CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST HOWARD	мі 5,	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
250	SMITH		
4 CANDIDATE / OFFICEHOLDER MAILING	No.	STATE: ZIP CODE	JAN 1 7 2017
ADDRESS Change of Address	1476	7910 2	XIL
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	CITY SECRETARY'S CITY OF AMARILLO
OFFICEHOLDER PHONE	(806) 358-8381	_	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS (MR) FIRST PAUL	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	MATNEY		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
ADDRESS (Residence or Business)	3918 EATON	AMARILLO TX	19109
(residence of Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 584-8229	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
COVERED		9000000 PM 100000000000000000000000000000	
	12 / 14 /2016	THROUGH 12 /	31/2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	0 / 0 / 20/7 +	Special	
12 OFFICE	OFFICE HELD (if any)	CITY COUNT	
			- PLACE 4
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME HOWARO SMITH 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ - \(\sigma - \)			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200,00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ -0-			
	4. TOTAL POLITICAL EXPENDITURES \$ 111.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S OF REPORTING PERIOD \$ 2.0			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
FRANCES HIBBS NOTARY PUBLIC, STATE OF TEXAS INV Commission Expires 08-19-2019 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. Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Howard CHIH , this the				
day of Squary, 20 /7 , to certify which, witness my hand and seal of office.				
Fronces Illis Frances AIBS City Secretary				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (E	thics Commission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0 -	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-	
4.	SCHEDULE E: LOANS	\$ -0-	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 111,00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH \$ - O -	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-	
			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	HOWARD SMITH	3 Filer ID (Ethics Commission Filers)		
4 Date 12-15- 2016	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
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 (\$)		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME HOWARD SMITH	3 Filer ID (Ethics Commission Filers)	
4 Date 12-15-2016	5 Payee name UPS STORE		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
111.00	1607 WOLFLIN AVENUE	, AMARILLO, TX 79109	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) PURCHASED A P.O.	(b) Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Box	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			