

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	MS / MRS / MR MR FIRST <u>GREGORY</u> MI <u>H</u> NICKNAME LAST SUFFIX <u>Smith</u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1746 Glenoak Corpus Christi, TX 78418</u>	Date Received Date Filed <u>10/6/2016</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 765-1718</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST <u>Ralph</u> MI <u>W.</u> NICKNAME LAST SUFFIX <u>Fels</u>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3710 Nature Trail Edinburg TX 78542</u>		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 451-6900</u>		Date Imaged
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>1 / 01 / 2016</u> THROUGH <u>9 / 30 / 2016</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 08 / 2016</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>City Councilman</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Gregory Smith 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
Gregory Smith Campaign

COMMITTEE ADDRESS
1796 Glenoak, Corpus Christi TX 78418

COMMITTEE CAMPAIGN TREASURER NAME
Ralph Fels

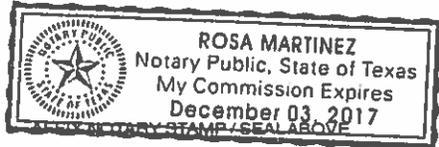
COMMITTEE CAMPAIGN TREASURER ADDRESS
3710 Nature Trail, Edinburg, TX 78542

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,850</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES <u>See Attached</u>	\$ <u>16,060.75</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

18 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gregory H. Smith, this the 6 day of Oct, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Rosa Martinez Printed name of officer administering oath
Notary Title of officer administering oath

5:25 PM
10/04/16
Accrual Basis

Greg Smith Campaign Funds
Profit & Loss
June through September 2016

	<u>Jun - Sep 16</u>
Ordinary Income/Expense	
Income	
Direct Public Support	
Gifts in Kind - Goods	500.00
Direct Public Support - Other	12,350.00
Total Direct Public Support	<u>12,850.00</u>
Total Income	12,850.00
Expense	
Advertising	2,870.00
Bank Service Charges	53.85
Banquet Tickets	800.00
Consulting Fees	10,000.00
Filing Fees	100.00
Operations	
Supplies	
Office Supplies	48.30
Total Supplies	<u>48.30</u>
Total Operations	48.30
Photography	250.00
Printing	120.00
Signs	1,818.60
Total Expense	<u>16,060.75</u>
Net Ordinary Income	<u>-3,210.75</u>
Net Income	<u><u>-3,210.75</u></u>

GREG SMITH CAMPAIGN
DONOR LIST

DATE	NAME	ADDRESS	Occupation	AMOUNT	TOTAL ALL
6/27/2016	Patricia Eisenhauer	14493 S. Padre Island Dr.	Retired	\$ 100.00	\$ 100.00
6/27/2016	Gregory Guthrie MD	8300 Baylark Dr.	MD	\$ 500.00	\$ 600.00
7/13/2016	Mike Carroll	4966 Cherry Hills	Banker	\$ 150.00	\$ 750.00
7/13/2016	Phyllis Pittman	3555 Timmons Lane	Medical Consultant	\$ 500.00	\$ 1,250.00
7/13/2016	Janet Jones	3420 Ocean Drive		\$ 500.00	\$ 1,750.00
7/13/2016	Wayne Squires	3642 Aransas	Drilling Contractor	\$ 500.00	\$ 2,250.00
7/13/2016	Chris Adler	106 Rainbow Trail	Corpus Christi	\$ 500.00	\$ 2,750.00
7/13/2016	Charlie Zahn	2106 SH 361	Port Aransas	\$ 250.00	\$ 3,000.00
7/15/2016	James King Jr.	P.O. Drawer	Attorney	\$ 300.00	\$ 3,300.00
8/1/2016	Martin Davis	4829 Ocean Drive	Investor	\$ 500.00	\$ 3,800.00
8/1/2016	Robert Beach	1901 Ocean Drive	Attorney	\$ 100.00	\$ 3,900.00
8/1/2016	Jerry Susser	800 N.Shoreline	MD	\$ 500.00	\$ 4,400.00
8/1/2016	Sam Susser	800 N.Shoreline	Investor	\$ 500.00	\$ 4,900.00
8/12/2016	Donna Shirley	14517 SPID	Investor	\$ 250.00	\$ 5,150.00
8/12/2016	Margret Shirley	14517 SPID	Realtor	\$ 250.00	\$ 5,400.00
8/12/2016	Gene Bouligmy	309 Santa Monica Place	Realtor	\$ 500.00	\$ 5,900.00
8/12/2016	Catherine Susser	3861 Ocean Dr	Investor	\$ 500.00	\$ 6,400.00
8/12/2016	Caroline Altheide	202 Del Mar	Investor	\$ 500.00	\$ 6,900.00
8/12/2016	Robert Seeds	2213 Ivy Dr	Campground Owner	\$ 500.00	\$ 7,400.00
9/4/2016	Mohsin Rashed	14213 Punta Bonaire Dr.	unknown	\$ 500.00	\$ 7,900.00
8/9/2016	Trace Finley	11512 Alberta Drive		\$ 200.00	\$ 8,100.00
9/27/2016	Andy Agan	118 Whiteley Dr.	Austin, Tx	\$ 100.00	\$ 8,200.00
9/29/2016	Barry Andrews	2730 Irving Blvd	Corpus Christi	\$ 500.00	\$ 8,700.00
9/29/2016	Craig & Cathie Odonovich	922 E. Sonterra Blvd	Dallas, Tx	\$ 500.00	\$ 9,200.00
9/29/2016	Janet Jones	3420 Ocean Drive	San Antonio, Tx	\$ 500.00	\$ 9,700.00
9/29/2016	Bobby & Sharon Gumbel	321 Marina Dr	Port Aransas	\$ 250.00	\$ 9,950.00
9/29/2016	Norm Baker	14122 Cabana North	Port Aransas	\$ 200.00	\$ 10,150.00
1/0/1900	Alan Willson	P.O. Box 270516	Investor	\$ 250.00	\$ 10,400.00
9/29/2016	Margo & Royston Moore	13810 Captains Row	Banker	\$ 300.00	\$ 10,700.00
9/29/2016	David Condy	1930 Glen Oak	Investor	\$ 500.00	\$ 11,200.00
9/29/2016	Keith & Nance Donley	4903 SH 361	Attorney	\$ 500.00	\$ 11,700.00
9/29/2016	Keith McMullen	P.O. Box 930	Realtor	\$ 150.00	\$ 11,850.00
9/29/2016	Georgia Nebbett	681 Shoreline Cir	Port Aransas	\$ 100.00	\$ 11,950.00
9/29/2016	David Pierce	14769 DASMARINAS	Communications	\$ 100.00	\$ 12,050.00
9/29/2016	George Fisher	3426 Ocean Dr	Contractor	\$ 300.00	\$ 12,350.00

IN KIND DONATION

David & Ann Coover	3826 Denver Ave	Corpus Christi	Attorney	\$ 500.00	\$ 500.00
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) 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 <i>See attached spread sheet</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

See attachment

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 12,000
5 Date of loan <i>6/1/16</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gregory Smith</i>	9 Loan Amount (\$) <i>10,000</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>1746 Glenoak Corpus Christi, TX 78418</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1</i>
2 FILER NAME <i>Greg Smith</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		
5 Date <i>9/27/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID & ANN COOVER</i>	8 Amount of Contribution \$ <i>500</i> 9 In-kind contribution description <i>Food & Beverage</i>
7 Contributor address; City; State; Zip Code <i>3826 Dewker Ave Corpus Christi TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>A Horney</i>		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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)			

[Handwritten Signature]

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

*See Attached
Spread Sheet*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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 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.