

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5671

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Use) 00000	2 Total pages filed: 1 of 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Kathy E MIDDLENAME LAST SUFFIX Bedford Smith	OFFICE USE ONLY Date Received: MAR - 1 PM 12:11 Date Hand-delivered or Date Postmarked: RECEIVED Answer Date Processed Case Logged FOR RECORD	
4 CAMPAIGN / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	APT / SUITE # CITY STATE ZIP CODE 6702 Carisbrooke Lane Austin, Texas 78754		
5 CAMPAIGN / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 278-1654 N/A		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Demitra N MIDDLENAME LAST SUFFIX Dean		
7 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		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 750-3237		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 20th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer appointment (Officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FF)		
10 PERIOD COVERED	Month Day Year 2 / 9 2004 THROUGH Month Day Year / / 3 1 2004		
11 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	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE # (From FF report) Travis County Commissioner Precinct 1	
14 OFFICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	* If any individual expenditures are reported, please indicate by whom and the amount, with their consent or approval. Candidates are required to disclose this information only if they receive contributions for direct campaign expenditures. * 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**

16 C/OH NAME
Kathy Smith

16 ACCOUNT # (Ethics Commission Used)
00000

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 / 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 page

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)

\$ 1960.00

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1319.37

CONTRIBUTION BALANCE

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

\$ 1527.57

OUTSTANDING LOAN TOTALS

6. TOTAL FINANCIAL AMOUNTS OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



PATRICIA I. CRAMER
Notary Public, State of Texas
My Commission Expires
FEBRUARY 10, 2006

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 Kathy Smith, this the 1st day of March 20 04, to certify which, witness my hand and seal of office.

Patricia I. Cramer

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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 2	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission Form) 00000	
4 Date 2/9/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. John Bridges	7 Amount of contribution (\$) \$ 60.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 2308 Billy Fiske Lane Austin, Texas 78748			
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 2/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. Keith Reynolds	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 13102 Fieldgate Drive Austin, Texas 78753			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. Dexter Gilford	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 11331 Canterbury Tales Austin, Texas 78748			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elsie & Melvin Craven	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1112 Cripple Creek Drive Austin, Texas 78758			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Carter/ United Contractor Services	Amount of contribution (\$) \$1200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6448 E. Highway 290 Suite A-113 Austin, Texas 78723			
Principal occupation / Job title (See instructions) Non- Incorporated		Employer (See instructions)	
<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 A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 2

2 FILER NAME
Kathy Smith

3 ACCOUNT # (Ethics Commission form)
00000

4 Date
2/20/04

5 Full name of contributor out-of-state PAC (DF: _____)
Lisa Patridge

7 Amount of contribution (\$)
\$ 25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2613 Sunburst Drive
Midland, Texas 79707

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date
2/20/04

Full name of contributor out-of-state PAC (DF: _____)
Mr. Ronnie Belk

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9006 Jolly Hollow
Austin, Texas 78750

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/28/04

Full name of contributor out-of-state PAC (DF: _____)
Mrs. Marilyn Dukes

Amount of contribution (\$)
\$ 50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 936
Marlin, Texas 76661

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (DF: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (DF: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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 EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 of 4

2 FILER NAME

Kathy Smith

3 ACCOUNT # (Ethics Commission Form)

00000

4 Date	5 Payee name	7 Amount (\$)
2/25/04	Michael Okedokum	\$ 200.00
	6 Payee address: City: State: Zip Code P.O. Box 624 Hutto, Texas 78634	

8 Purpose of payment (See instructions regarding type of information required.) Website designer	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
2/26/04	Nokoa	\$ 150.00
	6 Payee address: City: State: Zip Code 1154 Angelina Street Austin, Texas 78702	

8 Purpose of payment (See instructions regarding type of information required.) Political Advertisement	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
2/27/04	Post Master	\$ 185.00
	6 Payee address: City: State: Zip Code GMF Station Austin, Texas 78710	

8 Purpose of payment (See instructions regarding type of information required.) Postage	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
2/27/04	Kinkos	\$ 10.15
	6 Payee address: City: State: Zip Code 6409 N. IH- 35 Austin, Texas 78752	

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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 1 of 4
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2 FILER NAME Kathy Smith	3 ACCOUNT # (State Commission Form) 00000
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4 Date 2/20/04	5 Payee name Manor Messenger 6 Payee address; City; State; Zip Code P.O. Box 304 Manor, Texas 78653	7 Amount (\$) \$ 50.00
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8 Purpose of payment (See instructions regarding type of information required.) Advertisement	9 -- Complete if direct expenditure to benefit CAOH -- Candidate / Officeholder name Office sought Office held
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Date 2/17/04	Payee name Pat Carter Payee address; City; State; Zip Code 6448 E. Hwy 290 Suite A-113 Austin, Texas 78723	Amount (\$) \$ 250.00
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Purpose of payment (See instructions regarding type of information required.) Rent for headquarters	-- Complete if direct expenditure to benefit CAOH -- Candidate / Officeholder name Office sought Office held
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Date 2/20/04	Payee name Insty Prints Payee address; City; State; Zip Code 6448 Hwy 290 E Suite A-112 Austin, Texas 78723	Amount (\$) \$ 290.00
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Purpose of payment (See instructions regarding type of information required.) Copies	-- Complete if direct expenditure to benefit CAOH -- Candidate / Officeholder name Office sought Office held
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Date 2/20/04	Payee name Office Depot Payee address; City; State; Zip Code 2101 South Lamar Austin, Texas 78704	Amount (\$) \$ 55.55
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Purpose of payment (See instructions regarding type of information required.) Office Supplies	-- Complete if direct expenditure to benefit CAOH -- Candidate / Officeholder name Office sought Office held
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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 4
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission Form) 00000
4 Date 2/28/04	5 Payee name Postmaster 6 Payee address; City, State, Zip Code GMF Station Austin, Texas 78710	7 Amount (\$) \$ 74.00
8 Purpose of payment (See instructions regarding type of information required.) Postage	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/28/04	Payee name Kinkos Payee address; City, State, Zip Code 6406 N IH-35 Austin, Texas 78753	Amount (\$) \$ 10.80
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 2/28/04	Payee name Office Depot Payee address; City, State, Zip Code 2101 South Lamar Austin, Texas 78704	Amount (\$) \$ 8.65
Purpose of payment (See instructions regarding type of information required.) Office Supplies	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/29/04	Payee name Randalls Payee address; City, State, Zip Code 6800 Berkman Drive Austin, Texas 78723	Amount (\$) \$ 6.34
Purpose of payment (See instructions regarding type of information required.) Supplies for headquarters	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH PHOTOGRAPHIC COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4 of 4	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission form) 00000	
4 Date 2/29/04	5 Payee name Pizza Hut 6 Payee address: City: State: Zip Code Cameron Road Austin, Texas 78723	7 Amount (\$) \$ 28.88	
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	Payee name 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	
Date	Payee name 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	
Date	Payee name 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	

ANY FORM MISSING OR INCOMPLETE WILL BE REJECTED