

10-31-94

CANDIDATE / 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 Smith Beth	OFFICE USE ONLY FILED OCT 31 PM 1:05 COUNTY, TEXAS	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 116 CEDAR BUDA TEXAS 78610		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Goebler Margaret	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 P.O. Box 112 BUDA, TX 78610		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 312-1242		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 5th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9/30/94 THROUGH 10/29/94 (10-31-94)		
10 ELECTION	ELECTION DATE Month Day Year 11/08/94	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Mayor	12 OFFICE SOUGHT (if known) J-P. Pct 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 Address / PO Box; Apt. / Suite #; City; State; Zip Code		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED GO TO PAGE 2			

C/OH REPORT: SUPPORT & TOTALS

FORM C/OH

PG 2

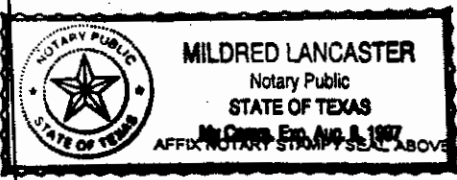
14 C/OH NAME <u>Beth Smith</u>	15 ACCOUNT #
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees for candidates or officeholders. These expenditures may 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. --		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	OFFICE USE
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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	\$ 75 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	5. TOTAL POLITICAL EXPENDITURES	\$ 230.85

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.



Beth H. Smith
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BETH H. SMITH this the 31st day of Oct. 19 94, to certify which, witness my hand and seal of office.

Mildred Lancaster 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:	
2 FILER NAME <i>Beth Smith</i>			3 ACCOUNT #	
4 Date <i>10-31-94</i>	5 Full name of contributor <i>Lillian Sawyer</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>7519 Brushwood Houston, TX 77088</i>				
9 Principal occupation <i>Retired</i>		10 Employer (optional)		
Date <i>10-25</i>	Full name of contributor <i>Dr. + Mrs E.H. Sawyer</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>4319 Langtry Houston, TX 77041</i>				
Principal occupation <i>Dentist</i>		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation		Employer (optional)		

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

POLITICAL EXPENDITURES

SCHEDULE F

Made from personal Funds

See INSTRUCTION GUIDE for detailed instructions.		1	Total pages Schedule F:
2 FILER NAME Beth Smith		3	ACCOUNT #
4 Date 10/17	5 Payee name Sam's Club	7	Amount (\$) 20.97
6 Payee address: City: State: Zip Code I H 35 Austin, Tx.			
8 Purpose of expenditure Campaign candy		9 - Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date 10/28	Payee name Kyle Eagle	Amount (\$) 126.95	
Payee address: City: State: Zip Code Wimberley, Tx 78676			
Purpose of expenditure Newspaper Ad		- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date 10/28	Payee name Postmaster	Amount (\$) 36.00	
Payee address: City: State: Zip Code Kyle, Tx 78640			
Purpose of expenditure Stamps		- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date 10/31	Payee name Postmaster	Amount (\$) 19.00	
Payee address: City: State: Zip Code Kyle, Tx 78640			
Purpose of expenditure Postmaster		- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

See INSTRUCTION Guide for detailed instructions.	1 Total pages Schedule G:
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2 FILER NAME <i>Beth Smith</i>	3 ACCOUNT #
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4 Date <i>10-19</i>	5 Payee name <i>Sign Crafters</i>	8 Amount (\$) <i>27.93</i>
	6 Payee address: City; State; Zip Code <i>700 IH35N SAN MARCOS, TX</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <i>Signs</i>	

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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