CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Smit	-h	Waller County Elections	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	JAN 3 0 2019 Received	
Change of Address	P.O. Box 474 Hem	nestend lexas 71445	ROCCIVEG	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (909) 800 - 88	94	Date Hand-delivered or Date Postmarked	
6 ÇAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Smil	th	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT /	/ SUITE #; CITY; STATE;	ZIP CODE	
(140.00.00	42220 FM 1736	Haradand To	LAC MALLY	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ()	EXTENSION		
9 REPORT TYPE	979 - 826-8894	<u> </u>		
9 HEFORT THE	January 15 30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year \\ \lambda \lam	THROUGH	Day Year 31 / 2018	
11 ELECTION	ELECTION DATE Month Day Year Primar	ELECTION TYPE		
,	Month Day Year Primar	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known		
	Sheriff	5h	17:20	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ovce Tole	offine bus	15 Filer ID (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		ir ir		
	SPECIFIC	COMMITTEE ADDRESS	ì		
		COMMITTEE CAMPAIGN TREASURER NAME	1		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1700.50		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7464. 6		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1191 61		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT	1				
SHAWNA KAY WILLKE Notary Public, State of Texas Notary ID # 12649060-7 My Commission Expires June 02, 2020 Signature of Candidate or Officeholder					
		Signature of Car	ididate or Officenoider		
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said FOCE 9. SMHM , this the 30					
day of ANNA	, 20	to certify which, witness my hand and seal of office			
CHANDA KAY WILLYE ADMINISTRATIVE ASST					
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering path		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19		cs Commission Filers)
	Royce Islend Smith	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$7464.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Ponations Made E Candidate/Officeholder/Politic Credit Card Payment	F F By G al Committee L	vent Expense ees ood/Beverage Expense ittr/wards/Memorials Exper egal Services The Instruction Guide (Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	nyment/Reimbursement rhead/Rental Expense bense spense rages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			olenn S	Min	3 Filer ID (Ethics Commission Filers)
4 Date 7 - 11 - 18	5 Payee name	er Area	Chamb	er of Com	merce No. 2
6 Amount (\$)	7 Payee addr	ess; City; Sta	te; Zip Code	_	
8 200,-	(a) Category (s	ee Categories listed at the top	of this schedule)	(b) Description	77445
PURPOSE OF EXPENDITURE					ntside of Texas. Complete Schedule T. TX, officeholder living expense
	Don	Acions		even	245
9 Complete ONLY if direct expenditure to benefit C/Ol	H Candidate	Officeholder name	Min	Office sought	Office held
Date	Payee hame			O VEII	TI ONEITT
7-1/-18 Amount (\$)	Payee addre	Henous ess: City; start	Print N	5	
239.65	M OLL	eger St.	Sea	ly Teas	ns 17474
PURPOSE	Category (Si	ee Categories listed at the top	of this schedule)	Description Check if travel out	side of Texas. Complete Schedule T.
EXPENDITURE	مامما	1			TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name	· 5 · \λ	Office sought	Office held
Date 8 9 9 9 9	D	C MICHA	Umith	Over	the directiff
Amount (\$) 600 1 (0)	Wall	er Coun	L. Fair	Associat	hoi
3000 350, 1500, 1500,	Payee addre	ss; City; Stat	e; Zip Code	-	
TVV	Category (Se	e Categories listed at the top	Hemps of this schedule)	Description	exas 17445
PURPOSE OF EXPENDITURE	4	2		Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	Smith	Office sought	Sorships Advertising Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
orms provided by Texas Ethi	ce Commission	***************************************	othice state ty		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Cpnsulting Expense Cpntributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment	Event Expense Loan F Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission 51)		
3	Rouge Talend	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	CMITA		
8-14-18 6 Amount (\$)	7 Payee address; City: State; Zip Code	there Boosler Club		
*				
150, 50	He mostead 7.5 B (a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	in the second se			
OF		Check if travel outside of Texas, Complete Schedule T.		
EXPENDITURE	N	Check if Austin, TX, officeholder living expense		
	Advertising			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought CO Office held CO		
expenditure to benefit C/OI	Tal- 915 . U	Office held		
	HOYCE WIEND OMITH	alveritt alveritt		
Date	Payer name			
8-24-18	Hello Hema	astend		
Amount (\$)	Payee address; City; State; Zip Code			
150.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
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	douation	back-anck tundenises		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O/	Roses Tolows Site	12 12 12 16		
Date	Payee name	anert diet		
9-8-18	Pattisonladolusta	er Fire Departnerst		
Amount (\$)	Payee address; City; State; Zip Code	E CONTRACTOR		
	0			
75.50		son Texas 77466		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
	danation	. \.		
Complete ONLY if direct	Sandidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	T. 1. C.	Office sought		
195"	Noyce Dican dome	the obsert obsert		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

· · · · · · · · · · · · · · · · · · ·				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Office Overhead/Rental Expense Food/Beverage Ex			
1 Total pages Schedule F1:	0.51.50			
4 Date	5 Payee name 3 Filer ID (Ethics Commission Filers)			
10-31-18 6 Amount (\$)	7 Payee address; City: State: Zip Code			
\$0.0°	Coth St. Hempstead Tx 79445			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense			
	devation fundamise			
9 Complete ONLY if direct	Candidate / Officeholder name	_		
expenditure to benefit C/OH	Office sought Office held			
	Mayce to lead union shoritt sherit			
Date	Payee name /	_		
11_9_18 Amount (\$)	Payee address City; State; Zip Code			
50.00				
745	Category (See Categories listed at the top of this schedule) Description			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense			
EXPENDITORE				
	donation			
Complete ONLY if direct	Candidate / Office holder name Office sought Office held			
expenditure to benefit C/OH	Cilice Sought Office field			
Date	Payee name	F		
12-10-18	Texas Mix - 1053			
Amount (\$)	Payee address; City; State; Zip Code	7		
400,00	SSO W. Main St. Brewhan Tx 77833			
	Category (See Categories listed at the top of this schedule) Description	1		
PURPOSE	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense			
EXPENDITORE	advertise.			
Complete ONLY if direct	Candidate / Office holder name Office sought Office held	_		
expenditure to benefit C/OH	Royce Denn Smith Sheriff Sheriff			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
orms provided by Tayes Ethi	os Commission			