

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

2017243

Received By Clerk:

7/17/2017

File Date:

July 17, 2017

Office:

Justice Of The Peace Pct. 4, Place 2

Candidate:

Smith Jr, Daryl P.

Treasurer:

Wright, Arnethea

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

## 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:				
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Dayl LASTI	P SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address		oing, TX 77373	,	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 204-3692	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  HS. Avrehu  NICKNAME LAST	MI	Receipt # Amount S  Date Processed	
	Wright	30.11	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI  6065 Hillcooft  State	uite *: city: state; #104 Howton TX	ZIP CODE 77081	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 844 - 17	EXTENSION 17-		
9 REPORT TYPE	July 15 Sth day before of		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH 7/	Day Year 17/17	
11 ELECTION	Month Day Yoar Primary  General	ELECTION TYPE  Runoff  Other Description  Special		
12 OFFICE	OFFICE HELD ((Fany)	13 OFFICE SOUGHT HI KNOWN Harris County District 4 P	Justice of the Kace	
	GO ТО	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	~( CDT) :	SmHh	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	·		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OF LESS (OTHER THES, LOANS), UNLESS ITEM			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUABANTEES OF LOANS)	\$		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS. S ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 300,00 TDAY \$ (300.00)		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS PORTING PERIOD	* (300.00)		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
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.  Notary Public, State of Texas Comm. Expires 11-12-2020 Notary ID 1558488  Signature of Candidate or Officeholder					
AFFIX NÖTARY STAN	MP/SEALABOVE	7 , - 1/ =			
Sworn to and subsc	cribed before me, , 20 <u></u>	to certify which, witness my hand and seal of office	2. this the 17th		
Just M.	Ellen	Telesa McElhenia	Office Administrator		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath		

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NA		20 Filer ID (Ethics Cor	mmissi	on Filers)
Dung	1 P. Smith, Tr.			
	LE SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	descriptions of the contract o
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	_
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	300.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$	

## POLITICAL EXPENDITURES **MADE FROM PERSONAL FUNDS**

## SCHEDULE G

Advertising Expense Accounting/Benking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense Contributions/Denations Made	Food/Beverage Expense  Glit/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District	
Candidate/Officeholder/Politi		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	s how to complete this form,		
1 Total pages Schedule 6:	Dary P. Smith, tr.		3 Filer ID (Ethics Commission Filers)	
4 Date 7/8/17	Dury P. Smith, Tr.			
6 Amount (\$)	7 Pavee address: City State: Zin	Code		
300.00	23506 Ales Run ar. Sprin	19; TX; 7 15/3		
Reimbursement from political contributions intended	•	· /		
8 PURPOSE	(a) Category (See Categories listed at the top of this school	i (		
OF	Contributions Made by	[]	de of Texas, Complete Schedule T.	
EXPENDITURE	Canidate	Check if Austin, T	X, officeholder living expanse	
9 Complete ONLY if direct expenditure to benefit C/		Office sought	Office held	
Date	Payee namo			
Amount (\$)	Payee address; City; State; Zip	Code		
Reimbursement from political contributions intended				
	Category (See Categories listed at the top of this schi	edule) (b) Description		
PURPOSE OF	No.	Checkil travel outside	de of Texas, Complete Schedule T.	
EXPENDITURE		Check it Austin, 1	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip	Code		
Reimbursement from political contributions intended				
DUDD CO.	Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF		Check if travel outsi	de of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, 1	X, officeholder living expense .	
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
			ER'S MEMORANDUM:	
		ALTINETIME OF FAC	CITE ALICA TOTAL INSTITUTION TO A CITE A CIT	

**EXPENDITURE CATEGORIES FOR BOX 8(a)**