CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 28

OFFICE USE ONLY

Date Received: RECEIVED JAN 16 2002 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Darryl | MI: E

NICKNAME | LAST: Smith | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 13807 | APT / SUITE #: Rosebranch | CITY: Houston, | STATE: TX | ZIP CODE: 77059

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Marcus | MI

NICKNAME | LAST: Aguirre | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1529 Ramada | APT / SUITE #: | CITY: Houston, | STATE: TX | ZIP CODE: 77062

7 CAMPAIGN TREASURER PHONE

AREA CODE: (832) | PHONE NUMBER: 215-6624 | EXTENSION

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☒ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 10 / 29 / 01 THROUGH Month Day Year: 1 / 15 / 02

10 ELECTION

ELECTION DATE Month Day Year: 11 / 6 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): Houston, City Council Dist. E

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Darryl E. Smith

15 ACCOUNT # (Ethics Commission filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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

[X] GENERAL

[ ] SPECIFIC

COMMITTEE NAME: Victory PAC

COMMITTEE ADDRESS: 12823 Corona Houston, TX 77872

COMMITTEE CAMPAIGN TREASURER NAME: Karen Loper

COMMITTEE CAMPAIGN TREASURER ADDRESS: 12823 Corona Houston, TX 77872

[ ] additional pages

17 NO REPORTABLE ACTIVITY

[ ] Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 393
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 9,000
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 129.87
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9154.93
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 750

19 AFFIDAVIT

MISTY JEWEL ORTIZ
NOTARY PUBLIC
STATE OF TEXAS
MY COMMISSION EXPIRES
DECEMBER 11, 2004

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.

Darryl E. Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Darryl E. Smith, this the 14 day of January, 2002, to certify which, witness my hand and seal of office.

Misty Jewel Ortiz — Signature of officer administering oath
Misty Jewel Ortiz — Printed name of officer administering oath
FSR — Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME: Darryl E. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
8/17	Sue Scobby [redacted] Houston, TX 77062	$75			
8/20	Robert Sanchez [redacted] Houston, TX 77062	$100			
2/17	Marcos Aguirre [redacted] Houston, TX 77062	$50			
9/12	Kelly Jefferson [redacted] Houston, TX 77062	$50			
9/12	Margret Tyler [redacted] Webster, TX 77598	$100			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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2 FILER NAME: Darryl E. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/12	Sandra Anderson [redacted] Houston, TX 77062	$250	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/13	Robert Sanchez [redacted] Houston, TX 77062	$40	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/13	Barbara Monroe [redacted] Houston, TX 77059	$50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/20	Ron Britton [redacted] Houston, TX 77062	$100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	John Cobarrubias [redacted] Houston, TX 77062	$100	

Principal occupation (Optional) | Employer (Optional)

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/22	Tanja Townsel [redacted] League City TX 77573	$25	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22.	Melva Chatman [redacted] Houston, TX 77022	$50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Gwynne Pierce [redacted] Galveston, TX 77552	$60	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Bernard Harris [redacted] Houston, TX 77059	$250	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	LA Beth Pondish [redacted] Houston, TX 77059	$100	

Principal occupation (Optional) | Employer (Optional)

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2 FILER NAME: Daryl E. Smith.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
9/22	Robert Sanchez [redacted] Hooston, TX 77062	$25			
9/22	Harold Gregory [redacted] Hooston, TX 77016	$100			
9/22	Laverne Smith [redacted] Hooston, TX 77022	$100			
9/22	Wilma Strain [redacted] Hooston, TX 77004	$25			
9/22	Amos Hewitt [redacted] Hooston, TX 77059	$100			

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2 FILER NAME: Darryl E. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/22	Sue Scobby [redacted] Houston, TX 77062	$50	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Darrel Gaines [redacted] Houston, TX 77062	$100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Vicki Keller [redacted] Webster, TX 77598	$50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Linda Carey [redacted] Houston, TX 77067	$25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Ron Arrington [redacted] Houston, TX 77062	$25	

Principal occupation (Optional) | Employer (Optional)

☐ out-of-state PAC (ID#:_____)

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/22	Carl Caldwell [redacted] Houston, TX 77022	$25	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Ladd Reynolds [redacted] Houston, TX 77062	$50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Roger Boykin [redacted] Houston, TX 77062	$50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Sharma Tadepalli [redacted] Houston, TX 77059	$25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Rebbecca Wilson [redacted] Houston, TX 77058	$100.00	

Principal occupation (Optional) | Employer (Optional)

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/22	Jesse D. Hayes IV [redacted] Friendswood, TX 77546	$50	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	John Bailey [redacted] Friendswood, TX 77546	$100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Glenda Roland [redacted] Houston, TX 77003	$50	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Cynthia Price [redacted] Houston, TX 77058	$25	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22	Nancy Hermann [redacted] Houston, TX 77062	$100	

Principal occupation (Optional)	Employer (Optional)

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/22	Matthew White [redacted] Houston, TX 77062	$50	
Principal occupation (Optional)	Employer (Optional)		
9/23	Jody Brooks [redacted] Houston TX 77062	$25	
Principal occupation (Optional)	Employer (Optional)		
9/24	Alberta Brown [redacted] Houston, TX 77059	$50	
Principal occupation (Optional)	Employer (Optional)		
9/24	Andrea Gamble [redacted] Houston, TX 77058	$100	
Principal occupation (Optional)	Employer (Optional)		
8/17	Darryl E. Smith. [redacted] Houston, TX 77059	$100	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/4/01	Willie E. Weathers [redacted] Houston, TX 77026	$50	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/4/01	ADA LACY [redacted] Houston, TX 77021	$250	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10	Danny Perkins [redacted] Houston, TX 77205	$100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10	Pipe fitters Local #211 [redacted] Houston, TX 77017	$500	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Marvalette Fentress [redacted] Houston, TX 77058	$250	

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/14	Burney & Foreman [redacted] Houston, TX 77004	$150	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	~~Sly~~ Sylvester Turner Campign [redacted] Houston, TX 77046	$500	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Ernestine Jackson [redacted] Houston, TX 77026	$25	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Sylvester Turner [redacted] Houston, TX 77046	$100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20	Margaret Brannigan [redacted] Houston, TX 77062	$30	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24	Tina Dean [redacted] Houston, TX 77059	$25	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Billie Kucherka [redacted] Pearland TX 77584	$25	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Darrell Warner [redacted] League City, TX 77573	$100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Ron Lord [redacted] Houston, TX 77062	$100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Harlon Brooks [redacted] Houston, TX 77048	$300	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24	Thomas Jones Jr [redacted] Houston, TX 77021	$100	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Brian Smith [redacted] Houston, TX 77004	$250	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Carolyn Prather [redacted] Houston, TX 77062	$25	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Mary Lopez [redacted] Houston, TX 77062	$15	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Laverne E. Smith [redacted] Houston, TX 77022	$15	
Principal occupation (Optional)	Employer (Optional)		

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24	DONNA BROUSSARD [redacted] HOUSTON, TX 77067	$60	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	DAVE COOK [redacted] NASSAU BAY, TX 77058	$30	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	HARRY LAZERUS [redacted] HOUSTON, TX 77062	$50	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	CHARLES WILSON [redacted] MISSOURI CITY, TX 77489	$50	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	RAYMOND HOLMES [redacted] HOUSTON, TX 77075	$100	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/25	Houston Dock & Marine Council [redacted] Pasadena, TX 77506	$300	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	Band [redacted] Houston, TX 77059	$500	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/9	Gerald Franklin [redacted] Houston, TX 77059	$50	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/1	Kim Gossett [redacted] Bellaire, TX 77401	$200	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/1	Jim Dougherty [redacted] Houston, TX 77007	$50	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/1	Wendell Johnson [redacted] Friendswood, TX 77546	$25	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/1	Elois Hightower [redacted] Houston, TX 77022	$50	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/1	James Miller [redacted] Bay City, TX 77414	$25	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/2	Across The Track [redacted] Houston, TX 77211	$1,000	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/2	Bard [redacted] Houston, TX 77059	$500	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/8	Johnnie Ann Henderson [redacted] Webster, TX 77598	$50	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/8	Dirar Nemariam [redacted] Houston, TX 77042	$50	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/8	Mustafa L. Tameez [redacted] Houston, TX 77072	$100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Darryl E. Smith

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 10/10

6 Is lender a financial institution? Y (N)

7 Name of lender: Segun Thomas ☐ out-of-state PAC (ID#:)

8 Lender address: City: State: Zip Code: 16506 Scenic Peak Ct. Houston, TX 77059

9 Loan Amount ($): 6,000

10 Interest rate: ~~1%~~ 1.6%

11 Maturity date: 12/31/02

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#:)

Lender address: City: State: Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Darryl E. Smith.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
8/25	Kinko's 495 Bay Area Blvd. Houston, TX 77062	$64.41

8 Purpose of payment (See instructions regarding type of information required.): copying & computer usage.

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
9/27	Doug Peterson 2118 Cherry Tree Ridge Houston, TX 77062	$300

Purpose of payment (See instructions regarding type of information required.): mailout of invitations

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
9/22	Tommy's Patio Cafe 2555 Bay Area Blvd. Houston, TX 77062	$604.97

Purpose of payment (See instructions regarding type of information required.): Dining Room And Dinner

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
9/21	Garden Ridge Pottery 20780 I-45 South. Houston, TX 77598	$31.14

Purpose of payment (See instructions regarding type of information required.): Decorations.

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Darry E. Smith.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/3/01	Texas Printing 4715 Main St Houston, TX 77002	$500

8 Purpose of payment (See instructions regarding type of information required.): Push cards

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/10	Vicky Keller 411 Elder Vista Houston, TX 77	73.32

Purpose of payment (See instructions regarding type of information required.): Postage & copying.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16	Texas Printing 4715 Main St. Houston, TX 77002	3,201.59

Purpose of payment (See instructions regarding type of information required.): Signs, Pushcards, & Door hangers

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16	HCCC - P 2314 Wheeler Houston, TX 77004	$80

Purpose of payment (See instructions regarding type of information required.): Attending of Pinnacle Awards.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/13	Postmaster 14917 El Camino Real Hooston, TX 77062	$68.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
STAMPS	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/14	Strickly Beautiful 10851 Scarsdale Hooston, TX 77089	$136

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Dining Room And Food	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15	HCCO 4610 Delaro Hooston, 77004	$300

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Ads.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/25	LA Voice News 9898 Bissonnet Hooston, TX 77036	$200

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
ADS	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Darryl E. Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/27/01	office MAX 1529 A W. Bay Area Blvd. League City 77573	$60.62

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/30	Darryl Smith 13807 Rosebranch. Hooston, TX 77059	$940.69

Purpose of payment (See instructions regarding type of information required.) Reimbuisement for Political Signs.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/30	Texas Printing 4715 Main St Hooston, TX 77002	$822.70

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/30	South Belt Leaders. 11555 Beamer Hooston, TX 77089	$150

Purpose of payment (See instructions regarding type of information required.) Ads.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/30	Vicky Keller 411 Elder Vista Dr. Houston, TX 77598	$50

8 Purpose of payment (See instructions regarding type of information required.): Tickets For Political Events.

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/4	Doug Peterson Cherry Tree Ridge Houston, TX	$171.49

Purpose of payment (See instructions regarding type of information required.): Reimbursements - Copies, Letters, & Postage.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/4	Darryl E. Smith 13807 Rose Branch Houston, TX 77059	$432.81

Purpose of payment (See instructions regarding type of information required.): Repayment of loan

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/4	Darryl E. Smith 13807 Rose Branch. Houston, TX 77059	$967.19

Purpose of payment (See instructions regarding type of information required.): Repayment of loan.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/10	Segun Thomas 16506 Scenic Peak CT Hooston, TX 77059	6,010

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Re-payment of loan.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Darryl E Smith

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address: City, State: Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
10/10	Darryl E Smith 13807 Rose Branch Houston, TX 77059 CAMPAIGN MATERIALS	2,250.00 ☒ Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Darryl E. Smith.

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Darryl E. Smith
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

x Darryl E. Smith
Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder