

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:** 10

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs	FIRST: Beth	MI: H.
	NICKNAME:	LAST: Smith	SUFFIX:

OFFICE USE ONLY

REC'D JAN 13 2006

Date Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 116 CEDAR Dr.	APT / SUITE #:	CITY: Mt. City, Tx	STATE: Tx	ZIP CODE: 78610
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Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512)	PHONE NUMBER: 268-4051	EXTENSION:
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR: SAME	FIRST:	MI:
	NICKNAME:	LAST:	SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE:
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8 CAMPAIGN TREASURER PHONE	AREA CODE: ()	PHONE NUMBER:	EXTENSION:
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9 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)

10 PERIOD COVERED	Month: 07 / Day: 01 / Year: 05	THROUGH	Month: 12 / Day: 31 / Year: 05
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11 ELECTION	ELECTION DATE: Month: 03 / Day: 07 / Year: 06	ELECTION TYPE: <input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any): Justice of the Peace, 2	13 OFFICE SOUGHT (if known): SAME
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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	

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Beth H. Smith

16 ACCOUNT # (Ethics Commission files)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ 2025.00

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

\$ 3950.00

EXPENDITURE TOTALS

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

\$ 106.57

4. TOTAL POLITICAL EXPENDITURES

\$ 1622.54

CONTRIBUTION BALANCE

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

\$ 2512.46

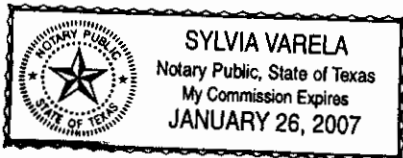
OUTSTANDING LOAN TOTALS

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

\$

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 Smith, this the 12th day of January 2006, to certify which, witness my hand and seal of office.

Sylvia Varela
Signature of officer administering oath

Sylvia Varela
Printed name of officer administering oath

Notary
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 FILER NAME <i>Beth Smith</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/24/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lila Knight</i>	7 Amount of contribution (\$) <i>\$ 100.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1713 N. Buckson Kyle, TX 78640</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erin Habingreather</i>	Amount of contribution (\$) <i>\$ 100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2706 James SAN MARCOS, TX 78666</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Yarnell</i>	Amount of contribution (\$) <i>\$ 150.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>208 W. 14th St. Suite 100 Austin, TX 78701</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex & Mimi Gomez</i>	Amount of contribution (\$) <i>\$ 100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>306 Verbena Kyle, TX 78640</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gene & Paula Allen</i>	Amount of contribution (\$) <i>\$ 200.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>404 Buffalohead Kyle, TX 78640</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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:	
2 FILER NAME <i>Becky Smith</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>8/21/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Becky Sierra</i>	7 Amount of contribution (\$) <i>\$75.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>San Marcos Tx 78666</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/21/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robie + Clint Robinson</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>20 N. Old Stagecoach Rd Kyle, Tx 78640</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/21/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob + Tutta Barton</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1717 N. Burleson Kyle, Tx 78640</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/21/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan + Amy Miller</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>601 Live Oak St. Kyle, Tx 78640</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/21/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria Whitehead</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14 Wilson Circle Wimberley, Tx 78676</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Beth Smith</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/2/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John & Rebecca Hatch</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>315 Live Oak Dr. Mt. City, Tx 78610</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/1/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. F. (Boots) & Doris Montague</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>302 S. Sledge Kyle, Tx 78640</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/1/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JASON TARR</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 San Felipe Dr. Kyle, Tx 78640</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/2/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff & Cindy Burton</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3480 Jack C. Hays Tr. Buda, Tx 78610</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/2/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James & Sandra Kohler</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 Sunflower Dr. Kyle, Tx 78640</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Beth Smith		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/24/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon Bauerle	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 20501 IH35N. Kyle, Tx 78640			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neo Arcides	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box Kyle, Tx 78640			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Beth Smith</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/26/05</i>	5 Payee name <i>Hays Free Press</i>	7 Amount (\$) <i>64.35</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 49 Buda, Tx 78610</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>AD</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/26/05</i>	Payee name <i>Paper Factory</i>	Amount (\$) <i>88.06</i>
Payee address; City; State; Zip Code <i>Outlet Mall 88 San Marcos, Tx 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Paper goods fundraiser</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/26/05</i>	Payee name <i>HEB</i>	Amount (\$) <i>63.82</i>
Payee address; City; State; Zip Code <i>FHSSW Buda, Tx 78610</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Fundraiser items candy condiments</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/26/05</i>	Payee name Office Depot <i>Office Depot</i>	Amount (\$) <i>64.74</i>
Payee address; City; State; Zip Code 1135 N Springtown Way <i>Buda, Tx 78666</i> San Marcos		
Purpose of payment (See instructions regarding type of information required.) <i>fundraiser items Stationary, etc. ... copies</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Berh Smith</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/21/05</i>	5 Payee name <i>City of Kyle</i>	7 Amount (\$) <i>\$ 60.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 40 Kyle, TX 78640</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Rental of city Hall fundraiser</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/28/05</i>	Payee name <i>FreePress</i>	Amount (\$) <i>\$ 125</i>
Payee address; City; State; Zip Code <i>P.O. Box 49 Buda, TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>ad</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>USPS</i>	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

<p>The INSTRUCTION GUIDE explains how to complete this form.</p>	<p>1 Total pages Schedule G:</p>
<p>2 FILER NAME</p> <p style="text-align:center"><i>Beth Smith</i></p>	<p>3 ACCOUNT # (Ethics Commission filers)</p>

<p>4 Date</p> <p style="text-align:center"><i>8/15</i></p>	<p>5 Payee name</p> <p style="text-align:center"><i>USPS</i></p> <p>6 Payee address; City; State; Zip Code</p> <p style="text-align:center"><i>Jack C Hays Trl. - Rebel Rd. Kyle TX 78646</i></p> <p>7 Purpose of expenditure (See instructions regarding type of information required.)</p> <p style="text-align:center"><i>postage</i></p>	<p>8 Amount (\$)</p> <p style="text-align:center"><i>\$ 185.00</i></p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
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<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
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<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
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<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
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<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Beth H. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/15/05	5 Payee name Hays County Little League Football	8 Amount (\$) \$140
	6 Payee address; City; State; Zip Code Kyle, Tx 78640	
7 Purpose of expenditure (See instructions regarding type of information required.) Donation - non profit		

Date 10/2/05	Payee name kyle VFD	Amount (\$) \$300
	Payee address; City; State; Zip Code P.O. Box 40 kyle, Tx 78640	
Purpose of expenditure (See instructions regarding type of information required.) Donation - non profit		

Date 11/15/05	Payee name Democratic Party	Amount (\$) \$225
	Payee address; City; State; Zip Code Hwy 81 Kyle, Tx 78640	
Purpose of expenditure (See instructions regarding type of information required.) fundraising effort for party		

Date 12/10/05	Payee name F.G. - Brown Santa	Amount (\$) \$100
	Payee address; City; State; Zip Code 1307 Leiland Rd San Marcos Tx 78666	
Purpose of expenditure (See instructions regarding type of information required.)		

Date 12/10/05	Payee name HHS Hays Student Council - Shoes for kids for Christmas	Amount (\$) \$100
	Payee address; City; State; Zip Code 4800 Jack C. Hays Tol. Buda, Tx 78610	
Purpose of expenditure (See instructions regarding type of information required.)		

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