



# CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM COH COVER SHEET PG 2

14 COH NAME

*Beth H. Smith*

15 ACCOUNT # (Ethics Commission files)

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 NOREPORTABLE 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

\$ 405.00

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

\$ 855.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 220.19

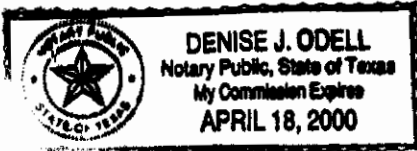
OUTSTANDING LOAN TOTALS

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

\$

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

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 7th day of July

19 98, to certify which, witness my hand and seal of office.

*Denise J. Odell*  
Signature of officer administering oath

*Denise J. Odell*  
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 this Schedule A:	
2 FILER NAME <i>Beth H. Smith</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-01-98</i>	5 Full name of contributor <i>H.C.W.P.C.</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <i>P.O. Box 1574 Buda, Tx 78610</i>					
9 Principal occupation			10 Employer (optional)		
Date <i>3-5-98</i>	Full name of contributor <i>John + Rebecca Hatch</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable) <i>mail-out</i>		
Contributor address; City; State; Zip Code <i>315 Live Oak Dr. Buda, Tx 78610</i>					
Principal occupation			Employer (optional)		
Date <i>6-1-98</i>	Full name of contributor <i>Gerry + Jeannie Essl</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>1111 Champions Ln. Austin, Tx 78747</i>					
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)		

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILERNAME <i>Beth H. Smith</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3-3-98</i>	5 Payee name <i>The Free Press</i> 6 Payee address; City, State, Zip Code <i>P.O. Box 339 Buda, Tx 78610</i>	7 Amount (\$) <i>124.12</i>
8 Purpose of expenditure <i>Ad (1/4 page)</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought / held
Date <i>5-28</i>	Payee name <i>U.S. Postal Service</i> Payee address; City, State, Zip Code <i>Kyle, Tx 78610</i>	Amount (\$) <i>96.00</i>
Purpose of expenditure <i>Postage</i>		** 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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