

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: <div style="text-align: center; font-size: 2em;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME: Mr. FIRST: Royce MI: G SUFFIX: Smith	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="text-align: center; font-size: 1.5em;">2012 JUL 16 PM 3:02</p> <p style="text-align: right; font-size: 0.8em;">WALLER COUNTY CLERK ELECTIONS DIVISION</p> <hr/> <p>Date Hand-delivered or Postmarked</p> <hr/> <p>Receipt # Amount</p> <hr/> <p>Date Processed</p> <hr/> <p>Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 474 Hempstead, Texas 77445		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (919) PHONE NUMBER: 826-8894 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME: Mrs. FIRST: Beedee MI: 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: (919) PHONE NUMBER: 826-8894 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 21 / 2012 7 / 14 / 2012		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 E. 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

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

\$ 1300 ⁵¹/₁₀₀

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

\$ 700 ⁵¹/₁₀₀

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2015 ⁰⁹/₁₀₀

CONTRIBUTION
BALANCE

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

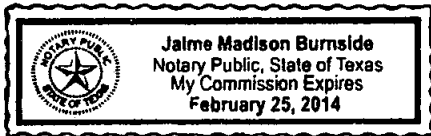
\$ 1182 ⁹¹/₁₀₀

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 E. Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said R. Glenn Smith, this the 16th day of July, 20 12, to certify which, witness my hand and seal of office.

Jaime Madison Burnside
Signature of officer administering oath

Jaime Madison Burnside
Printed name of officer administering oath

Admin Asst.
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: 1	
2 FILER NAME Royce L. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-31-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Frishman	7 Amount of contribution (\$) \$ 250 ⁵⁰ / ₁₀₀	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 5723 Highway Blvd, Katy, TX 77494	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erik W. Appel	Amount of contribution (\$) \$ 150 ⁵⁰ / ₁₀₀	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 24150 Hwy 290 N. 500, Cypress, TX 77429	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-19-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Eismont	Amount of contribution (\$) \$ 100 ⁵⁰ / ₁₀₀	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 43680 Harpers Church Rd, Hempstead	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-26-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felipe V. Molina, Jr.	Amount of contribution (\$) \$ 100 ⁵⁰ / ₁₀₀	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 11601 Lerd St, Houston, TX 77029	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-26-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Booker	Amount of contribution (\$) \$ 100 ⁵⁰ / ₁₀₀	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1136 Austin St, Hempstead, TX 77445	(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 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: 3		2 FILER NAME Royce E. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-21-12		5 Payee name Sports Unlimited			
6 Amount (\$) 570.28		7 Payee address; City; State; Zip Code 120 E. Washington Ave, Navasota, Texas 77868			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Awards Expense		(b) Description (If travel outside of Texas, complete Schedule T) Trophies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce E. Smith		Office sought Sheriff	Office held Sheriff
Date 5-21-12		Payee name The Hotline Press			
Amount (\$) 63.88		Payee address; City; State; Zip Code 1116 Austin St., Hempstead, Texas 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce E. Smith		Office sought Sheriff	Office held Sheriff
Date 5-21-12		Payee name Waller County News Citizen			
Amount (\$) 63.75		Payee address; City; State; Zip Code 350 Hwy 290 E., Hempstead, Texas 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce E. Smith		Office sought Sheriff	Office held Sheriff
Date 5-21-12		Payee name The Waller Times			
Amount (\$) 210.48		Payee address; City; State; Zip Code 2323 Main St., Waller, Texas 77484			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Royce E. Smith		Office sought Sheriff	Office held 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>3</u>		2 FILER NAME <u>Royce G. Smith</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5-21-12</u>		5 Payee name <u>Times Tribune</u>			
6 Amount (\$) <u>256.13</u>		7 Payee address; City; State; Zip Code <u>P.O. Box 1549 Brookshire Texas 77423</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Advertising</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Ad</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Royce G. Smith</u>		Office sought <u>Sheriff</u>	Office held <u>Sheriff</u>
Date <u>5-29-12</u>		Payee name <u>District IV FFA Assoc.</u>			
Amount (\$) <u>50.00</u>		Payee address; City; State; Zip Code <u>103 Cardinal Lane Columbus Texas 78934</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contribution</u>		Description (If travel outside of Texas, complete Schedule T) <u>sponsorship</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Royce G. Smith</u>		Office sought <u>Sheriff</u>	Office held <u>Sheriff</u>
Date <u>6-11-12</u>		Payee name <u>Wittenburg Printing</u>			
Amount (\$) <u>691.01</u>		Payee address; City; State; Zip Code <u>210 Meyer St. Sealy, Texas 77474</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing / Gifts</u>		Description (If travel outside of Texas, complete Schedule T) <u>caps</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Royce G. Smith</u>		Office sought <u>Sheriff</u>	Office held <u>Sheriff</u>
Date <u>6-17-12</u>		Payee name <u>Waller Cheerleader Booster Club</u>			
Amount (\$) <u>75.00</u>		Payee address; City; State; Zip Code <u>Field Store Rd. Waller, Texas 77484</u>			
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>Ad</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Royce G. Smith</u>		Office sought <u>Sheriff</u>	Office held <u>Sheriff</u>

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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>3</u>	2 FILER NAME <u>Royce G. Smith</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>6-17-12</u>	5 Payee name <u>Times Tribune</u>	
6 Amount (\$) <u>34.50</u>	7 Payee address; City; State; Zip Code <u>P.O. Box 1549 Brookshire, Texas 77423</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Advertising</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Ad</u>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <u>Royce G. Smith</u>	Office sought <u>Sheriff</u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED