CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			T				
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST Smith	SUFFIX	OFFICE USENLY Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. But 653 PRAIRE	STATE; ZIPCODE Wiew Tx 77446	Date Hand-delivered or Postmanted				
change of address			Receipt # Amount				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 889-8529	EXTENSION	Date Processed				
6 CAMPAIGN TREASURER NAME	MS MRS / MR FIRST ARON NICKNAME LAST	MI SUFFIX	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#,	CITY: STATE: PAIR!E View, 1	ZIP CODE XX 77 446				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 883 - 9887	EXTENSION	,				
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year // /5 /12 THROUGH	Month Day 0/ 15/	Year / 13				
11 ELECTION	Month ELECTION DATE Month Day Year ELECTION TYPE Primary	Runoff G	General Special				
12 OFFICE	CONSTABLE Pot 3	13 OFFICE SOUGHT (if known)					
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& IOIAL	3				COVE	R SHEET PG Z		
14 C/OH NAME	Hensc	hel	Sm	: 14	15	ACCOUNT	# (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	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	MITTEE TYPE COMMITTEE NAME							
	GENERAL SPECIFIC	COMMITTEE ADDRESS							
additional pages		COMMITTEE C	AMPAIGN TREASUR	ER NAME					
		COMMITTEE C	AMPAIGN TREASU	RER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CO S, LOANS, OF	NTRIBUTIONS O	OF \$50 OR LESS (OT OF LOANS), UNLES	THER THAN	\$	0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	0				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			ED \$	0				
	4. TOTAL	OLITICAL	EXPENDITURE	S		\$	2		
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	LITICAL CON RTING PERIC	ITRIBUTIONS MA	NINTAINED AS OF TH	HE LAST DAY	\$	0		
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DAY	INCIPAL AMO	OUNT OF ALL OU PORTING PERIOD	TSTANDING LOANS	S AS OF THE	\$	2		
W. S. J. S. S.	DENA NOLAN Notary Public STATE OF TEXAS Inn. Eqn. December 3, 201	5	is true	e and sorred and inconder Title 15, Electio	cludes all info	ormation req	e accompanying report uired to be reported by older		
Sworn to and subsc	cribed before m		2	erschel	011	ith	, this the		
Olia Na	of Jan.	, 20 <u></u>	S_{1} , to co	ertify which, with	tness my l	hand and	seal of office.		
Signature of officer adminis	stering oath	Printed r	name of officer ad	Iministering oath	0	Title of office	er administering oath		

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:				
2	FILER NAME	Herschel C. Sm	: A	3 ACCOUNT # (Ethics Commission Filers)				
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)				
		6 Contributor address; City; State; Zip Code		00				
				(If travel outside of Texas, complete Schedule T)				
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)				
	Date	Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable)				
		Contributor address; City; State; Zip Code		00				
				(If travel outside of Texas, complete Schedule T)				
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)				
	Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description (if applicable)				
		Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)				
	Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)				
	Date	Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable)				
		Contributor address; City; State; Zip Code						
	Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)				
	Date	Full name of contributor out-of-state PAC(ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)				
	at .	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)				
ı	Principal occup	ation / Job title (See Instructions)	Employer (See I					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

PLEDO	GED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sche	edule B:
2 FILER NAME	HERSCHE/C. S	mille	3 ACCOUNT # (Et	thics Commission Filers)
4 TOT	TAL OF UNITEMIZED PLEDGES:	\$ \$ \$	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See In		•
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occu	upation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
1 mopal occ	spation / 200 title (200 months.c.)	Employer (occ ii	istructions,	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		0	
Principal occu	upation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full remonstrations — —			
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		rexas, complete Scriedule 17
Date	Full name of pledgor uut-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		
If co	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instru	F THIS SCHEDULE A	AS NEEDED itional reporting re	equirements.

LOANS				SCHEDULE E				
Th	e Instruction Guide explains how to comp	lete this form.	1 Total pa	ages Schedule E:				
2 FILER NAME	FILER NAME HERSCHELC. Smith 3 ACC							
тот.	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$	⇒	\$				
5 Date of loan	Date of loan 7 Name of lender							
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate 11 Maturity date				
Y N				To Waterly date				
12 Principal occupa								
14 Description of Co	llateral	15 Check if personal funds were deposited into political account						
16 GUARANTOR INFORMATION		19 Amount Guaranteed (\$)						
not applicable	18 Guarantor address; City; S	State; Zip Code		0				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)						
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)				
Is lender a financial Institution?	Lender address; City; State; Z	(ip Code		Interestrate				
Y N				Maturity date				
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)						
Description of Colla	ateral	Check if personal funds were deposited into political account						
none								
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)				
not applicable	Guarantor address; City; St	ate; Zip Code						
Principal Occupati	on (See Instructions)	Employer (See Instructions)						
If lend	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.							

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	s/Contract Labor ndraising Expense ict District ad/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
		To complete time to	····
1 Total pages Schedule F:	2 FILER NAME / PERSCHELL	Smith	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Aprount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	ä	
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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
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/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhead/F	,
	The Instruction Guide explains how to	
1 Total pages Schedule G:	2 FILER NAME / C. C.	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from boilitical contributions	7 Payee address; City; State; Zip Code	
political contributions intended		Telegraphy
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Deimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name	
Reimburgement 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	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)
1	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Laising Expense Contract trict Rental Expense Contract	oan Repayment/Reimbursement 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 HERSCHELL	1. Smitt	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
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/O	Candidate / Officeholder name H	Office sought	Office held
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	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (6)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

Austin, Texas 78711-2070

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

(TDD 1-800-735-2989)

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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 OTHER (enter a category not listed above)

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

	The Instruction Guide explains how t	to complete this form.
1 Total pages Schedule I:	2 FILER NAME PRISCHE	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

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
2 FILER NAME	HERSCHEL Smith	3 ACCOUNT # (Et	thics 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 (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	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		
	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		
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED	

IN-KIND CO FOR TRAVE				. EXPEND	ITURE	SCHEDULE T
The Instru	uction Guid	e explains how to	o complete this for	rm.	1 Total pages Schedul	е Т:
2 FILER NAME	-RSC.	hel ((Sn	15A	3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor /	Corporation	ı or Labor Organiza	tion / Pledgor / Paye	e		\$7 50 Kanada
5 Contribution / Expendi	iture reporter	d on:		- Vidas		
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	nedule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name o	of person(s) travelir	ng			
	8 Departu	ure city or name of c	departure location			
	9 Destinat	tion city or name of	f destination location		·	
10 Means of transportation	on	11 Purpose of tra	evel (including name	of conference, ser	minar, or other event)	
Name of Contributor / C	orporation o	or Labor Organization	on / Pledgor / Payee			
Contribution / Expenditu	re reported o	on:				
	edule A [Schedule B	Schedule C	Schedule [D Schedule F	Schedule G
	edule H [Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling				
	Departure o	city or name of dep	arture location			
	Destination	n city or name of de	stination location			
Means of transportation		Purpose of travel	I (including name of c	conference, semin	ar, or other event)	
Name of Contributor / Co	orporation or	r Labor Organizatio	n / Pledgor / Payee			
Contribution / Expenditur	re reported o	on:				
Schee	edule A	Schedule B	Schedule C	Schedule D	Schedule F	Schedule G
Sched	edule H	Schedule N	COH-UC	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of pe	erson(s) traveling				
	Departure ci	city or name of depa	rture location			
	Destination of	city or name of des	tination location			
Means of transportation		Purpose of travel	(including name of co	onference, semina	ar, or other event)	
	AT	TACH ADDITION/	AL COPIES OF THIS	S SCHEDULE A:	S NEEDED	

CANDIDATE / OFFICEHOLDER REPORT:

	DE	SIGNATION OF FINAL REPORT FORM C/OH	- FR
		The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report"	
1	C/OH	HNAME HERSCHEL Smith 2 ACCOUNT # (Ethics Commis	ssion Filers)
3	SIGN	NATURE	
	report	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that design the same as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign consider any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholds	itributions
4		R WHO IS NOT AN OFFICEHOLDER **riplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	ck only one:	
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.	
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I not convert unexpended political contributions or unexpended interest or income earned on political contributions to persuse. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpendent contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	onal nded final
	B.	ASSETS	1
	Chec	ck 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 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.	nnal
		Signature of Candidate	
		DEHOLDER plete this section only if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on f I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with politic contributions or interest or other income from political contributions.	on I
		Signature of Officeholder	