

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: <u>5</u>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX <u>Randy Smith</u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 748 Hempstead, TEXAS 77445</u>	Date Received	
<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked <u>3.1.04</u> <u>JS</u>	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX <u>Randy Smith</u>	Receipt #	Amount
		Date Processed	
		Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>40757 Holik Hempstead, TEXAS 77445</u>		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		<u>(979) 826-2170</u>	
8 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year <u>02 / 09 / 04</u>	THROUGH	Month Day Year <u>03 / 01 / 04</u>
10 ELECTION	ELECTION DATE Month Day Year <u>03 / 09 / 04</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <u>Sheriff</u>	12 OFFICE SOUGHT (if known) <u>Sheriff</u>	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>** 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. **</p> Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Randy Smith

15 ACCOUNT # (Ethics Commission filers)

16 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. ••

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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

\$ 100.00

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

\$ 2,404.35 @ 2,404.35

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,064.06

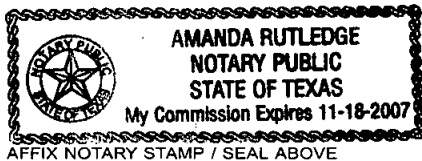
OUTSTANDING LOAN TOTALS

5. 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.



Randy Smith
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Randy Smith*, this the 1st day of March, 20 04, 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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME Randy Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date 2-10-04

5 Full name of contributor out-of-state PAC (ID#: _____)
Billy R. Frazier

7 Amount of contribution (\$) 1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
48639 Hwy 290
Hemstead TX. 77445

9 Principal occupation (Optional)

10 Employer (Optional)

Date 2-10-04

Full name of contributor out-of-state PAC (ID#: _____)
B.K. Watson III

Amount of contribution (\$) 200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
0490 Adams Flat Rd.
Breakshire, Texas 77423

Principal occupation (Optional)

Employer (Optional)

Date 2-20-04

Full name of contributor out-of-state PAC (ID#: _____)
Byron Barton

Amount of contribution (\$) 1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 925929
Houston, TX. 77292

Principal occupation (Optional)

Employer (Optional)

Date 2-23-04

Full name of contributor out-of-state PAC (ID#: _____)
Michael A. Jeff

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2325 Vogel Ln.
Breakshire, Texas 77423

Principal occupation (Optional)

Employer (Optional)

Date 2-17-04

Full name of contributor out-of-state PAC (ID#: _____)
Republican Women of Waller County

Amount of contribution (\$) 4.35

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 1373
Waller, TX 77484

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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:

2

2 FILER NAME

Randy Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-19-04

5 Payee name

The Matrone Press

7 Amount (\$)

144.00

6 Payee address; City; State; Zip Code

1116 AUSTIN STREET
HENNINGSTAD, TX 77445

8 Purpose of payment (See instructions regarding type of information required.) Pol. Advertisement newspaper

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2-20-04

Payee name

The Times Tribune

Amount (\$)

315.00

Payee address; City; State; Zip Code

P.O. Box 1549
Brookshire, TX 77423

Purpose of payment (See instructions regarding type of information required.) Pol. Advertisement newspaper

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2-20-04

Payee name

The Katy Times

Amount (\$)

360.00

Payee address; City; State; Zip Code

5319 E Fifth St.
Katy, TX 77493

Purpose of payment (See instructions regarding type of information required.) Pol. Advertisement newspaper

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2-27-04

Payee name

Carmy Gray

Amount (\$)

129.28

Payee address; City; State; Zip Code

0412 merit
Katy, TX 77493

Purpose of payment (See instructions regarding type of information required.) Political t-shirts

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED