of information required.) Advertisement (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Royce G. Smith Sheriff
Date 3-31-08	Payee name Johnson Graphics (Waller Times)	Amount (\$) 124.⁴³
Date 4-7-08	Payee address; City; State; Zip Code	Amount (\$) 124.⁴³
Date 4-28-08	Payee address; City; State; Zip Code P.O. Box 509 Waller Tx 77484	Amount (\$) 76.⁵⁰
Purpose of payment (See instructions regarding type of information required.) Advertisement (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Royce G. Smith Sheriff
Date 6-20-08	Payee name Greater St Peters Baptist Church	Amount (\$) 100.⁰⁰
Payee address; City; State; Zip Code Austin St, Hempstead, Tx 77445		
Purpose of payment (See instructions regarding type of information required.) Advertisement for Parade + special event (June 19th) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
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6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
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11 Maturity date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral <input type="checkbox"/> none	
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15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
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17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
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Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
--	--	---------------

Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input type="checkbox"/> none	
--	--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
--	-------------------	------------------------

Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Royce G. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-3-08

5 Payee name

The Times Tribune

6 Payee address; City; State; Zip Code

P.O. Box 1549 Brookshire, Tx 77423

7 Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

154.28

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

*Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED