

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: 3 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR NICKNAME | FIRST LAST | MI SUFFIX |
| | Mrs | Beth Smith | H |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | 116 CEDAR DR. | | Mt. CUM, TX 78610 |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (512) | 268-4051 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR NICKNAME | FIRST LAST | MI SUFFIX |
| | Same | | |
| 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 | <input 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 checked="" 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 | Day | Year |
| | 1 | 1 | 07 |
| | THROUGH | | Month |
| | | | Day |
| | | | Year |
| | | | 6 / 30 / 07 |
| 11 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE |
| | 11 / 7 / 06 | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | Justice of the Peace, Part 2 | Same | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** 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 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME
Beth Smith

16 ACCOUNT # (Ethics Commission filers)

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 <input type="checkbox"/> additional pages | COMMITTEE TYPE | 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

\$ 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

\$ 0

CONTRIBUTION BALANCE

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

\$ 66.38

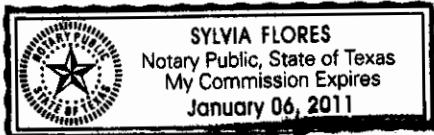
OUTSTANDING LOAN TOTALS

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 5th day of July, 2007, to certify which, witness my hand and seal of office.

[Signature] Sylvia Flores Chief Court Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | |
|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | 1 Total pages Schedule I: <u>1</u> |
| 2 FILER NAME <u>Beth Smith</u> | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|--------------------------|---|---|
| 4 Date <u>1-15-07</u> | 5 Payee name <u>HYBA</u> | 8 Amount (\$) <u>\$300.⁰⁰</u> |
| | 6 Payee address; City; State; Zip Code <u>PM 2770 Buda, Tx 78610</u> | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Donation to Little League</u> | |

| | | |
|------|---|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

| | | |
|------|---|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

| | | |
|------|---|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

| | | |
|------|---|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED