

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr</i> FIRST: <i>Michael</i> MI: <i>G</i> NICKNAME: <i>"Mike"</i> LAST: <i>Smith</i> SUFFIX:	OFFICE USE ONLY RECEIVED FOR RECORD OCT 31 A 12:54 COUNTY CLERK J. A. HUGHES TARRANT COUNTY, TEXAS Date Received: _____ Date Hand-delivered or Date E-mailed: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>201 Timber Court #404</i> <i>Terrell, TX 75160</i> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(469)</i> PHONE NUMBER: <i>628-4163</i> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr</i> FIRST: <i>Russell</i> MI: <i>W</i> NICKNAME: <i>"Rusty"</i> LAST: <i>Samuels</i> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>404 Laurel Trail North Terrell, TX 75160</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(972)</i> PHONE NUMBER: <i>524-3372</i> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>09 / 30 / 06</i> <i>10 / 28 / 06</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>09 / 07 / 06</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>JP Precent 3</i>	
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 _____		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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

\$ 650.00

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

\$ 1,700.00

EXPENDITURE TOTALS

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

\$ 283.33

4. TOTAL POLITICAL EXPENDITURES

\$ 2,796.82

CONTRIBUTION BALANCE

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

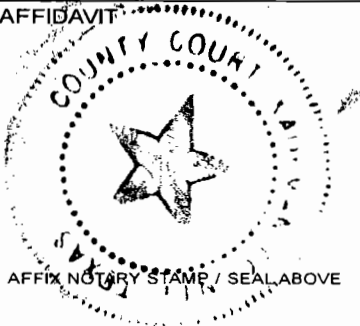
\$ 519.53

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. "Mike" Smith
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MICHAEL G. "Mike" Smith this the 30 day of October, 2006, to certify which, witness my hand and seal of office.

Jamie Swagerty
Signature of officer administering oath

JAMIE SWAGERTY
Printed name of officer administering oath

DEPUTY CLERK
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 10/02/06
 5 Full name of contributor out-of-state PAC (ID#: _____)
Greg Shupert
 6 Contributor address; City; State; Zip Code
503 Griffith Ave, Terrell, TX 75160

7 Amount of contribution (\$) \$200.00
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 10/11/06
 Full name of contributor out-of-state PAC (ID#: _____)
Kaufman County Republican Men PAC
 Contributor address; City; State; Zip Code
Kaufman, TX 75142

Amount of contribution (\$) \$600.00
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/16/06
 Full name of contributor out-of-state PAC (ID#: _____)
R. B. Pool
 Contributor address; City; State; Zip Code
611 Griffith Ave, Terrell, TX 75160

Amount of contribution (\$) \$250.00
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____
 Full name of contributor out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code

Amount of contribution (\$) _____
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____
 Full name of contributor out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code

Amount of contribution (\$) _____
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

2 FILER NAME Michael G. "Mike" Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date
09/30/06

5 Payee name
Terrell Tribune
6 Payee address; City; State; Zip Code
PO Box 669 Terrell, TX 75160

7 Amount (\$)
\$ 300.00

8 Purpose of payment (See instructions regarding type of information required.)
Political Advertisements
(If travel outside of Texas, complete Schedule T)

9 Complete if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

Date
10/17/06

Payee name
Paige Beasley
Payee address; City; State; Zip Code
#6 Hayne Circle Terrell, TX 75160

Amount (\$)
\$ 110.00

Purpose of payment (See instructions regarding type of information required.)
Contract Labor - Voters List Scrub
(If travel outside of Texas, complete Schedule T)

Complete if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

Date
10/17/06

Payee name
Mail Concepts, Inc
Payee address; City; State; Zip Code
2505 Merritt Drive Garland, TX 75041

Amount (\$)
\$ 1,180.00

Purpose of payment (See instructions regarding type of information required.)
Mailer / Postage
(If travel outside of Texas, complete Schedule T)

Complete if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

Date
10/18/06

Payee name
Terrell Tribune
Payee address; City; State; Zip Code
PO Box 669 Terrell, TX 75160

Amount (\$)
\$ 315.00

Purpose of payment (See instructions regarding type of information required.)
Political Advertisements
(If travel outside of Texas, complete Schedule T)

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: **2/2**

2 FILER NAME **Michael G. "Mike" Smith**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/19/06	5 Payee name Mail Concepts, Inc	7 Amount (\$) \$337.55
6 Payee address; City; State; Zip Code 2505 Merritt Drive Garland, TX 75041		

8 Purpose of payment (See instructions regarding type of information required.) Mailer / Postage (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/19/05	Payee name Mail Concepts, Inc	Amount (\$) \$150.00
Payee address; City; State; Zip Code 2505 Merritt Drive Garland, TX 75041		

Purpose of payment (See instructions regarding type of information required.) Postage fee (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/22/06	Payee name Elaine Smith	Amount (\$) \$120.00
Payee address; City; State; Zip Code 208 Grace Lane Terrell, TX 75160		

Purpose of payment (See instructions regarding type of information required.) Reimbursent for T-shirt purchase (If travel outside of Texas, complete Schedule T)	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.) (If travel outside of Texas, complete Schedule T)	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