

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5815

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:

1 of 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME
Mrs.

Kathy

E

Bedford

Smith

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS

Date Hand-Delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6702 Carisbrooke Lane
Austin, TX. 78754

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

278-1654

N/A

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME
Mrs.

Demitra

N.

Dean

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3502 Hawk View Cove Dard Rock, TX. 79064

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

750-3237

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

3 / 2 / 04

THROUGH

Month

Day

Year

6 / 30 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 9 / 04

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Travis County Commissioner Prec!

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

Kathy Smith

16 ACCOUNT # (Ethics Commission files)

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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Kathy Bedford Smith Campaign

COMMITTEE ADDRESS

6449 E. Hwy 240 Suite A-113
Austin, TX. 78723

COMMITTEE CAMPAIGN TREASURER NAME

Demitra N. Dean

COMMITTEE CAMPAIGN TREASURER ADDRESS

3502 Hawkview Cove Round Rock, TX

78004

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)

\$ 230.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1094.39

CONTRIBUTION BALANCE

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

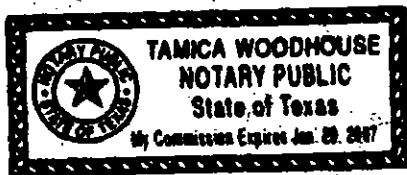
\$ 0

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Bedford Smith
Signature of Candidate or Officeholder

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

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 filers)

00000

4 Date

3/4/04

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

Angie Bedford

7 Amount of contribution (\$)

30.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

5008 Imperial Dr. N.
Austin, TX. 78724

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/4/04

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

Day Barnes

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

11816 Barkus Hill
Manor, TX. 76053

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/04

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

Lakeisha White

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6705 Canhamode Ln.
Austin, TX. 78754

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/04

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

Emmitt Hayes Jr.

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4001 Turquoise Cove
Austin, TX. 78744

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/04

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

Stephen Stephanie Griffith

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3003 Wade Avenue
Austin, TX. 78703

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 2	
2 FILER NAME Kathy Smith		3 ACCOUNT # (Ethics Commission filers): 00000	
4 Date 3/4/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Blake Yelavich	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) donated space for fundraiser
6 Contributor address: City: State: Zip Code 2826 Deal Street Austin, TX. 78722			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):	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 <input type="checkbox"/> out-of-state PAC (ID#):	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 <input type="checkbox"/> out-of-state PAC (ID#):	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 <input type="checkbox"/> out-of-state PAC (ID#):	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:

1 of 3

2 FILER NAME

Nathny Smith

3 ACCOUNT # (Ethics Commission filers)

00000

4 Date

3.2.04

5 Payee name

Manar messenger

7 Amount (\$)

40.00

6 Payee address: City: State: Zip Code

manar, TX 78653

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

3.2.04

Payee name

office depot

Amount (\$)

8.65

Payee address: City: State: Zip Code

*2101 South Lamar
Austin, TX 78704*

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

3.2.04

Payee name

Postmark

Amount (\$)

222.00

Payee address: City: State: Zip Code

*GMF Station
Austin, TX 78710*

Purpose of payment (See instructions regarding type of information required.)

postage for campaign mailouts

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3.2.04

Payee name

office max

Amount (\$)

34.63

Payee address: City: State: Zip Code

*5457-13 North IH 35
Austin, TX 78723*

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

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 3

2 FILER NAME

Danny Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/04

5 Payee name

Sam's

6 Payee address: City: State: Zip Code

9700 Capital of TX. Hwy 78754

7 Amount (\$)

157.18

8 Purpose of payment (See instructions regarding type of information required.)

Measurments for fundraisn

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3.4.04

Payee name

Dollar General Store

Payee address: City: State: Zip Code

Braker Lane Austin, TX

Amount (\$)

26.52

Purpose of payment (See instructions regarding type of information required.)

decorations for fundraisn

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3/9/04

Payee name

Sam's

Payee address: City: State: Zip Code

9700 Capital of TX. Hwy. 78754

Amount (\$)

71.50

Purpose of payment (See instructions regarding type of information required.)

Measurments for fundraisn

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3/9/04

Payee name

Arts on Real

Payee address: City: State: Zip Code

2826 Realia
~~Measurments for fundraisn~~
Austin, TX. 78722

Amount (\$)

50.00

Purpose of payment (See instructions regarding type of information required.)

Measurments for fundraisn

** 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 3

2 FILER NAME:

3 Kathy Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-5-04

Frost National Bank

15.00

6 Payee address: City: State: Zip Code

P.O. Box 1727 Austin, TX. 78767

8 Purpose of payment (See instructions regarding type of information required.)

monthly service charge

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officer/holder name Office sought Office held

Date

Payee name

Amount (\$)

4-14-04

Kathy Smith

469.91

Payee address: City: State: Zip Code

6702 Carismade Lane
Austin, TX. 78754

Purpose of payment (See instructions regarding type of information required.)

Reimbursement of personal funds spent on campaign

** Complete if direct expenditure to benefit C/OH **
Candidate / Officer/holder 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 / Officer/holder 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 / Officer/holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Hathy Smith

2 ACCOUNT # (Ethics Commission filers)

00000

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Hathy Smith

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Hathy Smith

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder