

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Beth

NICKNAME

LAST

SUFFIX

Smith

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

TX-78610
116 Cedar Dr. Mountain City

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 268-4051

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Same

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
JUL 12 2018

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

Same

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

Same

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

1 / 1 / 18

THROUGH

6 / 30 / 18

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 06 / 18

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

JP 2

13 OFFICE SOUGHT (if known)

Same

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Beth 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

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

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

\$ 814.58

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

\$ 3124.58

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 366.37

4. TOTAL POLITICAL EXPENDITURES

\$ 3777.86

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

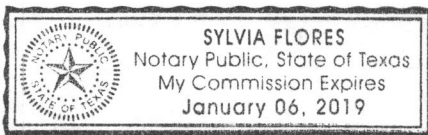
\$ 4262.93

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1343.00

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.

Beth Smith

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beth Smith, this the 10th
day of July, 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Sylvia Flores
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Beth Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3124.58
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 3777.86
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 FILER NAME

Beth Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/18

5 Full name of contributor

Tim Brace

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

2517 Weeping Beech Ln Pflugerville TX 78660

7 Amount of contribution (\$)

\$ 100

8 Principal occupation / Job title (See Instructions)

musician

9 Employer (See Instructions)

Self - music school

Date

4/15/18

Full name of contributor

Ed Sauer

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

14110 Vista Mar Circle Houston TX 77095

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

Self

Date

4/15/18

Full name of contributor

Heather Farrell

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Austin TX

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

IT mgr

Employer (See Instructions)

Travis Co. S.O.

Date

4/15/18

Full name of contributor

Susan Medel & Mary Bollinger

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

3880 Darcy Lane, Kyle TX 78640

Amount of contribution (\$)

\$ 60

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:
2 FILER NAME <i>Beth Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gloria Whitehead</i> 6 Contributor address; City; State; Zip Code <i>17 Pebble Brook Ln Wimberley 78676</i>	7 Amount of contribution (\$) <i>\$100</i>
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date <i>4/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michele Christie</i> Contributor address; City; State; Zip Code <i>2024 Herzog, Kyle, TX 78640</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>Retired Principal Educator</i>		Employer (See Instructions)
Date <i>4/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lucy Johnson</i> Contributor address; City; State; Zip Code <i>1921 Lisa Lane San Marcos, TX 78666</i>	Amount of contribution (\$) <i>\$150</i>
Principal occupation / Job title (See Instructions) <i>Real Estate Investor</i>		Employer (See Instructions) <i>Self</i>
Date <i>4/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Will Conley</i> Contributor address; City; State; Zip Code <i>701 Mt. Crest Dr. Wimberley TX 78676</i>	Amount of contribution (\$) <i>\$300</i>
Principal occupation / Job title (See Instructions) <i>car wash owner</i>		Employer (See Instructions) <i>Self</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Beth Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/18

5 Full name of contributor

Chris & Lisa Adams

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

310 Timbleweed Dr. Kyle Tx 78640

8 Principal occupation / Job title (See Instructions)

Veteran Placement

9 Employer (See Instructions)

State of Tx Water Resource

Date

4/15/18

Full name of contributor

Diane Hervol

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1528 Amberwood Loop Kyle Tx 78640

Principal occupation / Job title (See Instructions)

Office Administrator

Employer (See Instructions)

Law Firm

Date

4/15/18

Full name of contributor

Jeff & Holly Raymond

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1103 Kirby Lane Kyle 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/18

Full name of contributor

Ron Dube

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

363 McGarity Kyle Tx 78640

Principal occupation / Job title (See Instructions)

Flooring expert

Employer (See Instructions)

Austin Tile & Floor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Beth Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Gurnutt</i>	7 Amount of contribution (\$) <i>\$200</i>
6 Contributor address; City; State; Zip Code <i>PO Box 2171 Kyle Tx 78640</i>		
8 Principal occupation / Job title (See Instructions) <i>Assistant Director</i>		9 Employer (See Instructions) <i>A.L.E.R.B.T / TSU</i>
Date <i>4/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patti Wood</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>104 Wigeon, Kyle, Tx 78640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>April Walsh</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>102 Remington, Kyle 78640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sherri Tibbe</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>200 Fox Hollow Buda Tx 78610</i>		
Principal occupation / Job title (See Instructions) <i>A Horney</i>		Employer (See Instructions) <i>Self Employed</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Beth Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/5/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Crowell</i>	7 Amount of contribution (\$) <i>\$250</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 455, Kyle TX 78640</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Beth Smith</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 500	
5 Date <div style="font-size: 1.2em;">5/30/18</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Joel Kirkby</div>	8 Amount of Contribution \$ <div style="font-size: 1.2em;">500</div>	9 In-kind contribution description <div style="font-size: 1.2em;">design graphics</div>
7 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">505 Olive St. Smithville, TX 78957</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">JTKreative</div>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Self</div>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME Beth Smith	3 Filer ID (Ethics Commission Filers)
4 Date 4-13-18	5 Business name Texas Pie Co.	
6 Amount (\$) 138.90	7 Business address; City; State; Zip Code 900 Center St. Kyle, TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser pies	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beth Smith	Office sought JP 2 Office held JP 2
Date 4-10-18	Business name Sam's	
Amount (\$) 174.73	Business address; City; State; Zip Code San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser snacks utensils, plates	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 6/13/18	Business name A & E Sign Graphics	
Amount (\$) .	Business address; City; State; Zip Code Buda - 5400 Goforth 78616	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED