

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr
FIRST: Michael
MI: G
NICKNAME: "Mike"
LAST: Smith
SUFFIX:

OFFICE USE ONLY

Date Received

Date Hand Delivered / Date Postmarked

Receipt #

Date Processed

Date Imaged

FILED FOR RECORD
KAUFMAN CO. TEXAS
2006 JUL 14 PM 2:30
LANE A. HUGHES
COUNTY CLERK
BY: DEPUTY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 201 Timber Court #404
APT / SUITE #: #404
CITY: Terrell, TX
STATE: TX
ZIP CODE: 75160

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (469)
PHONE NUMBER: 628-4163
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr
FIRST: Russell
MI: W
NICKNAME: "Rusty"
LAST: Samples
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 404 Laurel Trail North
APT / SUITE #: #404
CITY: Terrell, TX
STATE: TX
ZIP CODE: 75160

8 CAMPAIGN TREASURER PHONE

AREA CODE: (972)
PHONE NUMBER: 524-3372
EXTENSION:

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: 02 / 28 / 06 THROUGH Month Day Year: 06 / 30 / 06

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 07 / 06

ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JP Precent 3

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

Michael G. "Mike" 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ *400.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *400.00*

EXPENDITURE TOTALS

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

\$ *87.50*

4. TOTAL POLITICAL EXPENDITURES

\$ *636.50*

CONTRIBUTION BALANCE

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

\$ *148.40*

OUTSTANDING LOAN TOTALS

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

\$ *0*

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.

Michael G. Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL G. SMITH, this the 14 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



KATHY E. COOK
Notary Public
State of Texas

My Comm. Expires 03-25-08

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: /

2 FILER NAME

Michael G. "Mike" Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/02/06

5 Payee name

Terrell Tribune

7 Amount (\$)

\$ 315.00

6 Payee address; City; State; Zip Code

PO Box 669 Terrell, TX 75160

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

Political Advertisements

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

Candidate / Officeholder name Office sought Office held

Date

06/14/06

Payee name

United States Post Office

Amount (\$)

\$ 234.00

Payee address; City; State; Zip Code

Terrell, TX 75160

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

Stamps for mailing

-- 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED