CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

THE TOTAL TO	COVER SHEET PG 1
The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Etnics Commission Filers)	2 Total pages filed:
3 CANDIDATE / MS/MRS/MR FIRST C, MI NAME OFFICEHOLDER NAME	OFFICE USE ONLY
NICKNAME SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / POBOX; APT/SUITE#; CITY; STATE; ZIP CODE ADDRESS ADDRESS / POBOX; APT/SUITE#; CITY; STATE; ZIP CODE ADDRESS / POBOX; APT/SUITE#; CITY; APT/SUITE#; CITY; APT/SUITE#; CITY; APT/SUITE#; CITY; APT/SUITE#; APT/SU	Date Hand-delivered or Postmand
change of address	Salar Hairo-delivered of Postmartid
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (832) 889-8529	Receipt # Amount To Date Processed
6 CAMPAIGN TREASURER NAME SHARON A. MI NICKNAME LAST KER SUFFIX	Date Imaged .
7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; /// PAIRIC VIEWS	ZIP CODE
8 CAMPAIGN TREASURER PHONE (283) AREA CODE PHONE NUMBER EXTENSION (283) PHONE PHONE NUMBER EXTENSION	
9 REPORT TYPE January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD Month Day Year Month Day O7 - 15 - 15	Year - /5
11 ELECTION ELECTION DATE ELECTION TYPE	eneral Special
12 OFFICE OFFICE HELD (If any) ONSHADLE REINOG 13 OFFICE SOUGHT (If known) ONSHADLE)	Precinet3
GO TO PAGE 2	
num athle a dela	

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			CCOUNT # (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 OF 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				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1760.				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1984, 39				
	4. TOTAL POLITICAL EXPENDITURES \$ 1,984, 39				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$2426,53		
OUTSTANDING LOAN TOTALS	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
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. My Commission Expires February 21, 2018 Signature of Candidate or Officeholder					
Sworn to and sub	scribed before	me, by the said VENSCHE (Sm.	thand and seal of office.		
10+n day	y of <u>July</u>	, 20 15 , to certify which, witness my	latary		
Signature of officer adr	ninistering oath	Printed rame of officer administering oath	Title of officer administering oath		

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

The Instruction Guide ex	plains how to complete this	form.	1 Total pages Sche	edule A: 194
2 FILED NAME //	1 / /	7	3 ACCOUNT # (Et	hics Commission Filers)
2 FILER NAME //	1 Smith			
4 Date 5 Full name of contr	ibutor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	SPUSNE		- (-)	
10/11/	ss; City; State; Zip Code		IXNUD	
6 Contributor address	ss; City, State, 210 code	2	100,	
117 3720, De	very full St. # 13	2		
HOUSE	on Leas 77057	7-6720	(If travel outside of	of Texas, complete Schedule T)
9 Principal occupation / Job title (See In	nstructions)	10 Employer (See In	nstructions)	
Police)			
Date Full name of contr	ributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
	. /		contribution (\$)	description (ii applicable)
14/11/ CSWIN	NUNCAN		11700	
Contributor addre	ss; City; State; Zip Code		1001	
10706/	LODITIFY-LIR.			
Mayor	to 10/00 17/09	9	(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See I	netrotions)	Employer (See I		
Principal occupation / Job title (See I	Police			
Date Full name of cont	ributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
Date Full name of cont	/		contribution (\$)	description (if applicable)
1 . E/1 DA	yAnd		1000	
Contributor addre	es; City; State; Zip Code	Y 1997	1111-	ĺ
1920/15	everlypill Statt	19	1001	1
5920 8	Mouton Jelas	77,57-677	(If travel outside	of Texas, complete Schedule T)
ii dala tida (Saa	Inchicagos)	Employer (See I		
Principal occupation / Job title (See	104ch			
= " # cont	tributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
Date Full name of cont	hone Language		contribution (\$)	description (if applicable)
NEAG	herecitering		7.00	i I
Oblitie Contributor addre	ess; City; State; Zip Code		20,	1
1/10 lenthon	C. Pelly , 31	er Crest	00.	1
Hunner	and the state of	W Cresc	(If travel outside	of Texas, complete Schedule T)
\square	A Porte, LexAS	Employer (See	Instructions)	
Principal occupation / Job title (See	Instructions)		**************************************	
10	liel	1	Amount of	In-kind contribution
Date Full name of con	tributor		contribution (\$)	description (if applicable)
M/all /lasne	LW. CARdWell		10-117	i
Contributor addr	ess; City; State; Zip Code		1111	1
7/1/3	Parper Rd		100.	1
1/	+ Intal MA	1/2	(If travel outside	of Texas, complete Schedule T)
House	on 14410 1101	Employer (See		, et investigation
Principal occupation / Job title (See	Instructions)	Employer (See		
Tole	cl			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Comn	nission	P.O. Box 12070	Austin, Texas	78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITIC	AL CO	NTRIBUTIO PLEDGES C		s		SCHEDULE A
The I	nstruction G	uide explains how to	complete this f	form.	1 Total pages Sche	1112
2 FILER NAME	Her	schel :	Smith		3 ACCOUNT # (Et	hics Commission Filers)
4 Date 06/0/5	6 Contributo	ra Will	ut-of-state PAC (ID#: LOWNS tate; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		Houston 1	Leps 17	1028-3338		of Texas, complete Schedule T)
9 Principal occup	ation / Job title	(See Instructions)	e	10 Employer (See I	nstructions)	
Date 06/1/5	Eli	Bryand	State: Zip Code	13	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	eation / Job title	(See Instructions)	0.	Employer (See I		of Texas, complete Schedule T)
Date 06/17/15	Full name	of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title	e (See Instructions)	l'e	Employer (See I		
Date 06/4/15	Contribut	rell Shorm or address; City; s Houston,	out-of-state PAC (ID#	035		In-kind contribution description (if applicable)
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date ,	Full name	e of gontributor	out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal occupation / Job title (See Instruct

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

OTHER THAN PLEDGES ON LOANS	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME / Smith	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address: City: State: 210 Code HOUSTON: Journ 17013	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	e Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description (if applicable)
16/13/4 Contributor address; City; State; Zip Code 19401 Somball Parkway # 937	100.00
Hoyston, Lefts 7/0/0	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Jamball, Lefts 77362	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)
Date Full paine of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	100,
Houston, Leps 7/0/1	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)
Date Full game of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code	40,00
Lay ston, Leps 77070	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
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	IN EACHEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

Official financial	THE STATE OF THE S			
The Instruction Guide evola	ins how to complete this	form.	1 Total pages Sche	dule A:
The Instruction Guide explains how to complete this form.			5	his Commission Filers)
2 FILER NAME	Smith		3 ACCOUNT# (Et	hics Commission Filers) [/]
4 Date 5 Full name of contribu	tor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Clanelle of Contributor address; 2200 Wes	City; State; Zip Code at Baker Road	d#823	A), D	of Texas, complete Schedule T)
Sayour	0, 29NS 1/3	10 Employer (See I		
9 Principal occupation / Job title (See Inst	Volice	10 Employer (Geo I	nou dealerre,	
Date Full name of contribu	utor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/8/5 Contributor address;	City; State; Zip Code		100,00	
(1/alle	, Lefts 7748.	4	(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See Inst	tructions) Dice	Employer (See		
Date Full_name of contribu	uton out-of-state PAC (ID#:_	1	Amount of	In-kind contribution
Date Pull fame of contributor address, 109031	city; State; Zip Code Solity Dr.		contribution (\$)	description (if applicable)
/\09434		Employer (See		
Principal occupation / Job title (See Ins	(I'dCdoffs)		77	
Date Full name of contrib	Kupards.		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address	city; State; Zip Code		100,	
				of Texas, complete Schedule T)
Principal occupation / Job title (See Ins	structions)	Employer (See	Instructions)	
Date Full name of contribution address 3504w	outor out-Bi-state PAC (ID#. View Little of Face of Secretary of Secretary of Secretary of Secretary Secr	te 2	Amount of contribution (\$)	In-kind contribution description (if applicable)
/low	Asteud Zett	77445		of Texas, complete Schedule T)
Principal occupation / Job title (See In	structions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS		SCHEDULE E
The Instruction Guide ex	plains how to complete this form.	1 Total pages Schedule E:
	, , , ,	3 ACCOUNT # (Ethics Commission Filers)
2 FILER NAME	of Smith	
4 TOTAL OF UNITEMIZE	ED LOANS: ⇔ ⇔ ⇔	⇔ ⇔ \$
5 Date of loan 7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	City; State; Zip Code	10 Interest rate 11 Maturity date
Y N		77 Maturity date
12 Principal occupation / Job title (See Instr	ructions) 13 Employer (See	nstructions)
14 Description of Collateral	15 Check if persona	I funds were deposited into political account
none none		
16 GUARANTOR INFORMATION 17 Name of guaranto	r	19 Amount Guaranteed (\$)
18 Guarantor addres ☐ not applicable	ss; City; State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See I	
Date of loan Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender Lender address; a financial	City; State; Zip Code	Interest rate
Institution?		Maturity date
Y N Principal occupation / Job title (See Inst	ructions) Employer (See I	nstructions)
Description of Collateral	Check if persona	I funds were deposited into political account
none Description of Collateral		
GUARANTOR Name of guaranto		Amount Guaranteed (\$)
Guarantor addre	ss, Oily, Oillo, Ep 2220	
Principal Occupation (See Instructions)	Employer (See I	nstructions)
ATTACH If lender is out-of-state P	HADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED Iditional reporting requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

			D BOX 8(a)		
		E CATEGORIES FO	est Labor	Loan Repayment/R	eimbursement
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contr Solicitation/Fundraisir	o Evnense	Transportation Fou	ipment & Related Expense
Accounting/Banking	Legal Services		ig Expense	Cantributions/Dona	tions Made By
Consulting Expense	Food/Beverage Expense	Travel In District		Candidate/Offic	eholder/Political Committee
Event Expense	Polling Expense	Travel Out Of Distric	t		ategory not listed above)
	Printing Expense	Office Overhead/Ren			acgory not not a
Fees	The Instruction Guid	de explains how to co	mplete this fo	orm.	- Luin Filoso
Total pages Sphedule F:	2 FILER NAME	11/	. /	3 ACCOUNT	# (Ethics Commission Filers)
1012	HERSCI.	nel Imi	Th		
Date	5 Payee name	6			
06/18/15	7 Pavee address; City;	State: Zip Code			
Amount (\$)	7 Payee address; City;	State, Zip Code			
332.21					
99d.			a) Description	o (literare) outside of Tex	as, complete Schedule T)
PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(IT traver outside or Tex	aus, complete a series
OF	Touch by A to	49 Sept			
EXPENDITURE	Took for Genelling	ne over the	Office soug	ght	Office held
Complete ONLY if direct	Candidate / Officeholder nar				
expenditure to benefit C/	On				
Date / /	Payee name	/			
16/10/15	Crown north	1			
04/10/10	Payee address; City	State; Zip Code			
Amount (\$)	, 2,55				
11/11					
4/1/25				on (If traval outside of To	xas, complete Schedule T)
PURPOSE	Category (See categories listed at the	e top of this schedule)	Descriptio	orr (il traver outside or re	
OF	1 11/1-	1-19/10-1			
EXPENDITURE	noppies for Gun	lleightven	Office sou	aht	Office held
Complete ONLY if direct	Candidate / Officeholder na	me	Office sou	gii	
expenditure to benefit C	/ОН				
/ .	Payee name				
Date ///	Tayou III				
116/18/19	Joure 5				
Amount (\$)	Payee address; City;	State; Zip Code			
Allouit (4)	A STATE OF THE STA				
71, 14					
10107		fable age adula)	Description	on (If travel outside of T	exas, complete Schedule T)
PURPOSE	Category (See categories listed at the	ne top of this schedule)			
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	Candidate / Officeholder na	ame	Office sol	ugiit	
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expenditure to benefit C					
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16/18/15	1//al-1//art				
04/11/1	Payee address; City;	State; Zip Code			
Amount (\$)	Payee address,				
			Descript	tion (If travel outside of	Texas, complete Schedule T)
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PURPOSE OF	Matil	to H. Front	1		
EXPENDITURE	Illal forgeens	wengeren	Office so	ought	Office held
Complete ONLY if dire	ect Candidate Officeholder	name			
expenditure to benefit	,01		2011501115	AS NEEDED	
	ATTACH ADDITION	ALCOPIES OF THIS	SCHEDULE	AS NEEDED	
	ATTACTACE				Revised 09/28

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Re	
Accounting/Banking	Legal Services	Solicitation/Fundrai	sing Expense		oment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donat	ions Made By holder/Political Committee
Event Expense	Polling Expense	Travel Out Of Dist			
Fees	Printing Expense	Office Overhead/R			egory not listed above)
	The Instruction Guid	e explains how to	complete this fo		
1 Total pages Schedule F:	2 FILER MAME	1. //		3 ACCOUNT	# (Ethics Commission Filers)
2	Honorhol .	Juni 4h			
~	NEIGHIE!	111111			
4 Date	5 Payee name	10 1			
06/18/19	of roleisk 1	leat			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
119 50					
14/1					
	(a) Category (See categories listed at the to	o of this schedule)	(b) Description	(If travel outside of Texas	s, complete Schedule T)
8 PURPOSE OF	(a) Gategory (See Categories Institution	/			
EXPENDITURE	Mart for Event	_			
	Trace you cover		Office soug	ht	Office held
9 Complete ONLY if direct	Candidate / Officeholder name		Office soug		0,1100 11010
expenditure to benefit C/C	OH .				
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Date / /o/	Payee pame	^ /	11		
06/19/15	Honey bee Tu	mpinest	-		
Amount (\$)/	Payee address; City; S	tate; Zip dode			
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208,					
		- of this pahadula)	Description	(If travel outside of Texas	complete Schedule T)
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OF EXPENDITURE	Nost-4-1:56	a Trent			
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Complete ONLY if direct	Candidate / Officeholder frame	1	Office sough	III	Office field
expenditure to benefit C/C	DH	¥.			
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4001		of this sahadula)	Description	(If travel outside of Texas	complete Schedule T)
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EXPENDITURE	Sent + Play ten for E	ven	Office soug	ht	Office held
Complete ONLY if direct	Candidate / Office holder name		Office sough	1110	
expenditure to benefit C/C	ОН				
Date	Payee name				
A	Payee address; City; St	ate; Zip Code			
Amount (\$)	l ayes additions,				
		a of this schedule\	Description	(If travel outside of Texas	, complete Schedule T)
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EXPENDITURE			Office soug	ht	Office held
Complete ONLY if direct	Candidate / Officeholder name		Office soug		
expenditure to benefit C/	ОН				
	ATTACH ADDITIONAL O	OPIES OF THIS	SCHEDULEAS	NEEDED	
	ATTACH ADDITIONAL	OF ILO OF THIS			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE CATEGORIES F	OR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Con Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Re	tract Labor Loan Repayment/Reimbursement ing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee intal Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to c	3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule G:	2 FILER NAME / SPINSONE SAME	3 ACCOUNT # (Ethics Commission Files)
4 Date	5 Payee name	
6 Amount (\$) Remburement from political contributions intended	7 Payee address; City; State; Zip Code	
8 RURPØSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
folitical contributions intended	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (ever sangers	
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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)
Date 1	Payee name	
Amount (\$) Rembursement from folitical contributions	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)
EAFERDITORE	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE **H**

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Office Overhead/	Contract Labor raising Expense strict /Rental Expense	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this to	rm.
1 Total pages Schedule H:	2 FILER NAME / Smit	A	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code	A. Description	(If travel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(III Barol Calabo C. Island,
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/C)H		
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office soug	ht Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Descriptio	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Office sou	oht Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		Octobrie TV
PURPOSE	Category (See categories listed at the top of this schedule)	Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Candidate / Officeholder name	Office sou	ight Office held
Complete ONLY if direct expenditure to benefit C	OH		AS NEEDED
	ATTACH ADDITIONAL COPIES OF TH	HIS 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 Fees

Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above)

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

(512) 463-5800

The Instruction Guide explains how to complete this form

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME/ 3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type of information required.)
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE K

•	REPONDS, AND I GROWNEL OF MELLON				
	The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:	
2	FILER NAME	Herschel Smith	3 ACCOUNT # (Eth	nics Commission Filers)	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
		6 Address of person from whom amount is received; City; State; Zip Code			
		7 Purpose for which amount is received			
	Date	Name of person from whom amount is received		Amount (S)	
		Address of person from whom amount is received; City; State; Zip Code	3		
		Purpose for which amount is received			
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; State; Zip Code	e		
		Purpose for which amount is received			
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; State; Zip Cod	е		
		Purpose for which amount is received		L	
-		ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED		

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITE FOR TRAVEL OUTSIDE OF TEXAS	URE SCHEDULE T
The Instruction Guide explains how to complete this form.	Total pages Schedule T:
2 FILER NAME AFRICAL Smith 3	ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Sehedule H Schedule N COH-UC COH-T	Schedule F Schedule G PAC-C PAC-E
6 Dates of travel 7 Name of person(s) traveling	
8 Departure city or name of departure location	
9 Destination city or name of destination location	
10 Means of transportation 11 Purpose of travel (including name of conference, seminary)	ar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D	Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, seminar,	or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule D	Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T Dates of travel Name of person(s) traveling	PAC-C PAC-E
Dates of travel Name of person(s) traveling	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, seminar,	, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designs report as a final report terminates my campaign freasurer appointment. I also understand that I may not accept any campaign contrib or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder 4 FILER WHO IS NOT AN OFFICEHOLDER						
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4 FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. A. CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I man to convert unexpended political contributions or unexpended interest or income earned on political contributions to person use. I also understand that I must file an annual report of unexpended contributions or unexpended contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. ASSETS Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand the I may not convert assets purchased with political contributions or interest or other income from political contributions to person use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirement of Election Code, § 254.204. Signature of Candidate 5 OFFICEHOLDER Complete this section only if you are an officeholder I am also aware that I will be required to filing requirements applicable to an officeholder who does not have a campaign treasurer on file I am also aware that I will be required to file reports or of unexpended contributions if, after filing the last-required profile as officeholder, I relating political contributions, or interest or other income from political contr		I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
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