

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">6</div>																						
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width: 40%; font-size: 0.8em;">FIRST</td> <td style="width: 20%; font-size: 0.8em;">MI</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="text-align: center;">Robert</td> <td style="text-align: center;">J</td> <td colspan="2"></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="text-align: center;">Smith</td> <td></td> <td colspan="2"></td> </tr> </table>				MS / MRS / MR	FIRST	MI				Robert	J			NICKNAME	LAST	SUFFIX				Smith				OFFICE USE ONLY	
	MS / MRS / MR	FIRST	MI																							
	Robert	J																								
NICKNAME	LAST	SUFFIX																								
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<div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;">Date Received</div>																										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width: 20%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width: 20%; font-size: 0.8em;">CITY;</td> <td style="width: 10%; font-size: 0.8em;">STATE;</td> <td style="width: 10%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td>310 Faircrest Drive</td> <td></td> <td>Garland TX</td> <td></td> <td>75040</td> </tr> </table>				ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	310 Faircrest Drive		Garland TX		75040												
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 10%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width: 20%; font-size: 0.8em;">CITY;</td> <td style="width: 10%; font-size: 0.8em;">STATE;</td> <td style="width: 10%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td>310 Faircrest Drive</td> <td></td> <td>Garland TX</td> <td></td> <td>75040</td> </tr> </table>				STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	310 Faircrest Drive		Garland TX		75040												
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10 PERIOD COVERED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 0.8em;">Month</td> <td style="width: 10%; font-size: 0.8em;">Day</td> <td style="width: 10%; font-size: 0.8em;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%; font-size: 0.8em;">Month</td> <td style="width: 10%; font-size: 0.8em;">Day</td> <td style="width: 10%; font-size: 0.8em;">Year</td> </tr> <tr> <td>04</td> <td>29</td> <td>2017</td> <td style="text-align: center;">THROUGH</td> <td>07</td> <td>15</td> <td>2017</td> </tr> </table>				Month	Day	Year		Month	Day	Year	04	29	2017	THROUGH	07	15	2017								
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12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Garland City Council District 8																							

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 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.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Robert John Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 446.53
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 5001.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 454.09
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center; font-weight: bold;">1</div>
2 FILER NAME <div style="text-align: center; padding: 5px;">Robert John Smith</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5001.00
5 Date of loan <div style="text-align: center;">1/4/2017</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; padding: 5px;">Robert and April Smith</div>	9 Loan Amount (\$) <div style="text-align: center; padding: 5px;">\$5001.00</div>
6 Is lender a financial Institution? <div style="text-align: center;">Y <input type="checkbox"/> N <input checked="" type="checkbox"/></div>	8 Lender address; City; State; Zip Code <div style="text-align: center; padding: 5px;">310 Faircrest Drive Garland TX 75040</div>	10 Interest rate <div style="text-align: center;">0.00</div>
		11 Maturity date <div style="text-align: center;">n/a</div>
12 Principal occupation / Job title (See Instructions) <div style="text-align: center; padding: 5px;">Chief Information Security Officer</div>		13 Employer (See Instructions) <div style="text-align: center; padding: 5px;">Total Apps</div>
14 Description of Collateral <div style="text-align: center;"><input checked="" type="checkbox"/> none</div>		15 Check if personal funds were deposited into political account (See Instructions) <div style="text-align: center;"><input checked="" type="checkbox"/></div>
16 GUARANTOR INFORMATION <div style="text-align: center;"><input checked="" type="checkbox"/> not applicable</div>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <div style="text-align: center;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <div style="text-align: center;"><input type="checkbox"/> none</div>		Check if personal funds were deposited into political account (See Instructions) <div style="text-align: center;"><input type="checkbox"/></div>
GUARANTOR INFORMATION <div style="text-align: center;"><input type="checkbox"/> not applicable</div>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Robert John Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 06/01/2017		5 Payee name Facebook			
6 Amount (\$) \$20.00		7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/08/2017		Payee name Aristotle			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 205 Pennsylvania Ave SE Washington DC 20003			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Technology	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/08/2017		Payee name Siciliano's A Taste of Italy			
Amount (\$) \$284.09		Payee address; City; State; Zip Code 2210 W Buckingham Rd Garland TX 75042			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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