

# 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)	<b>2</b> Total pages filed: 1 of 28	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Robert</b>	MI <b>L.</b>	<b>OFFICE USE ONLY</b>  Date Received <b>REC'D JAN 17 2024</b> <b>8:47 am</b> <b>dauford</b>
	NICKNAME <b>Bobby</b>	LAST <b>Smith</b>	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>775 Bearden Street, Vidor, TX 77662</b>			
	AREA CODE PHONE NUMBER EXTENSION <b>( 409 ) 790-6084</b>			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>6203 Hazelwood, Orange, TX 77632</b>			Date Hand-delivered or Date Postmarked
	<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Keith</b>	MI
NICKNAME <b>Merritt</b>		LAST <b>Merritt</b>	SUFFIX	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION <b>( 409 ) 882-1240</b>			Date Processed
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>6203 Hazelwood, Orange, TX 77632</b>			Date Imaged
<b>8</b> CAMPAIGN TREASURER PHONE	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    Month Day Year <b>09 / 01 / 2023    THROUGH    12 / 31 / 2023</b>			
	ELECTION DATE    ELECTION TYPE			
<b>10</b> ELECTION	Month Day Year <b>03 / 05 / 2024</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
	<b>12</b> OFFICE    OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) <b>Sheriff of Orange County</b>	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <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. 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.			
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE    COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Robert L. Smith		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1205.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39767.39
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1131.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 25501.74
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12368.01
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

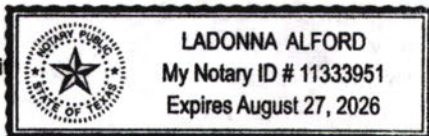
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Robert L. Smith*

Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert L. Smith this the 17 day of Jan, 2024, to certify which, witness my hand and seal of office.

Ladonna Alford Signature of officer administering oath  
Ladonna Alford Printed name of officer administering oath  
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Robert L. Smith		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 37940.42
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1826.97
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 25306.36
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 195.38
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		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 10
2 FILER NAME Robert L. Smith		3 Filer ID (Ethics Commission Filers)
4 Date 09/07/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Tarver	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 09/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K.C. Brashears	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne A. Reaud	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Montagne	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>2 of 10</b>
<b>2</b> FILER NAME <b>Robert L. Smith</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09-21-23</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bob Wortham</b>	<b>7</b> Amount of contribution (\$) <b>5000.00</b>
	<b>6</b> Contributor address; City; State; Zip Code [REDACTED]	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>09-23-23</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Billy Blanchard</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address;</b> City; State; Zip Code [REDACTED]	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09-23-23</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Blanchard</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address;</b> City; State; Zip Code [REDACTED]	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09-23-23</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keet GoForth</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address;</b> City; State; Zip Code [REDACTED]	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>3 of 10</b>
<b>2</b> FILER NAME Robert L. Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-23-23	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cliff Hargraves <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09-23-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Marlow Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-28-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Branch Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-29-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Griffith Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>4 of 10</b>
<b>2</b> FILER NAME Robert L. Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-02-23	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Morgan	<b>7</b> Amount of contribution (\$) 5000.00
<b>6</b> Contributor address; City; State; Zip Code [REDACTED]		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 10-05-23	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Ramsey	<b>Amount of contribution (\$)</b> 1000.00
<b>Contributor address;</b> City; State; Zip Code [REDACTED]		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10-10-23	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross Talmadge	<b>Amount of contribution (\$)</b> 1000.00
<b>Contributor address;</b> City; State; Zip Code [REDACTED]		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10-10-23	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Ashworth	<b>Amount of contribution (\$)</b> 100.00
<b>Contributor address;</b> City; State; Zip Code [REDACTED]		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 10</b>
2 FILER NAME <b>Robert L. Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-10-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Emily Lowe</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-05-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keeston Cole</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-10-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jody Anderson</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-10-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tracy Sorge</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>6 of 10</b>
<b>2</b> FILER NAME Robert L. Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-04-23	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Strause <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$) 1500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11-05-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Parker Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-08-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Taylor Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 3000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-15-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faye Smith Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>7 of 10</b>
<b>2</b> FILER NAME Robert L. Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-15-23	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Vernon	<b>7</b> Amount of contribution (\$) 1500.00
<b>6</b> Contributor address; City; State; Zip Code [REDACTED]		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 10-03-23	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Harmon	<b>Amount of contribution (\$)</b> 250.00
<b>Contributor address;</b> City; State; Zip Code [REDACTED]		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10-03-23	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Corey Sorrel	<b>Amount of contribution (\$)</b> 1000.00
<b>Contributor address;</b> City; State; Zip Code [REDACTED]		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10-04-23	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Corey Berg	<b>Amount of contribution (\$)</b> 100.00
<b>Contributor address;</b> City; State; Zip Code [REDACTED]		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8 of 10</b>
2 FILER NAME <b>Robert L. Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-05-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rob Strause</b>	7 Amount of contribution (\$) <b>1511.00</b>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-08-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken Dollinger</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-09-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason DeMontmollin</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-10-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Sichko</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 10
2 FILER NAME Robert L. Smith		3 Filer ID (Ethics Commission Filers)
4 Date 10-25-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corey Berg	7 Amount of contribution (\$) 104.42
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-01-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan Weldon	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-30-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Smith	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-03-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jericho Loupe	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10 of 10</b>
2 FILER NAME <b>Robert L. Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-07-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kristen Bearden</b>	7 Amount of contribution (\$) <b>750.00</b>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12-17-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carolyn Smith</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 2	
2 FILER NAME Robert L. Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 09/23/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Houseman	8 Amount of Contribution \$ 323.80	9 In-kind contribution description links, boudin
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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 09/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bo Jack Davis	Amount of Contribution \$ 675.00	In-kind contribution description building for political event
Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor'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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 2	
2 FILER NAME Robert L. Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10-14-23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck Steele	8 Amount of Contribution \$ 141.32	9 In-kind contribution description links and boudin
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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 11-13-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith and Marlene Merritt	Amount of Contribution \$ 686.85	In-kind contribution description Christmas parade entry, candy bars, wrapping
Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor'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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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	Printing 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.

<b>1</b> Total pages Schedule G: 1 of 1	<b>2</b> FILER NAME Robert L. Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-22-2023	<b>5</b> Payee name The Orange Stationer	
<b>6</b> Amount (\$) 129.48 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 701 W Division Orange, TX 77630	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description push cards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought / Office held Sheriff /
Date 10-05-2023	Payee name Exxon Express	
Amount (\$) 65.90 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1745 Texas Ave Bridge City, TX 77611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) travel in district	Description Fuel
	<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 Robert L. Smith	Office sought / Office held Sheriff /
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 2 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-10-23	<b>5</b> Payee name Loni Lilly	
<b>6</b> Amount (\$) 225.00	<b>7</b> Payee address; City; State; Zip Code 1519 Austin Dr Tyler, TX 75701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description web page design
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
		Office held
Date 10-14-23	Payee name Market Basket	
Amount (\$) 121.35	Payee address; City; State; Zip Code 2005 Texas Ave Bridge City, TX 77611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) event expense	Description links and boudin
	<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 Robert L. Smith	Office sought Sheriff
		Office held
Date 10-14-23	Payee name OCARC	
Amount (\$) 268.46	Payee address; City; State; Zip Code 905 W Park Ave Orange, TX 77630	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description banner and magnets
	<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 Robert L. Smith	Office sought Sheriff
		Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 3 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10-27-23	<b>5</b> Payee name The Orange Stationer
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<b>6</b> Amount (\$) 5283.68	<b>7</b> Payee address; 701 W Division Orange, TX 77630	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description campaign signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff	Office held
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Date 11-03-23	Payee name KOGT
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Amount (\$) 400.00	Payee address; 5304 Meeks Dr Orange, TX 77630	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description digital ad
	<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 Robert L. Smith	Office sought Sheriff	Office held
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Date 11-06-23	Payee name Danwal Inc.
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Amount (\$) 10763.19	Payee address; 12404 SH 155 Tyler, TX 75703	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description campaign signs
	<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 Robert L. Smith	Office sought Sheriff	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: 4 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-22-23	<b>5</b> Payee name The Record Live	
<b>6</b> Amount (\$) 309.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1008 Bridge City, TX 77611	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description newspaper ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
		Office held
Date 11-23-23	Payee name Mandy Raccaforte	
Amount (\$) 425.00	Payee address; City; State; Zip Code P.O. Box 846 Bridge City, TX 77611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description shirt screening
	<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 Robert L. Smith	Office sought Sheriff
		Office held
Date 11-29-23	Payee name The Record Live	
Amount (\$) 309.00	Payee address; City; State; Zip Code P.O. Box 1008 Bridge City, TX 77611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description newspaper ad
	<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 Robert L. Smith	Office sought Sheriff
		Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 5 of 12		<b>2</b> FILER NAME Robert Smith		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11-20-23		<b>5</b> Payee name Orange County Republican Party			
<b>6</b> Amount (\$) 750.00		<b>7</b> Payee address; City; State; Zip Code 260 Strickland Dr Orange, TX 77630			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) fees		<b>(b)</b> Description candidate filing fee		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Robert L. Smith		Office sought Sheriff	Office held
Date 12-05-23		Payee name Orange County Building Materials			
Amount (\$) 249.69		Payee address; City; State; Zip Code 365 Old Hwy 90 Vidor, TX 77611			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense		Description t posts and zip ties for campaign signs		
	<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 Robert L. Smith		Office sought Sheriff	Office held
Date 12-06-23		Payee name The Record Live			
Amount (\$) 309.00		Payee address; City; State; Zip Code P.O. Box 1008 Bridge City, TX 77611			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense		Description newspaper ad		
	<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 Robert L. Smith		Office sought Sheriff	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-06-23	<b>5</b> Payee name COS Printing	
<b>6</b> Amount (\$) 1191.29	<b>7</b> Payee address; City; State; Zip Code 1600 Texas Ave Bridge City, TX 77630	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description disclaimer stickers, union bug
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
<b>10</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office held Sheriff
<b>11</b> Date 12-06-23	<b>12</b> Payee name COS Printing	
<b>13</b> Amount (\$) 603.49	<b>14</b> Payee address; City; State; Zip Code 1600 Texas Ave Bridge City, TX 77611	
<b>15</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description business cards, push cards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>16</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
<b>17</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office held Sheriff
<b>18</b> Date 12-11-23	<b>19</b> Payee name Orange County Building Materials	
<b>20</b> Amount (\$) 223.72	<b>21</b> Payee address; City; State; Zip Code 365 Old Hwy 90 Vidor, TX 77662	
<b>22</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description t posts and zip ties for campaign signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>23</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
<b>24</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office held Sheriff

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 7 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-13-23	<b>5</b> Payee name The Record Live	
<b>6</b> Amount (\$) 309.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1008 Bridge City, TX 77611	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) political expense	<b>(b)</b> Description newspaper ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
<b>Date</b> 12-21-23	<b>Payee name</b> The Record Live	
<b>Amount (\$)</b> 309.00	<b>Payee address; City; State; Zip Code</b> P.O. Box 1008 Bridge City, TX 77611	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) advertising expense	<b>Description</b> newspaper ad
	<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 Robert L. Smith	Office sought Sheriff
<b>Date</b> 11-08-23	<b>Payee name</b> OCARC	
<b>Amount (\$)</b> 77.94	<b>Payee address; City; State; Zip Code</b> 905 W Park Ave Orange, TX 77632	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) advertising expense	<b>Description</b> magnets
	<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 Robert L. Smith	Office sought Sheriff

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 8 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-12-23	<b>5</b> Payee name Lake View Exxon	
<b>6</b> Amount (\$) 70.31	<b>7</b> Payee address; City; State; Zip Code 4315 N Main Vidor, TX 77662	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) travel in district	<b>(b)</b> Description fuel
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
<b>Date</b> 11-01-23	<b>Payee name</b> Lake View Exxon	
<b>Amount (\$)</b> 58.31	<b>Payee address; City; State; Zip Code</b> 4315 N Main Vidor, TX 77662	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) travel in district	<b>Description</b> fuel
	<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 Robert L. Smith	Office sought Sheriff
<b>Date</b> 11-07-23	<b>Payee name</b> Lake View Exxon	
<b>Amount (\$)</b> 63.31	<b>Payee address; City; State; Zip Code</b> 4315 N Main Vidor, TX 77662	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) travel in district	<b>Description</b> fuel
	<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 Robert L. Smith	Office sought Sheriff

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 9 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-08-23	<b>5</b> Payee name Loni Lilley Art	
<b>6</b> Amount (\$) 177.00	<b>7</b> Payee address; City; State; Zip Code 1519 Austin Dr Tyler, TX 75701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description web design
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
		Office held
Date 11-13-23	Payee name Loni Lilley Art	
Amount (\$) 41.13	Payee address; City; State; Zip Code 1519 Austin Dr Tyler, TX 75701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description web page
	<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 Robert L. Smith	Office sought Sheriff
		Office held
Date 11-20-23	Payee name Lake View Exxon	
Amount (\$) 64.31	Payee address; City; State; Zip Code 4315 N Main Vidor, TX 77662	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) travel in district	Description fuel
	<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 Robert L. Smith	Office sought Sheriff
		Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 10 of 12		<b>2</b> FILER NAME Robert Smith		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12-01-23		<b>5</b> Payee name Lake View Exxon			
<b>6</b> Amount (\$) 57.31		<b>7</b> Payee address; City; State; Zip Code 4315 N Main Vidor, TX 77662			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) travel in district		<b>(b)</b> Description fuel		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Robert L. Smith		Office sought Sheriff	
Date 12-06-23		Payee name Lake View Exxon			
Amount (\$) 58.32		Payee address; City; State; Zip Code 4315 N Main Vidor, TX 77662			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) travel in district		Description fuel		
	<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 Robert L. Smith		Office sought Sheriff	
Date 12-07-23		Payee name Orange County Building Materials			
Amount (\$) 15.13		Payee address; City; State; Zip Code 365 Hwy 90 Vidor, TX 77662			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense		Description zip ties for signs		
	<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 Robert L. Smith		Office sought Sheriff	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 11 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-11-23	<b>5</b> Payee name Loni Lilley Art	
<b>6</b> Amount (\$) 41.13	<b>7</b> Payee address; City; State; Zip Code 1519 Austin Dr Tyler, TX 75701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description web page
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
	Office held	
Date 12-12-23	Payee name Loni Lilley Art	
Amount (\$) 70.62	Payee address; City; State; Zip Code 1519 Austin Dr Tyler, TX 75701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description web design and web page
	<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 Robert L. Smith	Office sought Sheriff
	Office held	
Date 12-13-23	Payee name Tractor Supply	
Amount (\$) 165.30	Payee address; City; State; Zip Code 2020 IH-10 Orange, TX 77632	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description t posts for signs
	<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 Robert L. Smith	Office sought Sheriff
	Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 12 of 12	<b>2</b> FILER NAME Robert Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-18-23	<b>5</b> Payee name Tractor Supply	
<b>6</b> Amount (\$) 181.51	<b>7</b> Payee address; City; State; Zip Code 2020 IH-10 Orange, TX 77632	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description t posts and zip ties for signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
		Office held
Date 12-19-23	Payee name Lake View Exxon	
Amount (\$) 59.31	Payee address; City; State; Zip Code 4315 N Main Vidor, TX 77662	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) travel in district	Description fuel
	<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 Robert L. Smith	Office sought Sheriff
		Office held
Date 12-27-23	Payee name Lake View Exxon	
Amount (\$) 59.31	Payee address; City; State; Zip Code 4315 N Main Vidor, TX 77662	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) travel in district	Description fuel
	<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 Robert L. Smith	Office sought Sheriff
		Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 1 of 12	<b>2</b> FILER NAME Robert L. Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-21-23	<b>5</b> Payee name Sam's Wholesale	
<b>6</b> Amount (\$) 216.23	<b>7</b> Payee address; City; State; Zip Code 1615 IH-10 Beaumont, TX 77701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) food/beverage expense	<b>(b)</b> Description meeting with constituents
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert L. Smith	Office sought Sheriff
		Office held
Date 09-22-23	Payee name Orange Stationer	
Amount (\$) 63.75	Payee address; City; State; Zip Code 701 W Division Orange, TX 77630	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description business cards and push cards
	<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 Robert L. Smith	Office sought Sheriff
		Office held
Date 09-29-23	Payee name Orange Stationer	
Amount (\$) 584.55	Payee address; City; State; Zip Code 701 W Division Ave Orange, TX 77630	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description 8x10 step and repeat with stand
	<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 Robert L. Smith	Office sought Sheriff
		Office held

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