


1914-15

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Kathy Smith		16 ACCOUNT # (Ethics Commission Form) 00000
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- 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 checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME Kathy Bedford Smith Campaign
	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		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1125.00
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 2678.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 719.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
19 AFFIDAVIT		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">  <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="flex-grow: 1;"> <p>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.</p> <p style="text-align: center; font-size: large; font-family: cursive;">Kathy Smith</p> <p style="text-align: center; font-size: small;">Signature of Candidate or Officeholder</p> </div> </div>		
<p>Sworn to and subscribed before me, by the said <u>Kathy Bedford Smith</u> this the <u>9th</u> day of <u>February</u>, 20<u>07</u>, to certify which, witness my hand and seal of office.</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; font-size: small;"> Signature of officer administering oath </div> <div style="width: 30%; font-size: small;"> Printed name of officer administering oath </div> <div style="width: 30%; font-size: small;"> Title of officer administering oath </div> </div> <p style="font-size: large; font-family: cursive; text-align: center;">Cindy E. Saenz, Notary Public for State of Texas</p>		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 3	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission file) 00000	
4 Date 1/16/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. & Mrs. John Sampson 6 Contributor address; City, State, Zip Code 1332 Elliot Ranch Road Buda, Texas 78610	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 1/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texanna Davis Contributor address; City, State, Zip Code 301 W. Overlook Mountain Buda, Texas 78610	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. & Mrs. Tyson Contributor address; City, State, Zip Code 1010 West Rundberg Lane Austin, Texas 78758	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reverend David Carothers Contributor address; City, State, Zip Code 1610 Ulit Avenue Austin, Texas 78702	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robyn R. Trevino Contributor address; City, State, Zip Code 1417 Merchants Tale Lane Austin, Texas 78748	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
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 of 3
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission Use) 00000
4 Date 1/17/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda & Op Williams 6 Contributor address; City, State, Zip Code P.O. Box 9089 Amarillo, Texas 79105	7 Amount of contribution (\$) \$ 30.00 8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)
Date 1/18/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. & Mrs. Sidney Bedford Contributor address; City, State, Zip Code 3409 Peavy Drive Austin, Texas 78725	Amount of contribution (\$) \$ 50.00 In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 1/21/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. & Mrs. Frederick Williams Contributor address; City, State, Zip Code 9902 Dorset Drive Austin, Texas 78753	Amount of contribution (\$) \$ 25.00 In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 1/21/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Willie Joe Madison Contributor address; City, State, Zip Code P.O.Box 140212 Austin, Texas 78714	Amount of contribution (\$) \$ 25.00 In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 1/23/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Attorney Joe Taylor Contributor address; City, State, Zip Code 906 Nueces Austin, Texas 78701	Amount of contribution (\$) \$ 250.00 In-kind contribution description (if applicable)
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: 3 of 3	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission Use) 00000	
4 Date 1/27/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Jana Emmons 6 Contributor address; City; State; Zip Code 1029 Wisteria Trail Austin, Texas 78704	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 2/1/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Beverly Griffith Contributor address; City; State; Zip Code 3711 Taylors Drive Austin, Texas 78703	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Melinda Maldonado Contributor address; City; State; Zip Code 2633 Barton Hills Drive Austin, Texas 78704	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/17/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Angela Dukes Contributor address; City; State; Zip Code 510 Walker Street Marlin, Texas 76661	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP)	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: 1 of 6	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission file) 00000	
4 Date 1/15/04	5 Payee name Athletic Uniform 6 Payee address: City: State: Zip Code 4200 South First Street Austin, Texas 78745	7 Amount (\$) \$ 311.75	
8 Purpose of payment (See instructions regarding type of information required.) Advertisement		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/15/04	Payee name A Sign Company Payee address: City: State: Zip Code 3720 S. Congress Avenue Austin, Texas 78704	Amount (\$) \$ 62.14	
Purpose of payment (See instructions regarding type of information required.) Advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/16/04	Payee name Joyce Best Payee address: City: State: Zip Code 11400 Ashprington Cv, Austin, Texas 78754	Amount (\$) \$ 40.00	
Purpose of payment (See instructions regarding type of information required.) Advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/16/04	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 706 West MLK BLVD Suite 8 Austin, Texas 78701	Amount (\$) \$ 100.00	
Purpose of payment (See instructions regarding type of information required.) Filing Dinner		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES		SCHEDULE F	
The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 of 6	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission file) 00000	
4 Date 1/18/04	5 Payee name Office Depot ----- 6 Payee address; City; State; Zip Code 816 Tirado Street Austin, Texas 78752	7 Amount (\$) \$ 83.24	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/19/04	Payee name Opinion Analyst ----- Payee address; City; State; Zip Code 906 Rio Grande Austin, Texas 78701	Amount (\$) \$ 143.47	
Purpose of payment (See instructions regarding type of information required.) Walk list		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/19/04	Payee name Pat Carter ----- Payee address; City; State; Zip Code 6449 East Hwy 290 Suite A-113 Austin, Texas 78723	Amount (\$) \$ 250.00	
Purpose of payment (See instructions regarding type of information required.) Rent for campaign headquarters		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/19/04	Payee name Kinkos ----- Payee address; City; State; Zip Code 6409 N. IH- 35 Austin, Texas 78752	Amount (\$) \$ 31.37	
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	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES		SCHEDULE F	
The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3 of 6	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission Use) 00000	
4 Date 1/21/04	5 Payee name Mapco Map & Travel ----- 6 Payee address; City; State; Zip Code 6406 N IH-35 #1301 Austin, Texas 78752		7 Amount (\$) \$ 34.59
8 Purpose of payment (See instructions regarding type of information required.) Map for walk list		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/21/04	Payee name Kinkos ----- Payee address; City; State; Zip Code 6406 N IH-35 Austin, Texas 78753		Amount (\$) \$50.27
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 1/25/04	Payee name Home Depot ----- Payee address; City; State; Zip Code 7211 N- IH 35 Service Road Northbound Austin, Texas 78752		Amount (\$) \$ 9.40
Purpose of payment (See instructions regarding type of information required.) Keys to campaign headquarters		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/27/04	Payee name US Postal Service ----- Payee address; City; State; Zip Code South Austin Finance Unit Austin, Texas 78704		Amount (\$) \$ 74.00
Purpose of payment (See instructions regarding type of information required.) Stamps for mailouts		-- 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:
4 of 6

2 FILER NAME
Kathy Smith

3 ACCOUNT # (Ethics Commission Use)
00000

4 Date 1/30/04	5 Payee name Kinkos 6 Payee address; City; State; Zip Code 6406 N IH-35 Austin, Texas 78752	7 Amount (\$) \$ 57.46
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8 Purpose of payment (See instructions regarding type of information required.) Copies	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 1/30/04	Payee name Xpedx Payee address; City; State; Zip Code 6100 Airport Blvd Austin, Texas 78752	Amount (\$) \$ 19.26
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Purpose of payment (See instructions regarding type of information required.) Thank you notes for campaign	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 1/25/04	Payee name Home Depot Payee address; City; State; Zip Code 13309 I-35 North Austin, Texas 78753	Amount (\$) \$ 38.31
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Purpose of payment (See instructions regarding type of information required.) supplies for signs	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 1/31/04	Payee name HEB Payee address; City; State; Zip Code 6001 W.Parmer Lane Austin, Texas 78752	Amount (\$) \$ 43.69
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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: 5 of 6	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission file) 00000	
4 Date 2/1/04	5 Payee name Pizza Hut 6 Payee address: City; State; Zip Code 1425 Rundberg Austin, Texas 78752	7 Amount (\$) \$ 36.78	
8 Purpose of payment (See instructions regarding type of information required.) Refreshments for headquarters		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/4/04	Payee name Frost National Bank Payee address: City; State; Zip Code Hwy 183 at North IH 35 Austin, Texas 78754	Amount (\$) \$15.00	
Purpose of payment (See instructions regarding type of information required.) Bank Fees for account		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/6/04	Payee name Victory Store.com Payee address: City; State; Zip Code 5200 S.W. 30th Street Davenport, LA 52802	Amount (\$) \$446.15	
Purpose of payment (See instructions regarding type of information required.) Campaign signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/6/04	Payee name Kinkos Payee address: City; State; Zip Code 6406 N IH 35 Austin, Texas 78752	Amount (\$) \$ 486.04	
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	
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POLITICAL EXPENDITURES		SCHEDULE F	
The instructions Q uest explain how to complete this form.		1 Total pages Schedule F: 6 of 6	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission Form) 00000	
4 Date 2/6/04	5 Payee name A Sign Company 6 Payee address; City; State; Zip Code 3720 S. Congress Avenue Austin, Texas 78704	7 Amount (\$) \$ 249.23	
8 Purpose of payment (See instructions regarding type of information required.) Advertisement		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/7/04	Payee name Randall's 6 Payee address; City; State; Zip Code 6800 Berkman Austin, Texas 78723	Amount (\$) \$ 20.66	
Purpose of payment (See instructions regarding type of information required.) Refreshment for headquarters		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/7/04	Payee name Angela Organ 6 Payee address; City; State; Zip Code 1801 Adena Street Austin, Texas 78721	Amount (\$) \$ 75.00	
Purpose of payment (See instructions regarding type of information required.) Advertisement Tape		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name 6 Payee address; City; State; Zip Code	Amount (\$)	
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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