

# 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

Garry

MI

D

NICKNAME

n/a

LAST

Smith

SUFFIX

OFFICE USE ONLY

Date Received

AT 1 o'clock 13 M

JAN 17 2024

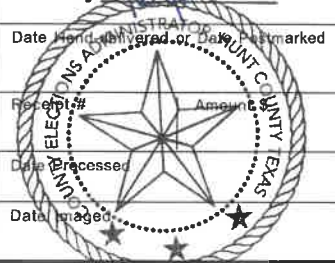
JEANNIE ASH  
Elections Administrator, Hunt County, TX  
By:

Date Hand Delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

595 Ranchwood

APT / SUITE #;

CITY;

Greenville

STATE;

TX

ZIP CODE

75402

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

( 903 )

PHONE NUMBER

413-0541

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mrs

FIRST

Rebecca

MI

NICKNAME

Becky

LAST

Henry

SUFFIX

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

3651 Old Mill Road

CITY;

Greenville

STATE;

TX

ZIP CODE

75402

8 CAMPAIGN TREASURER PHONE

AREA CODE

( 918 )

PHONE NUMBER

671-7172

EXTENSION

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

12 /

01 /

2023

THROUGH

Month

Day

Year

01 /

14 /

2024

11 ELECTION

ELECTION DATE

Month

Day

Year

03 /

05 /

2024

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

none

13 OFFICE SOUGHT (if known)

Hunt County Commissioner Pct 3

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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

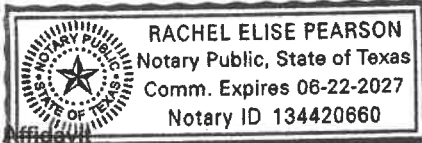
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1800.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 7806.05
	4. TOTAL POLITICAL EXPENDITURES	\$ 7806.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1800.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,385.25

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 Garry Smith this the 17 day of January 2024, 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 Garry Smith, and my date of birth is 05/25/1963  
 My address is 595 Ranchwood Dr, Greenville, TX, 75402, USA  
(street) (city) (state) (zip code) (country)  
 Executed in Hunt County, State of Texas, on the 14 day of January, 2024  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Garry Smith		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1800
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 11,385.25
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Garry Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  12/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Ransom	<b>7</b> Amount of contribution (\$)  \$1000
	<b>6</b> Contributor address; City; State; Zip Code P.O. Box 8703 Greenville, TX 75404	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) n/a
<b>Date</b>  01/02/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyson Cox	<b>Amount of contribution (\$)</b>  \$300
	<b>Contributor address; City; State; Zip Code</b> 4 Nobhill Greenville Tx 75402	
<b>Principal occupation / Job title (See Instructions)</b> pump services		<b>Employer (See Instructions)</b> self employee
<b>Date</b>  01/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Brown	<b>Amount of contribution (\$)</b>  \$500
	<b>Contributor address; City; State; Zip Code</b> 2 Willow Ridge Rd Greenville TX 75402	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> n/a
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address; City; State; Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME Garry Smith		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 100	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Personalized Printing	<b>8</b> Amount of Contribution \$ \$100	<b>9</b> In-kind contribution description Donation provided as a reduction in sign price.
<b>7</b> Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Printing services		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> 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#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description
	<b>7</b> Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

# LOANS

# SCHEDULE E

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 E:
2 FILER NAME <b>Garry Smith</b>					3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS					\$ <b>\$11,385.25</b>	
5 Date of loan <b>12/01/2023</b>		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Garry Smith</b>			9 Loan Amount (\$) <b>6,385.25</b>	
6 Is lender a financial Institution?  Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		8 Lender address; City; State; Zip Code <b>595 Ranchwood Greenville TX 75402</b>			10 Interest rate <b>0</b>	
					11 Maturity date <b>on Demand</b>	
12 Principal occupation / Job title (See Instructions) <b>Operations Mgmt</b>				13 Employer (See Instructions) <b>L3Harris</b>		
14 Description of Collateral <input checked="" type="checkbox"/> none				15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable		17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code			19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)				21 Employer (See Instructions)		
Date of loan <b>01/03/2024</b>		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Garry D. Smith</b>			Loan Amount (\$) <b>5000</b>	
Is lender a financial Institution?  Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Lender address; City; State; Zip Code <b>595 Ranchwood Dr Greenville TX 75402</b>			Interest rate <b>0</b>	
					Maturity date <b>on demand</b>	
Principal occupation / Job title (See Instructions) <b>Operations Mgmt</b>				Employer (See Instructions) <b>L3Harris</b>		
Description of Collateral <input checked="" type="checkbox"/> none				<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable		Name of guarantor  ..... Guarantor address; City; State; Zip Code			Amount Guaranteed (\$)	
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.

# 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.

<b>1</b> Total pages Schedule F1: 1 of 2	<b>2</b> FILER NAME Garry Smith	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/26/2024	<b>5</b> Payee name Designer Graphics
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<b>6</b> Amount (\$) 3387	<b>7</b> Payee address; 12404 Hwy 155 South	City; Tyler	State; TX	Zip Code 75703
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Signs, Buttons, Magnets
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Garry Smith	Office sought Hunt County Commissioner	Office held NA
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Date 12/11/2023	Payee name Hunt County GOP
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Amount (\$) 750.00	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description GOP Filing fee
	<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 Staples
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Amount (\$) \$41.11	Payee address; 6834 Wesley	City; Greenville	State; TX	Zip Code 75401
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising	Description cards
	<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



# 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.

<b>1</b> Total pages Schedule F1: 2 of 2	<b>2</b> FILER NAME Garry Smith	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name Personalized Printing
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<b>6</b> Amount (\$) 2546.72	<b>7</b> Payee address; 1300 Bonham St.	City; Commerce	State; TX	Zip Code 75428
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Flyers & Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Garry Smith	Office sought Hunt County Commissioner Pct 3	Office held na
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Date 01/05/2024	Payee name Herald Banner
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Amount (\$) 411	Payee address; 2305 King St.	City; Greenville	State; TX	Zip Code 75401
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper ad
	<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 01/02/2024	Payee name Lime Printing
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Amount (\$) 357.23	Payee address; 8910 Wesley	City; Greenville	State; TX	Zip Code 75402
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description chapstick
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CODE OF FAIR CAMPAIGN PRACTICES

**FORM CFCP  
COVER SHEET**

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

**1 ACCOUNT NUMBER**  
(Ethics Commission Filers)

**2 TYPE OF FILER**

CANDIDATE

POLITICAL COMMITTEE

*If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

*If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

**3 NAME OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

Mr.

FIRST

Garry

MI

D

NICKNAME

LAST

Smith

SUFFIX (SR., JR., III, etc.)

**4 TELEPHONE NUMBER OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

( 903 )

PHONE NUMBER

413-0541

EXTENSION

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

595 Ranchwood

Greenville

TX

75402

**6 OFFICE SOUGHT BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

Hunt County Commissioner Pct #3

**7 NAME OF COMMITTEE**  
(PLEASE TYPE OR PRINT)

na

**8 NAME OF CAMPAIGN TREASURER**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

Mrs.

FIRST

Rebecca

MI

NICKNAME

Becky

LAST

SUFFIX (SR., JR., III, etc.)

**GO TO PAGE 2**

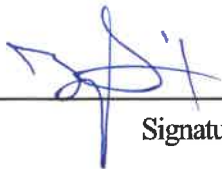
## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date