

# 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: **8**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS  MR FIRST MI  
**BILLY W.**  
NICKNAME LAST SUFFIX  
**B.W. SMITH**

OFFICE USE ONLY

Date Received

RECEIVED

OCT 22 2021

CITY OF MESQUITE  
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**1045 COCHRAN DR. MESQUITE TX 75149**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(682) 272-4324**

6 CAMPAIGN TREASURER NAME

MS / MRS  MRR FIRST MI  
**BILLY W.**  
NICKNAME LAST SUFFIX  
**B.W. SMITH**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**1045 COCHRAN DR. MESQUITE TX 75149**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(682) 272 4324**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**09 / 24 / 21 THROUGH 10 / 23 / 21**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**11 / 2 / 21**  General  Special

12 OFFICE

OFFICE HELD (if any)

**CITY COUNCIL DIST. 5**

13 OFFICE SOUGHT (if known)

**CITY COUNCIL DIST. 5**

14 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

**MESQUITE POLICE ASSOCIATION**

COMMITTEE ADDRESS

**924 WINDBELL CIRCLE MESQUITE TX 75149**

COMMITTEE CAMPAIGN TREASURER NAME

**BRUCE SALES**

COMMITTEE CAMPAIGN TREASURER ADDRESS

**924 WINDBELL CIRCLE MESQUITE TX 75149**

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>BILLY (B.W.) SMITH</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>930.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>955.95</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>448.61</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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

OR

**(2) Unsworn Declaration**

My name is *BILLY (B.W.) SMITH*, and my date of birth is *7-28-54*.

My address is *1045 COCHRAN DR*, *MESA*, *TX*, *75149*, *USA*.  
(street) (city) (state) (zip code) (country)

Executed in *DALLAS* County, State of *TEXAS*, on the *21* day of *OCT.*, 20*21*.  
(month) (year)

*Billy W. Smith*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 930.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 955.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 470.90
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

**BILLY (BW) SMITH**

3 Filer ID (Ethics Commission Filers)

4 Date

**10-5-21**

5 Full name of contributor

**ANDREW HUBACEK**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$ 100.00**

6 Contributor address;

City;

State;

Zip Code

**213 TOLER MESQUITE TX. 75149**

8 Principal occupation / Job title (See Instructions)

**REAL ESTATE**

9 Employer (See Instructions)

**PREMIER LEGACY**

Date

**10-6-21**

Full name of contributor

**REV. JAMES SCHORER RACK**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 100.00**

Contributor address;

City;

State;

Zip Code

**1921 COCHRAN DR.  
MESQUITE TX. 75149**

Principal occupation / Job title (See Instructions)

**PASTOR**

Employer (See Instructions)

Date

**10-7-21**

Full name of contributor

**JOE SMITH**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 10.00**

Contributor address;

City;

State;

Zip Code

**500 YOSEMITE TR. MESQ. TX 75149**

Principal occupation / Job title (See Instructions)

**RETIRED**

Employer (See Instructions)

Date

**10-10-21**

Full name of contributor

**M.P.D. PAC - BRUCE SALAS**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 500.00**

Contributor address;

City;

State;

Zip Code

**924 WINDBELL PASS RD  
CARROLL MESQ. TX 75149**

Principal occupation / Job title (See Instructions)

**POLICE OFFICER + PAC PRES.**

Employer (See Instructions)

**MESQUITE PD**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

**BILLY (BW) SMITH**

3 Filer ID (Ethics Commission Filers)

4 Date

**10-10-21**

5 Full name of contributor

**WAYNE BROWN**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address; City; State; Zip Code

**1945 CLIFTON MESS. TX 75149**

8 Principal occupation / Job title (See Instructions)

**RETIRED-DISABLED**

9 Employer (See Instructions)

Date

**10-14-21**

Full name of contributor

**PAT BISHOP**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**#105  
714 W. GALLOWAY MESS. TX 75149**

Principal occupation / Job title (See Instructions)

**SALES**

Employer (See Instructions)

**BISHOP PAWN**

Date

**10-14-21**

Full name of contributor

**JOE SMITH**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$20.00**

Contributor address; City; State; Zip Code

**500 YOSSMITE TR. MESS. TX 75149**

Principal occupation / Job title (See Instructions)

**RETIRED**

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**

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>BILLY (B.W.) SMITH</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-4-21</i>		5 Payee name <i>PRINT PLACE</i>			
6 Amount (\$) <i>\$169.17</i>		7 Payee address; City; State; Zip Code <i>1110 AVENUE H EAST ARLINGTON TX. 76011</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTIZING PRINTING</i>		(b) Description <i>PUSH CARDS</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>BILLY (B.W.) SMITH</i>		Office sought <i>CITY COUNCIL</i>	
Date <i>10-11-21</i>		Payee name <i>MESQUITE SIGNS</i>			
Amount (\$) <i>\$150.00</i>		Payee address; City; State; Zip Code <i>417 N. BRYAN <sup>SOUTH A</sup> BOULDER LINE MESQUITE TX 75149</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING PRINTING</i>		Description <i>YARD SIGNS</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>B.W. SMITH</i>		Office sought <i>CITY COUNCIL</i>	
Date <i>10-14-21</i>		Payee name <i>MESQUITE SIGNS</i>			
Amount (\$) <i>\$93.56</i>		Payee address; City; State; Zip Code <i>417 N. BRYAN <sup>#A</sup> BOULDER LINE MESQUITE TX. 75149</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING</i>		Description <i>YARD SIGNS</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>B.W. SMITH</i>		Office sought <i>CITY COUNCIL</i>	
Date		Payee name			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>BILLY (BW) SMITH</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-15-21</i>	5 Payee name <i>THE HOME DEPOT</i>	
6 Amount (\$) <i>\$40.96</i>	7 Payee address; City; State; Zip Code <i>12005 BLAM RD. BALCH SPRINGS TX. 75180</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTIZING EXPENSES</i>	(b) Description <i>PVC PIPES + FITTINGS FOR 4X4 FRAMES</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>B.W. SMITH</i>	Office sought <i>CITY COUNCIL</i>
	Office held <i>CITY COUNCIL</i>	
Date <i>10-15-21</i>	Payee name <i>ELLIOTT'S HARDWARE</i>	
Amount (\$) <i>\$31.36</i>	Payee address; City; State; Zip Code <i>116 E. KEARNEY ST. MESQUITE TX. 75149</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING EXPENSES</i>	Description <i>WIRE TO STAPLIZE 4X4 SIGNS IN THEIR FRAMES</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>B.W. SMITH</i>	Office sought <i>CITY COUNCIL</i>
	Office held <i>CITY COUNCIL</i>	
Date <i>10-16-21</i>	Payee name <i>B.W. SMITH</i>	
Amount (\$) <i>470.90</i>	Payee address; City; State; Zip Code <i>1045 COCHRAN DR. MESQ. TX. 75149</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>REIMBURSEMENT</i>	Description <i>REIMBURSE TO PERSONAL FUNDS</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>B.W. SMITH</i>	Office sought <i>CITY COUNCIL</i>
	Office held <i>CITY COUNCIL</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>BILLY W. (B.W.) SMITH</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-16-21</b>	5 Payee name <b>B.W. SMITH</b>
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6 Amount (\$) <b>470.90</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>1045 COCHRAN DR.</b>	City; <b>MESA</b>	State; <b>TX.</b>	Zip Code <b>75149</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>REIMBURSEMENT</b>	(b) Description <b>REIMBURSEMENT OF PERSONAL FUNDS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>B.W. SMITH</b>	Office sought <b>CITY COUNCIL</b>	Office held <b>CITY COUNCIL</b>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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