

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:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #; CITY; STATE; ZIP CODE
5 CAMPAIGN TREASURER NAME		TITLE	MI
		NICKNAME	SUFFIX
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 checked="" 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 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	THROUGH Month Day Year
10 ELECTION		ELECTION DATE Month Day Year	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE		OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages		** 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	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Beth Hanna Smith

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

-- This listing includes political expenditures 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 660.00

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

\$ 1686.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 372.88

4. TOTAL POLITICAL EXPENDITURES

\$ 1287.43

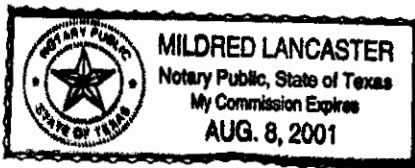
OUTSTANDING
LOAN TOTALS

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

\$ 0

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Beth H. Smith

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BETH HANNA SMITH, this the 13th day of JANUARY

19 98, 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Beth Hanna Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-1
97

5 Full name of contributor

P. J. Allen

out of state PAC

6 Contributor address; City; State; Zip Code

P. O. Box 303, Kyle, Tx
78640

7 Amount of contribution (\$)

\$51.00

8 In-kind contribution description (if applicable)

9 Principal occupation

Retired

10 Employer (optional)

Date

11-23
97

Full name of contributor

Brian + Terry Blang

out of state PAC

Contributor address; City; State; Zip Code

13610 Feather Point
San Antonio, Tx

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Principal occupation

AT&T

Employer (optional)

Date

11-23
97

Full name of contributor

John + Sherry Wilson

out of state PAC

Contributor address; City; State; Zip Code

316 Live Oak Dr., Buda, Tx

78610

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation

Attorney

Employer (optional)

Date

11-23
97

Full name of contributor

Lillian Saues

out of state PAC

Contributor address; City; State; Zip Code

7519 Brushwood
Houston, Tx 77088

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation

Retired

Employer (optional)

Date

12-15
97

Full name of contributor

John Alan + Pat Anderson

out of state PAC

Contributor address; City; State; Zip Code

96 N Camino Real Umland
Tx, 78640

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation

Contractor

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">2</p>	
2 FILER NAME <p style="font-size: 1.2em;">Beth Hanna Smith</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p>10-20 97</p>	5 Full name of contributor <input type="checkbox"/> out of state PAC <p>Nancy Bohannon</p>	7 Amount of contribution (\$) <p>\$250.⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p>51 S Plum Creek Wakeland, Tx 78640</p>			
9 Principal occupation <p>Business Owner</p>		10 Employer (optional)	
Date <p>12-11 97</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p>Dr. & Mrs. E.H. Sauer</p>	Amount of contribution (\$) <p>\$150.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>4319 Lantry Houston, Tx 77041</p>			
Principal occupation <p>Dentist</p>		Employer (optional)	
Date <p>12-02-97</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p>Leo & Ruby Miller</p>	Amount of contribution (\$) <p>\$100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>1723 Hillcrest Dr. New Braunfels, Tx 78130</p>			
Principal occupation <p>Retired</p>		Employer (optional)	
Date <p>11-06-97</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p>Jeanne & Gerry Essi</p>	Amount of contribution (\$) <p>\$100.⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>1111 Champions Lane Austin, Tx 78747</p>			
Principal occupation <p>President Tx. Lehigh Cement</p>		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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Beth H. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-30
97

5 Payee name

Opinion Analysts, Inc

6 Payee address; City; State; Zip Code

906 Rio Grande, Austin, Tx 78701

7 Amount (\$)

\$69.39

8 Purpose of expenditure

Disk File

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

12-10-97

Payee name

Sign Crafters

Payee address; City; State; Zip Code

700 IH35N San Marcos, Tx
78666

Amount (\$)

\$845.16

Purpose of expenditure

Political Signs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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