

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: <i>4 / 4 AM</i></p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: <i>Mr</i> FIRST: <i>Michael</i> MI: <i>G</i> NICKNAME: <i>Mike</i> LAST: <i>Smith</i> SUFFIX:</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received: <i>2008 JAN 12 12:40</i> FILED FOR RECORD KAUFMAN CO. TEXAS CLERK AUSTIN, TEXAS</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>201 Timber Court #404 Terrell, TX 75160</i></p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <i>(469) 628-4163</i></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: <i>Mr.</i> FIRST: <i>Russell</i> MI: <i>W</i> NICKNAME: <i>Busty</i> LAST: <i>Samples</i> SUFFIX:</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>404 Laurel Trail North Terrell, Texas 75160</i></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <i>(972) 524-3372</i></p>		
<p>9 REPORT TYPE</p>	<p><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 C/OH - FR)</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year <i>07 / 01 / 2005 12 / 31 / 05</i></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE Month Day Year <i>03 / 07 / 06</i></p>	<p>ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>	
<p>12 OFFICE OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known) <i>JP Precinct 3</i></p>		
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p>	<p>.. 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. ..</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p> <p><input type="checkbox"/> additional pages</p>		

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 filers)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1,430.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,430.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 127.70

4. TOTAL POLITICAL EXPENDITURES \$ 827.70

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,602.30

OUTSTANDING LOAN TOTALS

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

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.

(X) Michael G (Mike) Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MIKE SMITH, this the 11 day of JAN, 20 06, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

MARIA E. ESTES
Printed name of officer administering oath

OFFICE MANAGER
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

2 FILER NAME Michael G "Mike" Smith 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/15/05</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Michael G Smith</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>201 Timber Court #404 Terrell, TX 75160</u>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>10/29/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Russell W. Samples</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>404 Laurel Trail North Terrell, TX 75160</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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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

2 FILER NAME Michael G. "Mike" Smith 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<u>12/02/05</u>	<u>Nixon Notes</u>	<u>\$ 350.00</u>
	6 Payee address; City; State; Zip Code	
	<u>10140 CR 4084 Scarry, TX 75158</u>	

8 Purpose of payment (See instructions regarding type of information required.) <u>Graphic Artwork / Logo Design</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
<u>12/13/05</u>	<u>S M Designs</u>	<u>2350.00</u>
	Payee address; City; State; Zip Code	
	<u>1125 South Virginia Terrell, TX 75160</u>	

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

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	Amount (\$)
	Payee address; City; State; Zip Code	

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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED