

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00051506	<b>2</b> Total pages filed: 6	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Richard Wayne	MI MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/14/2024
	NICKNAME Wayne	LAST Smith	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 122 N. Burnet Dr  Baytown, TX 77520-1104		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Brenda B.	MI MI	
	NICKNAME	LAST Smith	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 122 N. Burnet Dr.  Baytown, TX 77520			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 424-9817	EXTENSION	
<b>8</b> REPORT TYPE	<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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 07/01/2023	THROUGH		Month    Day    Year 12/31/2023
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) None		<b>12</b> OFFICE SOUGHT (if known) None	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Smith, Richard Wayne (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00051506
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.										
<table border="1" style="width:100%"> <tr> <td style="width:30%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>			
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>									
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>									
	<input type="checkbox"/> SPECIFIC										
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>											
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>											

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	900.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	17,299.66
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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.

\_\_\_\_\_  
 Mr. Richard Wayne Smith  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_ Signature of officer administering     
 \_\_\_\_\_ Printed name of officer administering     
 \_\_\_\_\_ Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Smith, Richard Wayne (Mr.)		<b>19 Filer ID</b> 00051506	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>	
NAME OF SCHEDULE			
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	900.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	26.95

# POLITICAL EXPENDITURES 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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/6	<b>2</b> FILER NAME Smith, Richard Wayne (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00051506
<b>4</b> Date 08/30/2023	<b>5</b> Payee name Friends of the Eddie V. Gray Wetlands Center	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 638  Baytown, TX 77522	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name Kiwanis Club of Baytown	
Amount (\$) \$50.00	Payee address; City; State; Zip Code PO Box 178  Baytown, TX 77522	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2023	Payee name Lee College Foundation	
Amount (\$) \$600.00	Payee address; City; State; Zip Code P.O. Box 818  Baytown, TX 77522	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 5/6
<b>2</b> FILER NAME Smith, Richard Wayne (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00051506
<b>4</b> Date 07/16/2023	<b>5</b> Name of person from whom amount is received Stellar Bank <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Beaumont, TX 77720-6017	<b>8</b> Amount (\$)  \$4.63
<b>7</b> Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 08/15/2023	Name of person from whom amount is received Stellar Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Beaumont, TX 77720-6017	Amount (\$)  \$4.48
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 09/17/2023	Name of person from whom amount is received Stellar Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Beaumont, TX 77720-6017	Amount (\$)  \$4.89
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/15/2023	Name of person from whom amount is received Stellar Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Beaumont, TX 77720-6017	Amount (\$)  \$3.99
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 11/15/2023	Name of person from whom amount is received Stellar Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Beaumont, TX 77720-6017	Amount (\$)  \$4.42
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 6/6
<b>2</b> FILER NAME Smith, Richard Wayne (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00051506
<b>4</b> Date 12/17/2023	<b>5</b> Name of person from whom amount is received Stellar Bank	<b>8</b> Amount (\$) \$4.54
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Beaumont, TX 77720-6017	
	<b>7</b> Purpose for which amount is received Interest earned	<input type="checkbox"/> Check if political contribution returned to filer