

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; color: blue;">8</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <span style="font-size: 1.5em;">M.R.</span> NICKNAME FIRST: <span style="font-size: 1.5em;">Royce</span> LAST MI: <span style="font-size: 1.5em;">G.</span> SUFFIX <span style="font-size: 2em; color: blue;">Smith</span>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.5em; color: blue;">P.O. Box 474 Hempstead, Texas 77445</span>	Waller County Elections <span style="font-size: 1.5em; color: red;">JAN 31 2020</span> Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <span style="font-size: 1.5em;">(281)</span> PHONE NUMBER: <span style="font-size: 1.5em;">831 - 0680</span> EXTENSION:	Date Received	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <span style="font-size: 1.5em;">Mrs.</span> NICKNAME FIRST: <span style="font-size: 1.5em;">Deedre</span> LAST MI: <span style="font-size: 1.5em;">Smith</span> SUFFIX	Date Hand-delivered or Date Postmarked	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.5em; color: blue;">42330 FM 1736 Hempstead, Texas 77445</span>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <span style="font-size: 1.5em;">( )</span> PHONE NUMBER: <span style="font-size: 1.5em;">936 - 275 - 7942</span> EXTENSION:		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <span style="font-size: 1.5em; color: blue;">1 / 1 / 2020</span> THROUGH <span style="font-size: 1.5em; color: blue;">1 / 30 / 2020</span>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <span style="font-size: 1.5em; color: blue;">3 / 3 / 2020</span>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)  <span style="font-size: 2em; color: blue;">Sheriff</span>	<b>13 OFFICE SOUGHT (if known)</b>  <span style="font-size: 2em; color: blue;">Sheriff</span>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Royce Glenn Smith 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,250. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,624. <sup>51</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,938. <sup>12</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Royce Glenn Smith  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Royce Glenn Smith, this the 31<sup>st</sup> day of January, 2020, to certify which, witness my hand and seal of office.

Lauren Smith  
Signature of officer administering oath

Lauren Smith  
Printed name of officer administering oath

Admin  
Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <span style="font-size: 1.2em; color: blue;">Royce Edward Smith</span>	<b>20 Filer ID (Ethics Commission Filers)</b>
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,250. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3624. <sup>51</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME Royce Glenn Smith

3 Filer ID (Ethics Commission Filers)

4 Date 1-1-20  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kenneth Fusilier  
 6 Contributor address; City; State; Zip Code  
Whit Liggins Rd. Hempstead, TX 77448

7 Amount of contribution (\$) \$ 5,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 1-6-20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jon Strange  
 Contributor address; City; State; Zip Code  
Lakebriar Dr. Katy, Texas 77494

Amount of contribution (\$) \$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1-7-20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ronald Campbell  
 Contributor address; City; State; Zip Code  
P.O. Box 864 Waller, Texas 77484

Amount of contribution (\$) \$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1-7-20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Craig Brady  
 Contributor address; City; State; Zip Code  
Briar Trace Ln. Richmond, Texas 77469

Amount of contribution (\$) \$ 500.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>Royce Glenn Smith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1-8-20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Hamilton</u>	7 Amount of contribution (\$) <u>\$5,000.<sup>00</sup></u>
6 Contributor address; City; State; Zip Code <u>Laketair Dr. Richmond, Texas 77406</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>Royce Glenn Smith</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-10-20</b>		5 Payee name <b>GAARD Media</b>			
6 Amount (\$) <b>1,000.00</b>		7 Payee address; City: State: Zip Code <b>Schlup Rd. Katy Texas 77493</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Royce Glenn Smith</b>		Office sought <b>Sheriff</b>	
Date <b>1-20-20</b>		Payee name <b>Friends of Royal FFA</b>			
Amount (\$) <b>325.00</b>		Payee address; City: State: Zip Code <b>Pattison Texas</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Donation</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Royce Glenn Smith</b>		Office sought <b>Sheriff</b>	
Date <b>1-21-20</b>		Payee name <b>We Brand It Promotions</b>			
Amount (\$) <b>945.56</b>		Payee address; City: State: Zip Code <b>1112 Austin St. Hempstead, Texas 77445</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Royce Glenn Smith</b>		Office sought <b>Sheriff</b>	
				Office held <b>Sheriff</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>3</u>	<b>2</b> FILER NAME <u>Royce Glenn Smith</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>1-22-20</u>	<b>5</b> Payee name <u>The Waller County Express</u>	
<b>6</b> Amount (\$) <u>185.<sup>00</sup></u>	<b>7</b> Payee address; City; State; Zip Code <u>1110 Austin St. Hempstead, Texas 77445</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <u>Royce Glenn Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u>		
Date <u>1-22-20</u>	Payee name <u>The Waller Times</u>	
Amount (\$) <u>368.<sup>95</sup></u>	Payee address; City; State; Zip Code <u>2323 Main St. Waller, Texas 77484</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <u>Royce Glenn Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u>		
Date <u>1-24-20</u>	Payee name <u>S+S Outdoor Advertising, Inc.</u>	
Amount (\$) <u>400.<sup>00</sup></u>	Payee address; City; State; Zip Code <u>12450 FM1458 Sealy, Texas 77474</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <u>Royce Glenn Smith</u> Office sought: <u>Sheriff</u> Office held: <u>Sheriff</u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
3	Royce Glenn Smith	
<b>4</b> Date	<b>5</b> Payee name	
1-27-20	Houston Livestock Show & Rodeo	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
400. <sup>00</sup>	Houston, Texas	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Event expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
	Royce Glenn Smith	Sheriff      Sheriff
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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