

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6900

1-800-325-6900

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

16 C/OH NAME

Beth Smith

18 ACCOUNT # (Ethics Commission Use)

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

additional pages

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 814.63

CONTRIBUTION BALANCE

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

\$ 1099.83

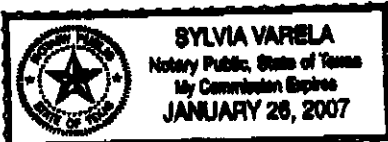
OUTSTANDING LOAN TOTALS

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

\$

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 17 day of July 2006 to certify which, witness my hand and seal of office.

Sylvia Varela
Printed name of officer administering oath

Sylvia Varela
Printed name of officer administering oath

Notary
Title of officer administering oath

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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 Smith

3 ACCOUNT # (Ethics Commission file)

4 Date 1/2/06	5 Payee name Hyer 6 Payee address; City; State; Zip Code Hamp Youth Baseball Field Buda, TX	8 Amount (\$) \$300
7 Purpose of expenditure (See instructions regarding type of information required.) Donation		

Date 1/15/06	Payee name HHS Payee address; City; State; Zip Code 4800 Sakh C. Hay Trail Buda TX 7610	Amount (\$) \$125.00
Purpose of expenditure (See instructions regarding type of information required.) ad		

Date 1/18/06	Payee name Hamp Co. Youth Center Payee address; City; State; Zip Code Hamp Co. Civic Center, San Marcos TX 78666	Amount (\$) \$100
Purpose of expenditure (See instructions regarding type of information required.) Donation		

Date 1/20/06	Payee name Dolan General Payee address; City; State; Zip Code Hwy 150 W, Kye, TX 78640	Amount (\$) 103.92
Purpose of expenditure (See instructions regarding type of information required.) Certificate frames		

Date 04/15/06	Payee name LEAD Payee address; City; State; Zip Code Udland Rd, San Marcos, TX	Amount (\$) \$106.00
Purpose of expenditure (See instructions regarding type of information required.) donation		

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:

2 FILER NAME

Beth Smith

3 ACCOUNT # (Ethics Commission Form)

4 Date

5 Payee name

7 Amount (\$)

1/2/06

Postage

6 Payee address; City; State; Zip Code

U.S. Postmaster, Kyle 78640

37.00

8 Purpose of payment (See instructions regarding type of information required.)

Postage for thank-you

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

Date

Payee name

Amount (\$)

5/1/06

Texas Pie Co.

Payee address; City; State; Zip Code

Cartan St. Kyle, Tx.

48.71

Purpose of payment (See instructions regarding type of information required.)

Pies for dinner meeting

-- 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

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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