

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs Beth H
NICKNAME LAST SUFFIX
Smith

OFFICE USE ONLY

Date Received

Postmarked
1-11-07 JH

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
116 CEDAR Dr.
Mt. City, TX 78610
 Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 268-4051

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Same
NICKNAME LAST SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH Day Year
7 / 1 / 06 THROUGH 12 / 31 / 06

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 7 / 06 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Justice of the Peace, Pet 2

13 OFFICE SOUGHT (if known)

Same

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 <u>Beth Smith</u>	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)

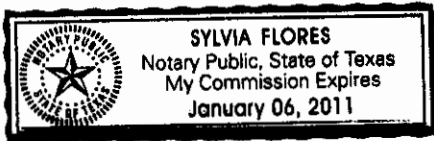
**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

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

18 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	\$ 732.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 366.88
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.

Beth Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beth Smith, this the 11th day of Jan, 2007, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Sylvia Flores Printed name of officer administering oath
 _____ Title of officer administering oath

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>9/7</i>	5 Payee name <i>H C O P</i>	7 Amount (\$) <i>\$120.00</i>
6 Payee address; City; State; Zip Code <i>Campaign H. Q. IH35 N, Kyle TX 78640</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>HQ Expenditures</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>9/15</i>	Payee name <i>H E B</i>	Amount (\$) <i>72.95</i>
Payee address; City; State; Zip Code <i>15600 IH 35S. Buday, TX 78610</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Candy for Parade. Drinks for Election Party</i>		-- 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

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 <i>Beth Smith</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/1</i>	5 Payee name <i>Lehman H.S.</i>	8 Amount (\$) <i>60.00</i>
6 Payee address; City; State; Zip Code <i>Lehman Rd, Kyle, Tx 78640</i>		
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation</i>		
Date <i>7/15</i>	Payee name <i>Golden Panthers Little League Football</i>	Amount (\$) <i>250.00</i>
Payee address; City; State; Zip Code <i>Kyle, Tx 78640</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation to Little League</i>		
Date <i>8/1</i>	Payee name <i>HHS</i>	Amount (\$) <i>30.00</i>
Payee address; City; State; Zip Code <i>4800 Jack C. Hays Trails, Buda 78640</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation</i>		
Date <i>8/2</i>	Payee name <i>Mustang Football League</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>Kyle Tx 78640</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation</i>		
Date <i>8/28</i>	Payee name <i>Megley Elementary</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>Megley Street, Plum Creek, Kyle, Tx 78640</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation for Safety Equip</i>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED