ORIGINAL

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	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		
	Smith		DEARMED		
4 CANDIDATE / OFFICEHOLDER	10	CITY; STATE; ZIP CODE	RECEIVED		
MAILING ADDRESS	116 CEDAR Dr.	T. 701 12	JAN 17 2017		
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION EXTENSION	ELECTION OFFICE		
OFFICEHOLDER PHONE	(512)268 4051		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
		N.2	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITÉ#; CITY; STATE;	ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 ath day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Day Year		
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other			
	1) / 6 / (8 General	Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	JOP PC+ 2	Same			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	th Smi	1	15 Filer ID (Ethics Commission Filers)		
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.					
1	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
3	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		SOMMATICE CAME AIGHT THEAGUSEN HAME	#y		
Additional Pages	4.3				
	3.1	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN SED \$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 925.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$5676.87		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		*134300		
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.					
SYLVIA FLORES Notary Public, State of Texas My Commission Expires January 06, 2019 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said					
day of, 20, to certify which, witness my hand and seal of office.					
Sylviationes Conticue					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Seth Smith 20 Filer ID (Ethics Co.)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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	\$ 925	
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 C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Beth Smith		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
9-21-16	Hays Co. Free Press	S			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
925,00	HFP Kyle, Tx 7	8640			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertisement	Check if Austin	n. TX, officeholder living expense		
	(10.00000000000000000000000000000000000				
			,		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
	•				
1 s					
Amount (\$)	Payee address; City; State; Zip Code				
	, 51,7, 511.5, 2,4 550.5				
		-			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE			tside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Date	. ayoo hamo				
Amount (\$)	Payee address; City; State; Zip Code				
(4)	t dydd dddidd, ddid, 2ip ddd				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense		
			9		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					