

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST LAST MI SUFFIX

RONALD F
NICKNAME LAST SUFFIX
RON SMITH

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

426 WASHINGTON
ARL TX 76011

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 929 8522

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MR) FIRST LAST MI SUFFIX

WILLIAM T
NICKNAME LAST SUFFIX
TOM DUE

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

511 GILPIN ARLINGTON TX 76006

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 905 - 8215

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

4 / 13 / 2012 THROUGH 5 / 4 / 2012

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

5 / 12 / 2012

12 OFFICE OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DISTRICT 2
ARLINGTON CITY COUNCIL

| OFFICE USE ONLY | |
|-----------------------------------|--------------------|
| Date Received | 12 MAY - 7 AM 8:27 |
| RECEIVED - CSO | |
| Date Hand-delivered or Postmarked | |
| Receipt # | |
| Date Processed | |
| Date Imaged | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Ron Smith

15 ACCOUNT # (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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 CONTRIBUTION
TOTALS

| | | |
|----|--|-------------------|
| 1. | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>1567.59</i> |
| 3. | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <i>1003.70</i> |
| 4. | TOTAL POLITICAL EXPENDITURES | \$ <i>1003.70</i> |
| 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>865.00</i> |
| 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>—</i> |

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

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.

Ronald Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Smith, this the 7th day of May, 20 12, to certify which, witness my hand and seal of office.

Tina Stewart
Signature of officer administering oath

Tina Stewart
Printed name of officer administering oath

notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 2 | |
| 2 FILER NAME RON F SMITH | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WENDY COLLMAR 6 Contributor address; City; State; Zip Code 421 WASHINGTON ARL TX 76011 | 7 Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) FITNESS TRAINER | | 10 Employer (See Instructions) YMCA | |
| Date 4/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK GANDY Contributor address; City; State; Zip Code 601 ASHER CT. ARL TX 76011 | Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) DRILLING MGR - NIGERIA | | Employer (See Instructions) SHELL | |
| Date 4/13 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIRBY WARREN Contributor address; City; State; Zip Code 427 ROWLING HILLS ARL 76011 | Amount of contribution (\$) 100. (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) VETERINARIAN | | Employer (See Instructions) SELF | |
| Date 4/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRED JAVIS Contributor address; City; State; Zip Code 205 COUNTRY CLUB DR ARL 76013 | Amount of contribution (\$) 267.59 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) RETIRED | | 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 (\$) | In-kind contribution description (if applicable) |
| 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: <u>2</u> | |
| 2 FILER NAME: <u>Ken Smith</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date: <u>4-15</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>PATRICIA CARTER</u> | 7 Amount of contribution (\$): <u>100.00</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code: <u>2300 Piedmont Ct. ARL TX 76011</u> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions): <u>HOME MAKER</u> | | 10 Employer (See Instructions): <u>N/A</u> | |
| Date: <u>4-15</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>PHILLIPS GRACIA</u> | Amount of contribution (\$): <u>100.00</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code: <u>7071 ANDERSON BLVD F.W. 76129</u> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions): <u>LANDSCAPING CONTRACTOR</u> | | Employer (See Instructions): <u>SELF</u> | |
| Date: <u>4-16</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>GARY WALKER</u> | Amount of contribution (\$): <u>300.00</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code: <u>255 N. CENTER ARL TX 76011</u> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions): <u>REAL ESTATE - PRESIDENT</u> | | Employer (See Instructions): <u>SCM</u> | |
| Date: <u>4/14</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>BILL ADAMS</u> | Amount of contribution (\$): <u>250</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code: <u>P.O. 302185 ARL 76011</u> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions): <u>BUILDER</u> | | Employer (See Instructions): <u>SELF</u> | |
| Date: <u>4/13</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>SCOTT SODER</u> | Amount of contribution (\$): <u>150.00</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code: <u>2103 ROYAL DOMINION ARL 76006</u> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions): <u>PROJECT COORDINATOR</u> | | Employer (See Instructions): <u>IBM</u> | |

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 | RONALD F SMITH | |
| 4 Date | 5 Payee name | |
| 4/23/12 | USPS | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$11.05 | WABSON STATION | |
| 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) |
| | ADVERTISING | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| | | |
| Date | Payee name | |
| 4/20/12 | FUZZY'S TACO | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 8.60 | ABRAMS ARL 76010 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | FOOD + BEV | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| | | |
| Date | Payee name | |
| 4/20/12 | QUICK WAYS | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 20.00 | ABRAMS | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | TRAVEL IN DISTRICT | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| | | |
| Date | Payee name | |
| 4/21/12 | COMET CLEARERS | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 25.33 | 965 W. LAMAR - 76012 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | EVENT EXP | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F: 4 | 2 FILER NAME DUKE TRIP CONF JSMITH | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4-13-12 | 5 Payee name DUKE TRIP | |
| 6 Amount (\$) 130.55 | 7 Payee address; City; State; Zip Code BALLPARK WAY ARLINGTON TX 76006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) TRAVEL | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4/25/12 | Payee name SHELL | |
| Amount (\$) 20.17 | Payee address; City; State; Zip Code 8405 RICHLAND HILLS TX 76180 HARWOOD | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Travel | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4-24-2012 | Payee name Kroger | |
| Amount (\$) 22.86 | Payee address; City; State; Zip Code 900 W. LAMAR ARL 76012 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Travel | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4/25/2012 | Payee name CHIPOTLE | |
| Amount (\$) 14.36 | Payee address; City; State; Zip Code 2151 N. COLLINS ARL 76011 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD BEV. | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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|------------------------------------|-------------------------------------|--|
| 1 Total pages Schedule F: 4 | 2 FILER NAME Row F. Smith | 3 ACCOUNT # (Ethics Commission Filers) |
|------------------------------------|-------------------------------------|--|

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|----------------------------|--------------------------------------|
| 4 Date 4/15/2012 | 5 Payee name WHOLE FOODS - |
|----------------------------|--------------------------------------|

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| 6 Amount (\$) 23.74 | 7 Payee address; City; State; Zip Code 801 E. LAMAR ARL 76011 |
|-------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FOOD/BEV | (b) Description (If travel outside of Texas, complete Schedule T) |
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|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------------|----------------------------------|
| Date 4/17/2012 | Payee name LA MADEZINE |
|--------------------------|----------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 11.63 | Payee address; City; State; Zip Code 2101 N. COLLINS ARL 76011 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD BEV. | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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|--------------------------|-------------------------------------|
| Date 4/18/2012 | Payee name ALS HAMBURGERS |
|--------------------------|-------------------------------------|

| | |
|-----------------------------|---|
| Amount (\$) 12.01 | Payee address; City; State; Zip Code 1001 N. E GREEN OAKS ARL 76006 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD BEVERAGE | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|-------------------------------|---------------------------------|
| Date 4/13-4/20/2012 | Payee name OFFICE MAX |
|-------------------------------|---------------------------------|

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| Amount (\$) 104.68 | Payee address; City; State; Zip Code 1401 N. COLLINS ARL 76011 |
|------------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing EXP | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|-------------------------------------|--|
| 1 Total pages Schedule F: 4 | 2 FILER NAME RON F. SMITH | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|-------------------------------------|--|

| | |
|----------------------------|-----------------------------------|
| 4 Date 4/20-4/26 | 5 Payee name JUDY BROWN |
|----------------------------|-----------------------------------|

| | |
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| 6 Amount (\$) 529.75 | 7 Payee address; City; State; Zip Code W. WEATHERFORD TEXAS |
|--------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) CONTRACT LABOR | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

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|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------------|---|
| Date 4/28/2012 | Payee name PAISLEY CAR WASH - GAS |
|--------------------------|---|

| | |
|----------------------------|---|
| Amount (\$) 9.99 | Payee address; City; State; Zip Code 2120 W COLLINS 76011 |
|----------------------------|---|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) TRAVEL | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | | | |
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| 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 |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

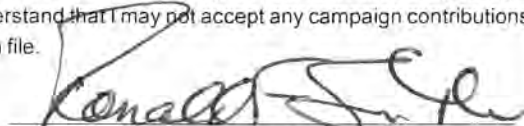
FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

| | |
|---------------------------------|--|
| 1 C/OH NAME RON SMITH | 2 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------|--|

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

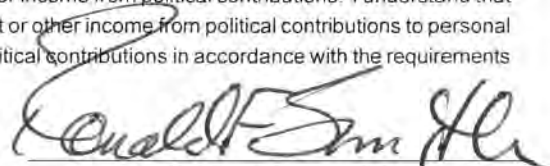
Check only one:

- 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 may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final 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.

B. ASSETS

Check 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 that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


 Signature of Candidate

5 OFFICEHOLDER

** Complete 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 file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule G: 1 | 2 FILER NAME RONALD F SMITH | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---------------------------------------|--|

| | |
|-----------------------|-----------------------------|
| 4 Date 5/03 | 5 Payee name USPS |
|-----------------------|-----------------------------|

| | |
|--|---|
| 6 Amount (\$) \$-74.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code WATSON STATION 76006 |
|--|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) STAMPS/ADVERTISING | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
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| Date | Payee name |
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| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: 1 |
| 2 FILER NAME RON SMITH | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee FRED DAVIS | | |
| 5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
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| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |