CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

/	1 1 0 1 1/			
ERSC!	DEL C. Smith	15 ACCOUNT	r # (Ethics Commission Filers)	
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			
COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
-				
1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER SES), LOANS, OR GUARANTEES OF LOANS), UNLESS ITE	THAN S		
2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$	200,00	
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$				
6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LY OF THE REPORTING PERIOD	OF THE \$	0	
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. DENA NOLAN Notary Public				
E OF TEXAS O. December 3, 2015 / SEAL ABOVE	Signature of	Candidate or Off	(centider	
Sworn to and subscribed before me, by the said				
stering oath	Printed name of officer administering oath	N _O	TARY officer administering oath	
	CANDIDATE / OFFICE- CONSENT. CANDIDATE OMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL F PLEDGE 2. TOTAL (OTHER 3. TOTAL P 4. TOTAL 5. TOTAL P COF REPO 6. TOTAL P LAST DA A NOLAN BY Public COF TEVAS 1. December 3, 2015 SEAL ABOVE Fiber Defore In CONSENT.	CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ON OMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LATE OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penal is true and correct and included me under Title 15, Election Community Public COMMITTEE ADMENDATION OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penal is true and correct and included me under Title 15, Election Community Public COMMITTEE ADMENDATION OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penal is true and correct and included me under Title 15, Election Community Public COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME COMMITTEE NAME COMMITTEE ADMENDATION OF \$50 OR LESS (OTHER SOURCE) COMMITTEE ADMENDATION OF \$5	CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICENOSEYIT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE IN DIMINITIES NAME OMMITTEE TYPE COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$. TOTAL POLITICAL EXPENDITURES \$. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I SWEAR, OR Affirm, under penalty of perjury, the is true and correct and includes afficitorization me, under Title 15, Election Code. A NOLAN I SPECIFIC TO THE REPORTING PERIOD I SWEAR, OR Affirm, under penalty of perjury, the is true and correct and includes afficitorization me, under Title 15, Election Code. A NOLAN I SWEAR, OR Affirm, under penalty of perjury, the is true and correct and includes afficitorization me, under Title 15, Election Code. A NOLAN SEAL ABOVE TIDEO DEFORM THE SAME THE STANDARD THE SIGNARD THE SIGNA	

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

OTHER THAN PLEDGES OR LOANS					
The Instruction Guide explains how to complete this for	rm.	1 Total pages Sche			
2 FILER NAME / June hal a Sunit		3 ACCOUNT # (Et	hics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	In-kind contribution description (if applicable)		
08-16-14 6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$100,00			
Houston, Tx 77067			of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) 10	Employer (See In	nstructions)			
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
10-29-14 Contributor address; City; State; Zip Code 6920 Bev ER ly Hill St. Ap	ot. 13	400.00			
Houston, 1x77067	Employer (See I		of Texas, complete Schedule T)		
Principal occupation Job title (See Instructions)	Employer (ede)				
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		0	of Texas, complete Schedule T)		
/ Lab side (See Instructions)	Employer (See		or lexas, complete ouricadio 17		
Principal occupation / Job title (See Instructions)					
Date Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)			
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)			
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	EAS NEEDED ditional reporting	g requirements.		

Revised 09/28/2011

Texas Ethics Commission

exas Ethics Commissi	on P.O. Box 12070 , tasking to			
			SCHEDULE E	
LOANS				
			1 Total pages Schedule E:	
The I	T Total pages and			
	3 ACCOUNT # (Ethics Commission Filers)			
FILER NAME	1-1/26	Ab		
ME	ERSCHEL C. JMI	111		
TOTAL	L OF UNITEMIZED LOANS: □	+ + + + +	\$ \$	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:) 9 Loan Amount (\$)	
6 Islender	10 Interest rate			
a financial Institution?		J-T	11 Maturity date	
Y N	() to be title (See Instructions)	13 Employer (See Instructions)	
12 Principal occupation	on / Job title (See Instructions)			
14 Description of Coll	lateral	15 Check if personal funds we	re deposited into political account	
none	jacora.		1.01(0)	
16 GUARANTOR	17 Name of guarantor	110	19 Amount Guaranteed (\$)	
INFORMATION	// // // / / / / / / / / / / / / / / /	State; Zip/Code		
	18 Guarantor addiess/			
not applicable	/	To a last section		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instruction:	5)	
			Loan Amount (\$)	
Date of loan	Name of lender	out-of-state PAC (ID#:		
	1	M	Interest rate	
Is lender	Lender address; City; State;	Zip Code		
a financial Institution?		/	Maturity date	
Y N	/	Employer (See Instruction	s)	
Principal occupa	tion / Job title (See Instructions)			
		Check if personal funds w	ere deposited into political account	
Description of Co	ateral			
none			Amount Guaranteed (\$)	
GUARANTOR INFORMATION	Name of guarantor Guarantor address: City	State: Zip Code		
not applicable		/		
Principal Occupa	ation (See Instructions)	Employer (See Instruction	s)	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS	NEEDED	
If le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see ins	truction guide for additional	reporting requirements.	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE C	ATEGORIES I	FOR BOX 8(a)		ĺ
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro	sing Expense rict ental Expense	OTHER (enter a categ	ent & Related Expense s Made By der/Political Committee
	The Instruction Guide e	explains how to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME HERSCHE	100	5miff	3 ACCOUNT#(Ethics Commission Filers)
4 Date	5 Payee name	1 = 0 1			
6 Amount (\$)	7 Payee address; City; State		A	(the set of Tours	omplete Schedule T)
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	f this schedule)	(b) Description	(If travel outside of Texas, co	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	*3	Office sough	t	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	e; Zip Code		7	-
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, c	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	. /	Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; State	E; Zip Code	1		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, o	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office sough	nt	Office held
Date	Payee name			ī.	
Amount (\$)	Payee address; City; Stat				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	/ Description	(If travel outside of Texas, o	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	/	Office sough	nt	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS	NEEDED	

