

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-6800 1-800-325-6808

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 file#)	2 Total pages Rec'd 2
3 CANDIDATE / OFFICEHOLDER NAME		OFFICE USE ONLY	
MS / MRS / MR FIRST LAST SURFIX Beth Smith		Date Received REC'D JAN 18 2005	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked	
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 116 CEDAR Dr. Budaca, Tx 78610		Receipt # Amount	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Processed	
AREA CODE PHONE NUMBER EXTENSION (512) 268-4051		Date Imaged	
6 CAMPAIGN TREASURER NAME			
MS / MRS / MR FIRST LAST SURFIX Beth Smith			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)			
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE SAME			
8 CAMPAIGN TREASURER PHONE			
AREA CODE PHONE NUMBER EXTENSION () SAME			
9 REPORT TYPE			
<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 18th day after campaign treasurer appointment (otherwise only) <input type="checkbox"/> July 15 <input type="checkbox"/> 60th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year THROUGH Month Day Year 7 / 1 / 04 12 / 31 / 04			
11 ELECTION			
ELECTION DATE: Month Day Year ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 3 / 02			
12 OFFICE		13 OFFICE BOUGHT (if known)	
OFFICE HELD (if any) Justice of the Peace 2			
14 NOTICE OF 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			
<input type="checkbox"/> additional pages			

GO TO PAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-6900

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

16 C/OH NAME

Beth Smith

18 ACCOUNT # (Prints Commission Form)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

GENERAL

SPECIFIC

national origin

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

19 CONTRIBUTION TOTALS

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

\$

0

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

\$

0

EXPENDITURE TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

0

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

0

OUTSTANDING LOAN TOTALS

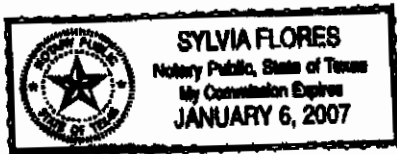
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

20 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 Smith

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Beth Smith*, this the *18* day

of *Jan* 20*05*, to certify which, witness my hand and seal of office.

Sylvia Flores
Signature of officer administering oath

Sylvia Flores
Printed name of officer administering oath

Cheryl Clark
Title of officer administering oath