CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
	•		6
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	. МІ	OFFICE USE ONLY
NAME	Robert	J	Date Received
	NICKNAME LAST	SUFFIX	
	Smith		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	DITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	310 Faircrest Drive	Garland TX 75040	
Change of Address			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(469) 223-4723		Date Hand-delivered of Date Fostmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI NA	Receipt # Amount \$
TREASURER NAME	April	M	Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	Smith	0.71	70.0005
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 310 Faircrest Drive	UITE #; CITY; STATE; Garland TX	75040
(Residence or Business)			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(214) 675-0256		
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
Fas	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	04 / 29 / 2017	THROUGH 07	15 / 2017
11 ELECTION	ELECTION DATE	ELECTION TYPE	
-	Month Day Year Primary	Runoff Other Description	
	05 / 06 / 2017 Seneral	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
		Garland City Coun	cil District 8
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

4 C/OH NAME 15 Filer			ID (Ethics Commission Filers)	
Ro	bert John Smith			
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			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION	1, TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS	(OTHER THAN	\$
TOTALS	PLEDGI	S, LOANS, OR GUARANTEES OF LOANS), UNI	LESS ITEMIZED	Ψ
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES C	OF LOANS)	\$ 446.53
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL POLITICAL EXPENDITURES \$ 454			\$ 454.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 3773.48	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 5001.00	
18 AFFIDAVIT				
		I swear, or affirm, unde true and correct and ir under Title 15, Electio	ncludes all information	, that the accompanying report is on required to be reported by me
		12	1.4	15/
			Jac Jac	le gles
		Signi	ature of Candidate	or Officeriolder
AFFIX NOTARY STAI	MP/SEALABOVE			
Sworn to and subs	cribed before me,	by the said		, this the
		to certify which, witness my hand and se		
Signature of officer	administering oath	Printed name of officer administering	oath 7	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Cor			nmission Filers)
F	Robert John Smith			
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$ 446.53
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.	4. SCHEDULE E: LOANS			\$ 5001.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 454.09
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Robert John Smith			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$		
5 Date 07/15/2017	Garland Fire Fighters Community Interest Committee		8 Amount of Some In-kind contribution description \$446.53 Advertising Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)	
Fire Fighter			nd Fire Department	
	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of In-kind contribution Contribution \$. description	
	Contributor address; City; State; Zip Co	de		
			Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	rer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		-		
	ATTACH ADDITIONAL COPIES OF			

LOANS

SCHEDULE E

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
R	obert John Smith			
4 TOTAL OF UNITEMIZED LOANS		e e	\$ 5001.00	
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
1/4/2017	Robert and April Smith		\$5001.00	
6 Is lender		State; Zip Code	10 Interest rate	
a financial Institution?	310 Faircrest Drive Garland		0.00	
YN			11 Maturity date	
			n/a	
a to contract the state of the property of the state of t	on / Job title (See Instructions)	13 Employer (See Instructions)		
Chief Information		Total Apps	deposited into liking!	
14 Description of Collateral ☑ none		15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City; S	State; Zip Code		
Not applicable	To didarante, aderese,	,		
not applicable		01 = 1 (0 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender		Loan Amount (\$)	
Is lender a financial	Lender address; City; State; Zip Code		Interest rate	
Institution?			Maturity date	
Y N				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral		Check if personal funds were deposited into political		
none		account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code				
not applicable				
Principal Occupation (See Instructions)		Employer (See Instructions)	1	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	EEDED	
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitf/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)

Credit Card Payment	The Instruction Guide explains how to c	omplete 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 (\$)	7 Payee address; City; State; Zip Code		
\$20.00	1 Hacker Way Menlo Park, CA 940	25	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Social Media	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
05/08/2017	Aristotle		
Amount (\$)	Payee address; City; State; Zip Code		
\$150.00	205 Pennsylvania Ave SE Washington DC 20003		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Technology Office sought Office held	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
05/08/2017	Siciliano's A Taste of italy		
Amount (\$)	Payee address; City; State; Zip Code		
\$284.09	2210 W Buckingham Rd Garland TX 75	042	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	