70 Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CA	ATEGORIES FOR	BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Sa	alaries/Wages/Contract I	Labor Loan Repayment/Reimbursement
Accounting/Banking		olicitation/Fundraising Ex	Contributions/Donations Made By
Consulting Expense	1 000/Develage Expense	avel Out Of District	Candidate/Officeholder/Political Committee
Event Expense		ffice Overhead/Rental E	Expense OTHER (enter a category not listed above)
Fees	The Instruction Guide ex		
1 Total pages Schedule G:	2 FILER NAME //	10/	3 ACCOUNT # (Ethics Commission Filers)
1 Total pages ochedule C.	HERSCHE!	C. Sm.	The second second
4 Date	5 Payee name		
		1	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	7
Reimbursement from		///-	
political contributions intended			
8 PURPOSE	(a) Category (See categories listed at the top of	his schedule) (b)	Description (If travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE		'	
Date	Payee name	9	
Date	7 3 3 € 990000 100000000000000000000000000000	1	
		1 1	7
Amount (\$)	Payee address; City; State	Zip Code	
		/ //	
Reimbursement from			/
petitical contributions			
interided	V	/	
	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Payee name		Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE Date	Payee name		Description (If travel outside of Texas, complete Schedule T)
Date Amount (\$)	Payee name		Description (If travel outside of Texas, complete Schedule T)
Date Amount (\$) Reimbursement from [political contributions	Payee name		Description (If travel outside of Texas, complete Schedule T)
Date Amount (\$)	Payee name Payee address; City; State	; /Zip Code	
Date Amount (5) Reimbursement from political contributions intended	Payee name	; /Zip Code	Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T)
Date Amount (\$) Reimbursement from political contributions intended	Payee name Payee address; City; State	; /Zip Code	
Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Payee name Payee address; City; State	; /Zip Code	
Date Amount (\$) Reimbursement from political contributions intended OF EXPENDITURE	Payee name Payee address; City; State Category (See categories listed at the top of	; /Zip Code	
OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Payee name Payee address; City; State	; /Zip Code	
Date Amount (\$) Reimbursement from political contributions intended OF EXPENDITURE	Payee name Payee address; City; State Category (See categories listed at the top of	; Zip Code	
Date Amount (\$) Reimbursement from political contributions intended OF EXPENDITURE Date	Payee name Payee address; City; State Category (See categories listed at the top of	; Zip Code	
Date Amount (\$) Reimbursement from political contributions intended OF EXPENDITURE	Payee name Payee address; City; State Category (See categories listed at the top of	; Zip Code	
Date Amount (\$) Purpose OF EXPENDITURE Date Amount (\$) Amount (\$)	Payee name Payee address; City; State Category (See categories listed at the top of	; Zip Code	
Date Amount (\$) Purpose OF EXPENDITURE Purpose OF EXPENDITURE Date Amount (\$)	Payee name Payee address; City; State Category (See categories listed at the top of	; Zip Code	
Date Amount (\$) Purpose OF EXPENDITURE Date Amount (\$) Purpose OF EXPENDITURE Date	Payee name Payee address; City; State Category (See categories listed at the top of Payee name Payee address; City; State	; Zip Code	Description (If travel outside of Texas, complete Schedule T)
Date Amount (\$) Purpose OF EXPENDITURE Purpose OF EXPENDITURE Date Amount (\$) Purpose OF EXPENDITURE Date Amount (\$) Purpose Date Amount (\$) Purpose Purpose Purpose Purpose Purpose	Payee name Payee address; City; State Category (See categories listed at the top of	; Zip Code	
Date Amount (\$) Purpose OF EXPENDITURE Date Amount (\$) Purpose OF EXPENDITURE Date Amount (\$) Purpose Date Amount (\$) Purpose Date Purpose Date Purpose Date Purpose Date Purpose Date Purpose OF	Payee name Payee address; City; State Category (See categories listed at the top of Payee name Payee address; City; State	; Zip Code	Description (If travel outside of Texas, complete Schedule T)
Date Amount (\$) Purpose OF EXPENDITURE Purpose OF EXPENDITURE Date Amount (\$) Purpose OF EXPENDITURE Date Amount (\$) Purpose Date Amount (\$) Purpose Purpose Purpose Purpose Purpose	Payee name Payee address; City; State Category (See categories listed at the top of Payee name Payee address; City; State	; Zip Code	Description (If travel outside of Texas, complete Schedule T)

Austin, Texas 78711-2070 (512) 463-5800

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)			
1 Total pages Schedule H:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Code (b) Cotogopy (See retenories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)			
8 PURPOSE OF EXPENDITURE	(a) Calegory (see calegories)			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held			
Date	Business name			
Amount (\$) PURPOSE OF	Business address; City: State; Zip Code 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/C	Candidate / Officeholder name Office sought Office held OH			
Date	Business name			
Amount (\$)	Business address; City, State, Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF EXPENDITURE	Category (see categories notes with the province of the categories and			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held OH			
Date	Business name			
Amount (\$)	Business 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/C	Candidate / Officeholder name Office sought Office held OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District
Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

rees	The Instruction Guide explains how to complete this form.
	A CCOUNT # (Ethics Commission Filers)
1 Total pages Schedule I:	2 FILER NAME
	HERSCHET C. SMITH
151	5 Payee name
4 Date	3 Tayoonana
	$\sim 10^{-1}$
6 Amount (\$)	7 Payee address; City; State; Zip Code
o Allount	
1	(b) Description (See categories listed at the top of this schedule)
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type of information required.)
OF	
EXPENDITURE	
	Poves name
Date	Payee name
(4)	Payee address; City, State; Zip Code
Amount (\$)	Payee address,
	Cotogon (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)
PURPOSE	Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)
PURPOSE	
OF	
OF	/
OF	Payee name /
OF EXPENDITURE	Payee name
OF EXPENDITURE Date	h - 6. /h
OF EXPENDITURE	Payee name Payee address; City/ State; Zip/Code
OF EXPENDITURE Date	h - 6. /h
OF EXPENDITURE Date	h - 6. /h
OF EXPENDITURE Date	Payee address; City/ State; Zip/Code
OF EXPENDITURE Date Amount (\$)	Payee address; City/ State; Zip/Code
OF EXPENDITURE Date Amount (\$) PURPOSE	Payee address; City/State; Zip/Code
OF EXPENDITURE Date Amount (\$)	Payee address; City/ State; Zip/Code
OF EXPENDITURE Date Amount (\$) PURPOSE OF	Payee address; City: State; Zip/Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)
OF EXPENDITURE Date Amount (\$) PURPOSE OF	Payee address; City/ State; Zip/Code
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE	Payee address; City: State; Zip/Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE Date	Payee address; City State; Zip Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE	Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE Date	Payee address; City State; Zip Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE Date	Payee address; City State; Zip Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE Date	Payee address; City; State; Zip/Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name Payee address; Ofty; State; Zip Code
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE Date	Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name Payee address; City; State; Zip Code
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE Date Amount (\$)	Payee address; City; State; Zip/Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name Payee address; Ofty; State; Zip Code
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE Date PURPOSE OF	Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name Payee address; City; State; Zip Code
OF EXPENDITURE Date Amount (\$) PURPOSE OF EXPENDITURE Date Amount (\$)	Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Payee name Payee address; City; State; Zip Code

Texas Ethics Commission

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

KLI ONDO,	5 (
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	Herschel C. Smith	3 ACCOUNT # (Ethics Commission Filers)
 6 Add	ne of person from whom amount is received dress of person from whom amount is received City, State; Zip Cod	8 Amount (\$)
Add	trees of person from whom amount is received; City; State; Zip Controls for which amount is received.	Amount (\$)
	me of person from whom amount is received dress of person from whom amount is received; Otty; State; Zip Co	Amount (\$)
Pu	rpose for which amount is received	(
Ad	ame of person from whom amount is received: Idress of person from whom amount is received; City; State; Zip Co	Amount (\$)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	ILE AS NEEDED

(512) 463-5800

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS				
The Instr	uction Guid	e explains how to complete this form.	1 Total pages Schedul	е Т:
2 FILER NAME	= RSC	hel C. Smith	3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor	/ Corporation	or Labor Organization / Pledgor / Payee		
5 Contribution / Expen	diture reporte	d on:		
☐ Sc	hedule A	Schedule B Schedule C Schedul	e D Schedule F	Schedule G
Sc	hedule H	Schedule N COH-UC COH-T	PAC-C	PAC-E
6 Dates of travel		of person(s) traveling		
	8 Departs	ure city or name of departure location		
	9 Destina	tion city or name of destination location		
10 Means of transporta	tion	11 Purpose of travel (including name of conference, s	seminar, or other event)	
Name of Contributor /	Corporation	or Labor Organization / Pledgor / Payee		
Contribution / Expendi	ture reported	on:		
Sc	hedule A	Schedule B Schedule C Schedule	le D Schedule F	Schedule G
Sc	hedule H	Schedule N COH-UC COH-T	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling		
	Departure	e city or name of departure location		
	Destination	n city or name of destination location		
Means of transportatio	n	Purpose of travel (including name of conference, ser	minar, or other event)	
Name of Contributor /	Corporation	or Labor Organization / Pledgor / Payee		
Contribution / Expend	iture reported	on:	4	
☐ Sc	hedule A	Schedule B Schedule C Schedule	e D Schedule F	Schedule G
Sc	hedule H	Schedule N COH-VC COH-T	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling		
	Departure	city or name of departure location		
	Destination	n city or name of destination location		
Means of transportation	า	Purpose of travel (including name of conference, ser	minar, or other event)	
	A	TTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	