

10-7-94

STATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH

PG 1

See C/OH INSTRUCTION Guide for detailed instructions.		1 ACCOUNT #	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	FILED OCT 7 AM 1 15 COMPTON, TEXAS	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX	Receipt # HD / PM Amount Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> ^{OCT. 11, 1994} 30th day before election <input type="checkbox"/> Runoff <input checked="" 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)		
9 PERIOD COVERED	Month Day Year 9 / 8 / 94	THROUGH	Month Day Year 9 / 29 / 94
10 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 94	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) MAYOR - Mt. City -	12 OFFICE SOUGHT (if known) JP - Precinct 2	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name Margaret Goebler Address / PO Box; Apt. / Suite #; City; State; Zip Code P.O. Box 112 BUDA TX 78610		

additional pages

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
GO TO PAGE 2

C/OH REPORT: SUPPORT & TOTALS

FORM C/OH
PG 2

14 C/OH NAME BETH SMITH	15 ACCOUNT #
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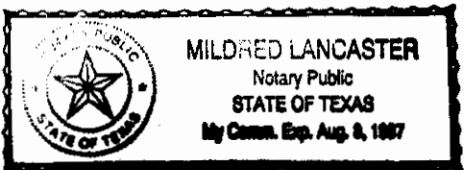
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees for candidates or officeholders. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and 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	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	OFFICE USE

17 NO REPORTABLE ACTIVITY: Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

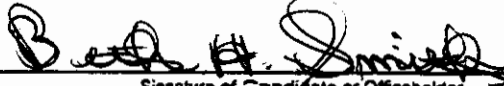
CONTRIBUTION AND LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 730.00
	3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	5. TOTAL POLITICAL EXPENDITURES	\$ 764.39

19 AFFIDAVIT


I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



MILDRED LANCASTER
Notary Public
STATE OF TEXAS
My Comm. Exp. Aug. 8, 1997


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Beth H. SMITH, this the 7th day of Oct 19 94, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Mildred LANCASTER
 Print name of officer administering oath

Notary Public
 Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

See INSTRUCTION GUIDE for detailed instructions.				1	Total pages Schedule A: 1
2 FILER NAME BETH SMITH				3 ACCOUNT #	
4 Date 9-9-94	5 Full name of contributor BETH SMITH	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code 116 CEDAR BUDA, TX 78610					
9 Principal occupation Mayor - Mountain City Oaks			10 Employer (optional)		
Date 9-12-94	Full name of contributor MIKE AND Lea HANKAMER	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 315 LIVE OAK DRIVE BUDA, TX 78610					
Principal occupation teacher			Employer (optional)		
Date 9-12-94	Full name of contributor JOHN E Pat ALLEN ANDERSON	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 96 N. Camino Real Upland, TX 78640					
Principal occupation Utility Construction			Employer (optional)		
Date 9-15-94	Full name of contributor Lillian Sauer	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 7519 BRUSHWOOD HOUSTON, TX 77088					
Principal occupation RETIRED			Employer (optional)		
Date 9-20-94	Full name of contributor LINDA McCarty Turley	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code HC01 BOX 74A DRIPPING SPRGS, TX 78620 HASS COUNTY					
Principal occupation Adult Propagation Supervisor			Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

See INSTRUCTION GUIDE for detailed instructions.		1	Total pages Schedule F:
2		FILER NAME	
BETH SMITH		3	
ACCOUNT #			
4	Date	5	Payee name
9-11-94		TEED SHIRTS	7
		6	Amount (\$)
		Payee address: City: State: Zip Code	\$40.05
		1125 HWY. 80	
		SAN MARCOS, TX 78666	
8		Purpose of expenditure	
PERSONALIZED T-SHIRTS		9	
		-- Complete if direct expenditure to benefit C/OH --	
		Candidate / Officeholder name Office held / sought	
Date	Payee name	Amount (\$)	
9-2-94	GINNY'S PRINTING & COPYING	\$32.06	
	6		
	Payee address: City: State: Zip Code		
	UNIVERSITY DRIVE		
	SAN MARCOS, TEXAS 78666		
8		Purpose of expenditure	
PAPER & COPIES		9	
		-- Complete if direct expenditure to benefit C/OH --	
		Candidate / Officeholder name Office held / sought	
Date	Payee name	Amount (\$)	
9-12-94	AUS-TEX PRINTING	\$25.00	
	6		
	Payee address: City: State: Zip Code		
8		Purpose of expenditure	
Business CARDS		9	
		-- Complete if direct expenditure to benefit C/OH --	
		Candidate / Officeholder name Office held / sought	
Date	Payee name	Amount (\$)	
9-12-94	SIGN CRAFTERS	\$336.93	
	6		
	Payee address: City: State: Zip Code		
	700 IH 35N		
	SAN MARCOS TX 78666		
8		Purpose of expenditure	
Campaign Signs		9	
		-- Complete if direct expenditure to benefit C/OH --	
		Candidate / Officeholder name Office held / sought	

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	Initials	Date
Prepared By		
Approved By		

© WILSON JONES COMPANY

G7503 ColumnWrite®

Beth Smith

MADE IN U.S.A.

Expenditures

1	2	3
9-15	Harp County - Voters List	2500
9-16	Kyle Hardware - stakes for signs 218 Front Street Kyle, Texas 78640	3097
9-9	Beth Smith - reimbursement 116 Cedar	10000
9-23	Harp Free Press - ad P.O. Box 339 Buda, Tex 78610	3500
9-23	2001 Sales - ad	9100
9-23	David White - portrait (Harp Free Press)	2500
9-8	Vivron - T-shirt selling 1101 Thorpe Dr. San Marcos, Texas 78666	2338
	TOTAL	76439

PLEGGED CONTRIBUTIONS

SCHEDULE B

See INSTRUCTION GUIDE for detailed instructions.	1 Total pages Schedule B:
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2 FILER NAME	3 ACCOUNT #
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			

10 Principal occupation	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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See INSTRUCTION GUIDE for detailed instructions.			1	Total pages Schedule E:
2 FILER NAME			3	ACCOUNT #
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$	
5 Date of loan	7 Name of lender	9 Interest rate	11 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Maturity date		
12 Description of Collateral	<input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Principal Occupation	18 Amount Guaranteed (\$)	
	15 Guarantor address; City; State; Zip Code	17 Employer		
Date of loan	Name of lender	Interest rate	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Maturity date		
Description of Collateral	<input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Principal Occupation	Amount Guaranteed (\$)	
	Guarantor address; City; State; Zip Code	Employer		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

See INSTRUCTION GUIDE for detailed instructions.		1	Total pages Schedule G:
2 FILER NAME <i>BETH SMITH</i>		3	ACCOUNT #
4 Date	5 Payee name	8	Amount (\$)
	6 Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure		

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

See INSTRUCTION GUIDE for detailed instructions.		1 Total pages Schedule H:	
		2 FILER NAME	
3 ACCOUNT #		4 Date	
5 Business name		7 Amount (\$)	
6 Business address; City; State; Zip Code		<input type="checkbox"/> Campaign or officeholder expenditure	
8 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date	Business name	Amount (\$)	
Business address; City; State; Zip Code		<input type="checkbox"/> Campaign or officeholder expenditure	
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date	Business name	Amount (\$)	
Business address; City; State; Zip Code		<input type="checkbox"/> Campaign or officeholder expenditure	
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date	Business name	Amount (\$)	
Business address; City; State; Zip Code		<input type="checkbox"/> Campaign or officeholder expenditure	
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date	Business name	Amount (\$)	
Business address; City; State; Zip Code		<input type="checkbox"/> Campaign or officeholder expenditure	
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

See INSTRUCTION GUIDE for detailed instructions.		1	Total pages Schedule I:
2 FILER NAME		3	ACCOUNT #
4 Date	5 Payee name	8	Amount (\$)
	6 Payee address: City; State; Zip Code		
	7 Purpose of expenditure		
Date	Payee name	Amount (\$)	
	Payee address: City; State; Zip Code		
	Purpose of expenditure		
Date	Payee name	Amount (\$)	
	Payee address: City; State; Zip Code		
	Purpose of expenditure		
Date	Payee name	Amount (\$)	
	Payee address: City; State; Zip Code		
	Purpose of expenditure		
Date	Payee name	Amount (\$)	
	Payee address: City; State; Zip Code		
	Purpose of expenditure		

None

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CREDITS (optional)

SCHEDULE K

See INSTRUCTION GUIDE for detailed instructions.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT #
4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City, State, Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	

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