

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5541

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000	2 Total pages filed. 1 of 20
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Kathy E NICKNAME LAST SUFFIX Bedford Smith	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE # CITY, STATE, ZIP CODE 6702 Carisbrooke Lane Austin, Texas 78754		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI CPA Demitra N NICKNAME LAST SUFFIX Dean		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY, STATE, ZIP CODE 3502 Hawk View Cove Round Rock, Texas 78664		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 750-3237		
8 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 COH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 06 / 2003 THROUGH 1 / 15 / 2004		
10 ELECTION	ELECTION DATE Month Day Year 03 / 09 / 2004	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) N/A	12 OFFICE SOUGHT (if known) Travis County Commissioner Precinct 1	
13 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

14 C/OH NAME Kathy Smith

15 ACCOUNT # (Ethics Commission #) 00000

16 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	Kathy Bedford Smith Campaign
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	6449 East Hwy. 290 Suite A-113 Austin, Texas 78723
	COMMITTEE CAMPAIGN TREASURER NAME
	Demitra N. Dean
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	3502 Hawk View Cove Round Rock, Texas 78664

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
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EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2380.00
--	------------

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
--	------

4. TOTAL POLITICAL EXPENDITURES	\$ 4901.26
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
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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.

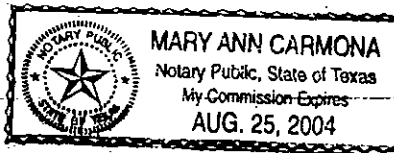
Kathy Smith

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathy Smith this the 15th day of January, 2004 to certify which, witness my hand and seal of office.

Mary Ann Carmona MARY ANN CARMONA Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.		1 Total pages this Schedule A1: 1 of 11	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission files) 00000	
4 Date 11/23/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol Alfred 6 Contributor address; City; State; Zip Code 7021 William Wallace Way Austin, Texas 78754	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Valerie Sampson Contributor address; City; State; Zip Code 1045 Elliot Ranch Road Buda, Texas 78610	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Sampson Contributor address; City; State; Zip Code 1045 Elliot Ranch Road Buda, Texas 78610	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shirley Crossland Contributor address; City; State; Zip Code 7578 Chevy Chase Drive Apt. 205 Austin, Texas 78752	Amount of contribution (\$) 5.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas C. Wilborn Contributor address; City; State; Zip Code 3410 El Dorado Trail Austin, Texas 78739	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2 of 11	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission files) 00000	
4 Date 12/16/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valerie Sampson 6 Contributor address: City: State: Zip Code 1045 Elliot Ranch Road Buda, Texas 78610	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcus Bedford Contributor address: City: State: Zip Code 2811 Yandall Austin, Texas 78748	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/27/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchies Fine Black Art Contributor address: City: State: Zip Code 8000 Parliament Place Suite 100 Austin, Texas 78759	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patricia Calhoun Contributor address: City: State: Zip Code P.O.Box 16122 Austin, Texas 78761	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/4/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Darby Jr. & Carol Darby Contributor address: City: State: Zip Code 7303 Geneva Drive Austin, Texas 78723	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/DH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule A1:
3 of 11

2 FILER NAME
Kathy Smith

3 ACCOUNT # (Ethics Commission form)
00000

4 Date
1/4/2004

5 Full name of contributor out-of-state PAC (ID# _____)
Mr. & Mrs. Sadd Jackson

7 Amount of contribution (\$)
5.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
10006 Webbwood Way
Austin, Texas 78724

9 Principal occupation (Optional)

10 Employer (Optional)

Date
1/5/2004

Full name of contributor out-of-state PAC (ID# _____)
Megan Daniels

Amount of contribution (\$)
20.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
9634 Dartridge Drive
Dallas, Texas 75238

Principal occupation (Optional)

Employer (Optional)

Date
1/6/2004

Full name of contributor out-of-state PAC (ID# _____)
Ray & Darlene Ephriam

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
1702 Clifford Avenue
Austin, Texas 78702

Principal occupation (Optional)

Employer (Optional)

Date
1/8/2004

Full name of contributor out-of-state PAC (ID# _____)
Lakeisha Whitley

Amount of contribution (\$)
60.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
6705 Carisbrooke Lane
Austin, Texas 78754

Principal occupation (Optional)

Employer (Optional)

Date
1/9/2004

Full name of contributor out-of-state PAC (ID# _____)
Clifford Brown

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
52 The Hills Drive
Austin, Texas 78738

Principal occupation (Optional)

Employer (Optional)

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 A1
(FOR FORMS C/OH, C/OH-SB, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SB)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 4 of 11	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission files) 00000	
4 Date 1/9/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry & Vickie Gill 6 Contributor address: City: State: Zip Code 140 Elm Drive Cedar Creek, Texas 78612	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann & Levi White Contributor address: City: State: Zip Code 2205 E. 17th Street Austin, Texas 78702	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flynn A. Lee Contributor address: City: State: Zip Code P.O. Box 202 Austin, Texas 78767	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Mack Contributor address: City: State: Zip Code 1014 Echo Lane Austin, Texas 78745	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chester D.T. Baldwin Contributor address: City: State: Zip Code 829 Smoke Signal Pass Pflugerville, Texas 78660	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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 A1
(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 5 of 11	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission No.) 00000	
4 Date 1/10/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A.W. Anthony Mays 6 Contributor address, City, State, Zip Code 2404 Akron CV Austin, Texas 78723	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angie Bedford Contributor address: City, State, Zip Code 5008 Imperial Drive North Austin, Texas 78724	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark & Valerie Sampson Contributor address: City, State, Zip Code 1045 Elliot Ranch Road Buda, Texas 78610	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charlotte Caples Contributor address: City, State, Zip Code 14509 Spearmint Tea Trail Austin, Texas 78660	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cindy Saenz Contributor address: City, State, Zip Code 18505 Sea Biscuit Drive Del Valle, Texas 78617	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:
6 of 11.

2 FILER NAME
Kathy Smith

3 ACCOUNT # (Ethics Commission files)
00000

4 Date
1/10/2004

5 Full name of contributor out-of-state PAC (ID#)
Martha & J.M. Hernandez

7 Amount of
contribution (\$)
20.00

8 In-kind contribution
description (if applicable)

6 Contributor address: City: State: Zip Code
3003 Lynridge Drive
Austin, Texas 78723

9 Principal occupation (Optional)

10 Employer (Optional)

Date
1/10/2004

Full name of contributor out-of-state PAC (ID#)
Titus Smith

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
6702 Carisbrooke Lane
Austin, Texas 78754

Principal occupation (Optional)

Employer (Optional)

Date
1/10/2004

Full name of contributor out-of-state PAC (ID#)
Angie Bedford

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
5008 Imperial Drive North
Austin, Texas 78724

Principal occupation (Optional)

Employer (Optional)

Date
1/10/2004

Full name of contributor out-of-state PAC (ID#)
Bernice Barnett

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
1138 Richardine
Austin, Texas 78723

Principal occupation (Optional)

Employer (Optional)

Date
1/10/2004

Full name of contributor out-of-state PAC (ID#)
Charles Pennie

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
3005 Suswuenhama
Austin, Texas 78723

Principal occupation (Optional)

Employer (Optional)

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 A1

(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1. Total pages this Schedule A1: 7 of 11	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission Form) 00000	
4 Date 1/10/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tracy Dove 6 Contributor address: City: State: Zip Code 802 Cisco Valley Round Rock, Texas 78664	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth & Lisa Dennis Contributor address: City: State: Zip Code 12317 Thompkins Drive Austin, Texas 78753	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adrian White Contributor address: City: State: Zip Code 7402 Crystal Brooke Austin, Texas 78723	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tonya Dugat Wickhiff Contributor address: City: State: Zip Code 16016 Fitchburg Pflugerville, Texas 78660	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandra Solis Contributor address: City: State: Zip Code 2100 East 17th Street Austin, Texas 78702	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-COH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:
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2 FILER NAME

Kathy Smith

3 ACCOUNT # (Ethics Commission files)

00000

4 Date
1/10/2004

5 Full name of contributor out-of-state PAC (ID# _____)

Vickie Hall

6 Contributor address: City: State: Zip Code

2811 Yandale
Austin, Texas 78748

7 Amount of
contribution (\$)

20.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/10/2004

Full name of contributor out-of-state PAC (ID# _____)

Wendell Hogan

Contributor address: City: State: Zip Code

807 King Albert
Austin, Texas 78745

Amount of
contribution (\$)

20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/10/2004

Full name of contributor out-of-state PAC (ID# _____)

Kendra Wilson

Contributor address: City: State: Zip Code

6624 Piedras Blanco Drive
Austin, Texas 78747

Amount of
contribution (\$)

20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/10/2004

Full name of contributor out-of-state PAC (ID# _____)

Eric Brown

Contributor address: City: State: Zip Code

1301 Thornridge
Austin, Texas 78758

Amount of
contribution (\$)

20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/10/2004

Full name of contributor out-of-state PAC (ID# _____)

Barry & Lisa Kincart

Contributor address: City: State: Zip Code

2001 Marcus Abrams Blvd
Austin, Texas 78748

Amount of
contribution (\$)

40.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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 A1

(FOR FORMS C/DH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME
Kathy Smith

3 ACCOUNT # (Ethics Commission files)

00000

4 Date
1/10/2004

5 Full name of contributor out-of-state PAC (ID# _____)

Jamar Dugot

6 Contributor address: City: State: Zip Code

16016 Fitchburg
Pflugerville, Texas 78660

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
1/10/2004

Full name of contributor out-of-state PAC (ID# _____)

Henry Ella Sneed

Contributor address: City: State: Zip Code

6004 Garden View Drive
Austin, Texas 78724

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
1/10/2004

Full name of contributor out-of-state PAC (ID# _____)

Nancy Hudson

Contributor address: City: State: Zip Code

2304 Maple Avenue
Waco, Texas 78707

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
1/10/2004

Full name of contributor out-of-state PAC (ID# _____)

Myra Sampson

Contributor address: City: State: Zip Code

1332 Elliot Ranch Road
Buda, Texas 78610

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
1/10/2004

Full name of contributor out-of-state PAC (ID# _____)

Ray Barnes

Contributor address: City: State: Zip Code

11816 Barker Hills Drive
Manor, Texas 78653

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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 A1

(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 10 of 11	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission files) 00000	
4 Date 1/10/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharon Blaylock 6 Contributor address: City: State: Zip Code 12820 North Lamar # 1516 Austin, Texas 78753	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlos Ramirez Contributor address: City: State: Zip Code 605 W. Oltorf Austin, Texas 78704	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tory Mack Contributor address: City: State: Zip Code 7262 Coronado Circle Austin, Texas 78752	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Abron & Edith Mack Contributor address: City: State: Zip Code 11125 Seay Street Austin, Texas 78754	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Iesha Goodman Contributor address: City: State: Zip Code 12th Street and Chicon Austin, Texas	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages (this Schedule A1):

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2 FILER NAME

Kathy Smith

3 ACCOUNT # (Ethics Commission Refs):

00000

4 Date

1/10/2004

5 Full name of contributor

Deborah King

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

5812 Tributary Ridge Road
Austin, Texas 78759

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/10/2004

Full name of contributor

W. Raymond Bryant

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1918 Dapplegrey Lane
Austin, Texas 78758

Principal occupation (Optional)

Employer (Optional)

Date

11/6/2003

to
1/14/2004

Full name of contributor

Mark Sampson

out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

605 West Oltorf Street
Austin, Texas 78704

Use of office space
for campaign
headquarters

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1 of 3
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 12/5/2003	5 Payee name Austex Printing & Mailing 6 Payee address: City: State: Zip Code 2431 Forbes Dr. Austin, Texas 78754	7 Amount (\$) 188.91
8 Purpose of payment (See instructions regarding type of information required.) Magnetic Banners for campaign		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/17/2003	Payee name Frost National Bank/ Clarke American Payee address: City: State: Zip Code Hwy 183 at North I H 35 Austin, Texas 78754	Amount (\$) 71.50
Purpose of payment (See instructions regarding type of information required.) Checks for campaign expenditures		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/29/2003	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 706 W. MLK Blvd. Suite 8 Austin, Texas 78701	Amount (\$) 350.00
Purpose of payment (See instructions regarding type of information required.) Filing fee to be placed on ballot		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/29/2003	Payee name Home Depot Payee address: City: State: Zip Code 7211 N.I.H. 35 Austin, Texas 78752	Amount (\$) 78.28
Purpose of payment (See instructions regarding type of information required.) supplies for campaign signs		-- 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 of 3
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 1/02/2004	5 Payee name Kinkos 6 Payee address: City: State: Zip Code 6406 N IH 35 Austin, Texas 78752	7 Amount (\$) 32.75
8 Purpose of payment (See instructions regarding type of information required.) Tickets for fundraiser		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/3/2004	Payee name Kinkos Payee address: City: State: Zip Code 6406 N IH 35 Austin, Texas 78752	Amount (\$) 127.00
Purpose of payment (See instructions regarding type of information required.) Copies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/11/2004	Payee name Kinkos Payee address: City: State: Zip Code 6406 N IH 35 Austin, Texas 78752	Amount (\$) 157.80
Purpose of payment (See instructions regarding type of information required.) Copies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/11/2004	Payee name HEB Payee address: City: State: Zip Code 6001 W. Parmer Ln Austin, Texas 78754	Amount (\$) 48.45
Purpose of payment (See instructions regarding type of information required.) Refreshments for headquarters		-- 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:
3 of 3

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
Kathy Smith 00000

4 Date 1/14/2004	5 Payee name Sharon Blaylock 6 Payee address: City: State: Zip Code 12820 N. Lamar # 1516 Austin, Texas 78753	7 Amount (\$) 44.38
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** 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

The instruction Guide explains how to complete this form.		1 Total pages Schedule G: 1 of 4
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission files) 00000
4 Date 11/12/2003	5 Payee name Leadership Austin 6 Payee address: City: State: Zip Code P.O. Box 1967 Austin, Texas 78767 7 Purpose of expenditure (See instructions regarding type of information required.) Assistance with Managing campaign	8 Amount (\$) 145.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/23/2003	Payee name Kinkos Payee address: City: State: Zip Code 6406 N IH-35 Austin, Texas 78752 Purpose of expenditure (See instructions regarding type of information required.) Copies	Amount (\$) 127.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/4/2003	Payee name Network Solutions Payee address: City: State: Zip Code 10 Azalea Drive Drums, PA 18222 Purpose of expenditure (See instructions regarding type of information required.) Website for Campaign	Amount (\$) 35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/5/2003	Payee name Addr.com Greenwood Vilco Payee address: City: State: Zip Code 5575 DTC Parkway Suite 100 Greenwood Village, Co 80111 Purpose of expenditure (See instructions regarding type of information required.) Website for Campaign	Amount (\$) 7.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/14/2003	Payee name Kinkos Payee address: City: State: Zip Code 6406 N IH-35 Austin, Texas 78752 Purpose of expenditure (See instructions regarding type of information required.) Signs for campaign	Amount (\$) 30.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:
2 of 4

2 FILER NAME
Kathy Smith

3 ACCOUNT # (Ethics Commission files)
00000

4 Date	5 Payee name	6 Payee address: City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)	12 <input type="checkbox"/> Reimbursement from political contributions intended
12/17/2003	Just In Time	1109 West Park Street Cedar Park, Texas	Signs for Campaign	1477.61	<input checked="" type="checkbox"/>
12/18/2003	Evergreen Studios	5416 Parkcrest Dr. Suite 600 Austin, Texas 78731	Pictures for campaign	194.85	<input checked="" type="checkbox"/>
12/19/2003	Evergreen Studios	5416 Parkcrest Dr. Suite 600 Austin, Texas 78731	Pictures for campaign	32.48	<input checked="" type="checkbox"/>
12/20/2003	Mitchie's Balck Art	5706 Manor Road Austin, Texas 78751	political event	51.00	<input checked="" type="checkbox"/>
12/21/2003	Office Depot	816 Tirado St Austin, Texas 78752	copies	45.96	<input checked="" type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:
3 of 4

2 FILER NAME
Kathy Smith

3 ACCOUNT # (Ethics Commission files)
00000

4 Date	5 Payee name 6 Payee address: City, State, Zip Code	8 Amount (\$)
12/29/2003	Travis County Democratic Party 706 W. MLK BLVD Suite 8 Austin, Texas 78701	900.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Filing fee for Ballot	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/4/2004	Sam's Club 9700 N Capital of Texas Hwy Austin, Texas 78759	26.93
	Purpose of expenditure (See instructions regarding type of information required.) Refreshments for Headquarters	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/4/2004	HEB 6001 W. Parmer Ln Austin, Texas 78752	32.87
	Purpose of expenditure (See instructions regarding type of information required.) Refreshments for headquarters	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/4/2004	Kinkos 6406 N. IH-35 Austin, Texas 78752	27.90
	Purpose of expenditure (See instructions regarding type of information required.) Copies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/5/2004	Millennium Youth Entertainment Center 1156 Hargrave Street Austin, Texas 78702	611.70
	Purpose of expenditure (See instructions regarding type of information required.) Kickoff Campaign Fundraiser	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
4 of 4

2 FILER NAME
Kathy Smith

3 ACCOUNT # (Ethics Commission files)
00000

4 Date	5 Payee name Payee address; City; State; Zip Code	8 Amount (\$)
1/7/2004	United States Postal Service South Congress Station Austin, Texas 78704	6.66
	7 Purpose of expenditure (See instructions regarding type of information required.) Stamps	<input type="checkbox"/> Reimbursement from political contributions intended
1/7/2004	Home Depot 7211 N IH 35 Service Road NorthBound Austin, Texas 78752	18.12
	Purpose of expenditure (See instructions regarding type of information required.) Stakes for signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/8/2004	Kinkos 6406 N. IH 35 Austin, Texas 78752	11.95
	Purpose of expenditure (See instructions regarding type of information required.) Copies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/8/2004	Office Depot 816 Tirado Street Austin, Texas 78752	18.22
	Purpose of expenditure (See instructions regarding type of information required.) office supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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