

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 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST MI Mr. Michael NICKNAME LAST SUFFIX MIKE Smith	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY, STATE, ZIP CODE 2201 Timberlock Place, Suite 110 The Woodlands, TX 77380	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 768-0952	Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST MI Mr. Leslie NICKNAME LAST SUFFIX LES ROSENBLATT M	Receipt # Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY, STATE, ZIP CODE 99 E. Misty Breeze Circle, The Woodlands, TX 77381		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 772-4770		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 17 2010 THROUGH 03 / 29 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 05 09 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) The Woodlands Township Board of Directors, Pos. 1-DIRECTOR	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mr Michael Smith 16 ACCOUNT # (Ethics Commission Filers)

17 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 58.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1118.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 140.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 969.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

Michael Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL SMITH, this the 8 day of April, 2010, to certify which, witness my hand and seal of office.

Kim D. Cogburn Kim D. Cogburn Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 (of 2)	
2 FILER NAME Mr Michael Smith		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/24/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Michael Smith	7 Amount of contribution (\$) \$ 8.50	8 In-kind contribution description (if applicable) ASSUMED NAME FEE - TO CLERK, MONTGOMERY County
6 Contributor address; City; State; Zip Code 2201 TIMBERLOCK PLACE, SUITE 110 THE WOODLANDS, TX 77380		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) LAWYER		10 Employer (See Instructions) SELF	
Date 3/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Michael Smith	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2201 TIMBERLOCK PLACE, SUITE 110 THE WOODLANDS, TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF	
Date 3/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MS ADRIENNE M. CADIK	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 254 SPLIT ROCK RD THE WOODLANDS, TX 77381-4806		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) EXXON	
Date 3/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BILL TRAYLOR	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12804 PEARSON MONTGOMERY, TX 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 3/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THOMAS E. VINSON	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10095 SHADY HOLLOW DR. CONROE, TX 77304		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) EXXON	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 (of 2)

2 FILER NAME

Mr Michael Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/29/2010

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

Mr LESLIE M. ROSENBLATT

6 Contributor address; City; State; Zip Code

99 MISTYBREEZE CIRCLE
THE WOODLANDS, TX 77381

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

US ARMY

Date

3/29/2010

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

Tomi G Phillips

Contributor address; City; State; Zip Code

11023 ELLWOOD ST.
THE WOODLANDS, TX 77380

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

DENTAL ASST.

Employer (See Instructions)

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME *Mr. Michael Smith* **16 ACCOUNT # (Ethics Commission Filers)**

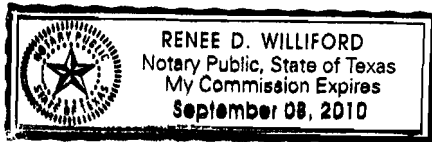
17 NOTICE FROM POLITICAL COMMITTEE(S)

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<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2688.87</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4331.62</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>783.64</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

19 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.

Michael Smith

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Smith, this the 3rd day of May, 2010, to certify which, witness my hand and seal of office.

Renee D. Williford
Signature of officer administering oath

Renee D. Williford
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mr Michael Smith 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Φ
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2688.87
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ Φ
	4. TOTAL POLITICAL EXPENDITURES	\$ 4331.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 783.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Φ

19 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.

Michael Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca T. Molina, this the 30th day of APRIL, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 5

2 FILER NAME
Mr Michael Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/3/10

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

MAVIE S. Ashby

6 Contributor address: City: State: Zip Code

11 E. SUNLIT FOREST DRIVE
THE WOODLANDS, TX 77381

7 Amount of contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
RETIRED

10 Employer (See Instructions)

Date

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

4/3/10

GEORGE W. NAMI

Contributor address: City: State: Zip Code

299 E. RAINBOW RIDGE CIRCLE
THE WOODLANDS, TX 77381

Amount of contribution (\$)

175.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

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

4/3/10

CAROL B. STROMATT

Contributor address: City: State: Zip Code

3 MYSTIC VALLEY COURT
THE WOODLANDS, TX 77381

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

REAL ESTATE AGENT/OWNER

Employer (See Instructions)

Date

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

4/3/10

NANCY M. MCCOY

Contributor address: City: State: Zip Code

7066 EDGEWATER DRIVE
WILLIS, TX 77318

Amount of contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

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

4/7/10

LESLIE M. ROSENBLATT

Contributor address: City: State: Zip Code

99 MUSTYBREEZE CIRCLE
THE WOODLANDS, TX 77381

Amount of contribution (\$)

5.46

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

COPIES

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

Mr Michael Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/7/10

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

LESLIE M. ROSENBLATT

6 Contributor address; City; State; Zip Code

99 E. MISTYBREEZE CIRCLE
THE WOODLANDS, TX 77381

7 Amount of contribution (\$)

3.90

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

COPIES

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

4/5/10

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

SANDRA PALMORE

Contributor address; City; State; Zip Code

39 CANDLENUT PLACE
THE WOODLANDS, TX 77381

Amount of contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

Date

4/8/10

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

BILL TRAYLOR

Contributor address; City; State; Zip Code

12804 PEARSON ROAD
MONTGOMERY, TX 77356

Amount of contribution (\$)

15.17

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

REGISTRATION OF DOMAIN NAME

Principal occupation / Job title (See Instructions)

ACCOUNTANT RETIRED

Employer (See Instructions)

Date

4/8/10

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

BILL TRAYLOR

Contributor address; City; State; Zip Code

12804 PEARSON ROAD
MONTGOMERY, TX 77356

Amount of contribution (\$)

60.90

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

HOSTING FEE FOR WEBSITE

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4/12/10

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

BILL TRAYLOR

Contributor address; City; State; Zip Code

12804 PEARSON ROAD
MONTGOMERY, TX 77356

Amount of contribution (\$)

58.44

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

CLEAR PLASTIC DOOR HANGERS

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 5	
2 FILER NAME MR. MICHAEL SMITH		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/18/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KADRIENNE M. CADIK	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 254 SPLIT ROCK ROAD THE WOODLANDS, TX 77381		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DENNIS J. MESZAROS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 63 WEST SUMMER STORM CIRCLE THE WOODLANDS, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAROL B STROMATT	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 MYSTIC VALLEY COURT THE WOODLANDS, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE AGENT/OWNER		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LINDA ELLIS	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 35 SKY TERRACE PLACE THE WOODLANDS, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) COLLEGE INSTRUCTOR		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARY L. KOSMITS	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 22 BAYOU SPRINGS COURT THE WOODLANDS, TX 77382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 5	
2 FILER NAME MR. MICHAEL SMITH		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S. A. COYE - Huhn	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 15 ALDEN GLENWOOD COURT THE WOODLANDS, TX 77381		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) LEGAL SERVICES PROVIDER		10 Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LESLIE M. ROSENBLATT	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 99 E. MISTY BREEZE CIRCLE THE WOODLANDS, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) COLBY AUSTIN STOUT	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30435 GLENBOND DRIVE SPRING, TX 77386		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PERSONNEL MANAGER		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROSALIE S. TORRENCE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 58 INDIAN SUMMER PLACE THE WOODLANDS, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE AGENT		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BILL TRAYLOR	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12804 PEARSON ROAD MONTGOMERY, TX 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 5

2 FILER NAME

MR MICHAEL SMITH

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/23/10

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

JOHN P. COLLINS

6 Contributor address; City; State; Zip Code

23 Grogans Point Court
The Woodlands, TX 77381

7 Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Plains Energy

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F
1 of 2

2 FILER NAME
Mr. Michael Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/11/10

5 Payee name
South Montgomery County Chamber of Commerce
6 Payee address; City; State; Zip Code
1400 WOODLOCH FOREST DR. Suite 300
THE WOODLANDS, TX 77381

7 Amount (\$)
75.00

8 Purpose of payment (See instructions regarding type of information required.)
to participate in candidate forum
(If travel outside of Texas, complete Schedule T) APR 16, 2010

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

Date
4/6/10

Payee name
COUNCIL of MONTGOMERY COUNTY WOMEN'S REALTORS
Payee address; City; State; Zip Code
P.O BOX 9761
THE WOODLANDS, TX 77387

Amount (\$)
20.00

Purpose of payment (See instructions regarding type of information required.)
to attend luncheon
(If travel outside of Texas, complete Schedule T)

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

Date
3/31/10

Payee name
BLUE SKY MINDS
Payee address; City; State; Zip Code
6900 LAKE WOODLANDS DR #1522
THE WOODLANDS, TX 77382

Amount (\$)
575.35

Purpose of payment (See instructions regarding type of information required.)
web site DEVELOPMENT
(If travel outside of Texas, complete Schedule T)

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

Date
4/18/10

Payee name
DREAM COME TRUE
TED GIPSON
Payee address; City; State; Zip Code
512 N. 6th STREET
CONROE, TX 77301

Amount (\$)
125.00

Purpose of payment (See instructions regarding type of information required.)
Entertainment for 4/18/10 Recep.
(If travel outside of Texas, complete Schedule T)

** 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 of 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
4/13/10	ACS SIGNS 6 Payee address; City, State; Zip Code 3623 FM 3042 Pittsburg, TX 75686	714.69

8 Purpose of payment (See instructions regarding type of information required.) Purchase SIGNS (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
4/23/10	Automated Mailing Solutions 6 Payee address; City, State; Zip Code P.O. Box 2389 Spring, TX 77383-2389	1928.86

Purpose of payment (See instructions regarding type of information required.) POST CARD MAILING SERVICES (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
4/27/10	DADS BUSINESS SERVICES, LLC 6 Payee address; City, State; Zip Code 257011-1-45 North, Suite 2 The Woodlands, TX 77380	193.38

Purpose of payment (See instructions regarding type of information required.) Purchase POSTCARDS (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
4/28/10	WELLS FARGO BANK 6 Payee address; City, State; Zip Code 4880 W. Panther CREEK DRIVE The Woodlands, TX 77381	7.00

Purpose of payment (See instructions regarding type of information required.) BANK CHARGES (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Mr MICHAEL Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/22/10

5 Payee name

BANNER & SIGNS

6 Payee address; City; State; Zip Code

26111 I-45 North
The WOODLANDS, TX 77380

8 Amount (\$)

334.69

7 Purpose of expenditure (See instructions regarding type of information required.)

To PURCHASE CAMPAIGN BANNER & SIGNS

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

4/22/10

Payee name

POLITICAL CALLS NOW

Payee address; City; State; Zip Code

11316 DAVIS COURT
OKLAHOMA CITY, OK 73162

Amount (\$)

357.65

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

to PURCHASE PHONE CALLS w/ MESSAGE - CALLS

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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.)

(If travel outside of Texas, complete Schedule T)

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.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED