AW2-20, 7/2011
Prescribed by Secretary of State
Sections 141.031, Chapter 144, Texas Election Code
All information is required to be provided unless indicated as optional.

By 4:36 p.m.

APPLICATION FOR A PLACE ON THE May 9, 2015 **GENERAL ELECTION BALLOT**

TO: Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)	INDICATE TERM
Beaumont City Council Ward IV	☒ FULL ☐ UNEXPIRED

FULL NAME (First, Middle, Last)	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT
Melanie Ann Smith	Melanie Smith

PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.)	MAILING ADDRESS (If different from residence address)
4430 Roberts Avenue	

CITY	STATE	ZIP	CITY	STATE	ZIP
Beaumont	Texas	77707			

EMAIL ADDRESS (Optional)	OCCUPATION (Do not leave blank)	DATE OF BIRTH	COUNTY OF RESIDENCE
melaniesmith@msn.com	Court Coordinator	09/21/67	Jefferson

TELEPHONE NUMBER (Include area code) (Optional)	Length of Continuous Residence as of Date Application Sworn		
OFFICE 409-835-8429	IN STATE	IN CITY	IN DISTRICT OR PRECINCT
HOME: 409-842-4193	47 yr(s)	47 yr(s)	47 yr(s)
409-781-4190	___ mos	___ mos	___ mos

If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election

Before me, the undersigned authority, on this day personally appeared (name) Melanie Ann Smith, who being by me here and now duly sworn, upon oath says: "I, (name) Melanie A. Smith, of Jefferson County, Texas, being a candidate for the office of City Council Ward IV, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

X Melanie Smith
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 4:36 pm, this the 11th day of February 2015.

Stephanie Gandy
Signature of Officer administering oath

NOTARY
Title of Officer administering oath

SEAL

STEPHANIE GANDY
MY COMMISSION EXPIRES
May 22, 2015

TO BE COMPLETED BY SECRETARY OF BOARD:
(See Section 1.007)

2-11-15 Ina Broussard
Date Received Signature of Secretary

In Person

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

OFFICE USE ONLY

Acct. #

Date Received

CITY CLERKS OFFICE
CITY OF BEAUMONT
2015 FEB 13 PM 12:09

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

2 CANDIDATE NAME	MS / MRS / MR: FIRST: Melanie MI: A NICKNAME: LAST: Smith SUFFIX:
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 4430 Roberts Avenue Beaumont, TX 77707
4 CANDIDATE PHONE	AREA CODE: (409) PHONE NUMBER: 781-4690 EXTENSION:
5 OFFICE HELD (if any)	
6 OFFICE SOUGHT (if known)	City Council Ward IV
7 CAMPAIGN TREASURER NAME	MS/MRS/MR: FIRST: Calvin MI: NICKNAME: LAST: Williams SUFFIX: Sr.
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 3050 Blossom Beaumont, Texas 77705
9 CAMPAIGN TREASURER PHONE	AREA CODE: (409) PHONE NUMBER: 842-4337 EXTENSION:

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Melanie Smith
Signature of Candidate

2/12/2015
Date Signed

GO TO PAGE 2

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 ☑ — *If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.* POLITICAL COMMITTEE ☐ — *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.): FIRST: Melanie; MI: A NICKNAME: LAST: Smith; SUFFIX (SR., JR., III, etc.):
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE: (409); PHONE NUMBER: 781-4690; EXTENSION:
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4430 Roberts Ave. Beaumont Tx. 77707
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Beaumont City Council Ward IV
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)	
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.); FIRST; MI NICKNAME; 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 untrammeled 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.

Melanie Smith
Signature

2/11/15
Date

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

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: 11

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CITY OF BEAUMONT 2015 APR 9 PM 1:49

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs. FIRST: Melanie MI: F.

NICKNAME LAST: Smith SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4430 Roberts Ave.
Beaumont, Tx 77707

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (409) PHONE NUMBER 781 EXTENSION 4690

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Calvin MI:

NICKNAME LAST: Williams SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3350 Blossom Dr.
Beaumont, Tx 77705

8 CAMPAIGN TREASURER PHONE

AREA CODE (409) PHONE NUMBER 842 - 4337 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 $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 02 / 01 / 15 THROUGH Month Day Year: 03 / 30 / 15

11 ELECTION

ELECTION DATE Month Day Year: 05 / 09 / 15

ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): None

13 OFFICE SOUGHT (if known): City Council, Ward 4

14 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

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Melanie 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 1853.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 13,075.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ — 0 —
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 7,491.02
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5,583.98
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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.

Melanie Smith
Signature of Candidate or Officeholder

NOTARY PUBLIC STATE OF TEXAS
AMY C. JENKINS
Notary Public, State of Texas
My Commission Expires
November 25, 2016

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melanie Smith, this the 9 day of April, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Amy C. Jenkins: Printed name of officer administering oath | notary: Title of officer administering oath

Revised 08/25/2009

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME: Melanie 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)
3/10/15	IAFF 399 Bmt PAC 1307 Wall St. Beaumont, Tx	2,500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions): PAC

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)
3/12/15	Brandon Johnson 4880 Wyatt Beaumont, Tx 77705	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Real estate

Employer (See Instructions): Self

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)
3/12/15	Clifford Hardemann 4710 Cartwright Beaumont, Tx 77707	115.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions): Retired

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)
3/12/15	Walter Wilkerson 4150 Crow Rd. 17 Beaumont, tx 77706	75.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Sr. VP

Employer (See Instructions): Community Bank

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)
3/23/15	Veronica Matthews 1820 Lucille Beaumont, TX 77705	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions): Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

2 FILER NAME: Melanie 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)
3/12/15	Fay Francis 4430 Roberts Ave Beaumont, TX 77707	1130.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions): Retired

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)
2/27/15	Cornelius Williams 1149 Pearl Beaumont, TX 77701	150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Asst DA

Employer (See Instructions): Jefferson County

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)
3/4/15	Parige Property Management 445 N. 14th St Beaumont, TX 77701	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Real estate

Employer (See Instructions): Self-

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)
[illegible]/15	Ralph + Virginia Jordan 2145 Hazel Ave Beaumont TX 77702	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions): Retired

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)
3/12/15	Paula Blazek 2534 Long Beaumont, TX 77702	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): attorney

Employer (See Instructions): Jeimer + Getz

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME: Melanie 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)
3/20/15	Ellaretta Smiley 5340 Timberline Ln. Beaumont, TX 77706	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions): Retired

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)
3/15/15	Nancy Benford 3610 Canyon Lake Beaumont, Tx 77713	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions): Jefferson County

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)
3/23/05	BPOA PAC P.O. Box 3121 Beaumont, Tx 77704	2,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions): PAC

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)
3/17/15	Mr. John Raney 3753 Champions Dr. Beaumont, Tx 77707	150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions): Retired

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)
3/11/15	John Stafford 6885 Shanahan Dr. Beaumont, Tx 77706	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions): Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

2 FILER NAME: Melanie 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 / Job title (See Instructions)	10 Employer (See Instructions)
3/22/15	Jerry Levias 1626 Park St. Houston, Tx 77019	100.00			Retired
3/30/15	Anne Bradley 9495 Piney Point Ln. Beaumont, Tx 77708	100.00		Attorney	Self
3/30/15	Cody Woodul P.O. Box 21051 Beaumont, Tx 77720	500.00		Bus. owner	Self
3/30/15	Carl Griffith 2698 S IH-10 Winnie, Tx 77665	250.00		Bus. owner	Self
3/31/15	Donald DeBlanc 4665 Cartwright Beaumont, Tx 77707	300.00			Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

2 FILER NAME Melanie Smith

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/1/15	Shawn Javed 6 Contributor address; City; State; Zip Code 3530 Cardinal Dr. Beaumont TX 77705	$2,100.00	Paid for Signs
		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) Bus. owner

10 Employer (See Instructions) Self

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 SCHEDULE 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Melanie Smith

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 3/4/15

5 Payee name: Bison Printing

6 Amount ($): 2100.00

7 Payee address; City; State; Zip Code: 10100 Clay Rd. Suite G Houston, TX 77080

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Printing

(b) Description (If travel outside of Texas, complete Schedule T): Signs / Cards

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

---

Date: 3/12/15

Payee name: Rockin' A

Amount ($): 700.00

Payee address; City; State; Zip Code: 3520 Cardinal Dr. Beaumont, TX

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Event Expense

Description (If travel outside of Texas, complete Schedule T): Kickoff

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

---

Date: 3/12/15

Payee name: James Martin

Amount ($): 250.00

Payee address; City; State; Zip Code: 13470 Thousand Oaks Beaumont, TX 77713

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Event Expense

Description (If travel outside of Texas, complete Schedule T): DJ Services

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

---

Date: 3/21/15

Payee name: Torey Doucette

Amount ($): 150.00

Payee address; City; State; Zip Code: 4615 4th St. Beaumont, TX 77704

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Printing

Description (If travel outside of Texas, complete Schedule T): Push Cards

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Melanie Smith

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 3/21/15

5 Payee name: Brandon Johnson

6 Amount ($): 50.00

7 Payee address; City; State; Zip Code: 4880 Wyatt Beaumont, Tx 77705

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Printing

(b) Description (If travel outside of Texas, complete Schedule T): Easter Egg Hunt Flier

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

---

Date: 3/22/15

Payee name: Torey Doucette

Amount ($): 100.00

Payee address; City; State; Zip Code: 4615 4th St. Beaumont, Tx 77704

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Event

Description (If travel outside of Texas, complete Schedule T): Candy - Easter Egg Hunt

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

---

Date: 3/29/15

Payee name: St. Peter's Church

Amount ($): 50.00

Payee address; City; State; Zip Code: 4615 4th St. Beaumont Tx 77705

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Gift / Donation

Description (If travel outside of Texas, complete Schedule T):

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

---

Date:

Payee name:

Amount ($):

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule):

Description (If travel outside of Texas, complete Schedule T):

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: Melanie Smith

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount ($) / Reimbursement from political contributions intended
3/6/15	U-Haul Moving & Storage 3285 Milam St Beaumont, Tx 77701 U-Haul Rental	$262.78 ☑
3/11/15	Area Impressions Caps + T's 4570 Highland Ave. Beaumont, Tx 77705 T-shirts	1252.72 ☑
3/8/15	Sam's Club 1615 IH-10 S. Beaumont, Tx 77701 Gas	38.88 ☑
2/20/15	Jefferson County Tax-Assess P.O. Box 2112 Beaumont, Tx 77704 Voter Records	26.00 ☑
2/20/15	Jefferson County Tax P.O. Box 2112 Beaumont, Tx 77704 Voter Records	25.00 ☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 08/25/2009

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: Melanie Smith

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount ($) / Reimbursement from political contributions intended
3/4/15	Payee name: Bison Signs Payee address: 10100 Clay Rd. G Houston, Tx 77080 Purpose: Signs.	2376.11 ☑ Reimbursement from political contributions intended
3/28/15	Payee name: Carlitos Payee address: 2610 College Beaumont, Tx 77080 Purpose: lunch for block walkers	109.53 ☑ Reimbursement from political contributions intended
	Payee name: Payee address; City; State; Zip Code: Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($) ☐ Reimbursement from political contributions intended
	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 ($) ☐ Reimbursement from political contributions intended
	Payee name: Payee address; City; State; Zip Code: Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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: 10

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

2015 MAY -1 PM 3:52 CITY OF BEAUMONT

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs. FIRST: Melanie MI: F.

NICKNAME LAST: Smith SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4430 Roberts Ave.
Beaumont, Tx 77707

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (409) PHONE NUMBER 781-4690 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Calvin MI

NICKNAME LAST: Williams, SR. SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3350 Blossom Dr.
Beaumont Tx 77705

8 CAMPAIGN TREASURER PHONE

AREA CODE (409) PHONE NUMBER 842-4337 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 $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 04/01/15 THROUGH Month Day Year: 05/01/15

11 ELECTION

ELECTION DATE Month Day Year: 5/09/15

ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): None

13 OFFICE SOUGHT (if known): City Council, Ward 4

14 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

15 C/OH NAME: Melanie 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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 280.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4802.54
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,502.65
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,528.17
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ - 0 -

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

Melanie Smith
Signature of Candidate or Officeholder

AMY C. JENKINS
Notary Public, State of Texas
My Commission Expires
November 25, 2016

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melanie Smith, this the 8 day of May, 20 15, to certify which, witness my hand and seal of office.

Amy C Jenkins — Amy C Jenkins — Notary
Signature of officer administering oath — Printed name of officer administering oath — 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 A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1 of 2

2 FILER NAME: Melanie 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)
4/9/15	Hubert Oxford, III 3535 Calder, #300 Beaumont, Tx 77706	100.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions): Attorney		Employer (See Instructions): Self	
4/10/15	Joshua Allen 1390 Broadway Beaumont, Tx 77701	250.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	
4/20/15	Reaud & Associates 801 Laurel St. Beaumont, Tx 77701	1800.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions): Attorney		Employer (See Instructions): Self	
4/24/15	John Adolph Merion Beaumont, Tx 77707	200.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions): Pastor		Employer (See Instructions): Antioch Baptist Church	
4/17/15	Price & Co.-Shawn Javed 3530 W Cardinal Dr. Beaumont, Tx	342.58	Snacks, Food, Bev for polls (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions): Business Owner		Employer (See Instructions): Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 04/21/2010

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 A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2 of 2

2 FILER NAME: Melanie 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)
4/10/15	Lynda K. Maker 1900 Broadway Beaumont, TX 77701	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Law Firm

10 Employer (See Instructions): Self

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)
4/6/15	Melanie Smith 4430 Roberts Rd. Beaumont, TX 77707	510.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Court Coordinator

Employer (See Instructions): Jefferson County

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)
4/8/15	Bob J. Worthan 1360 Audubon Pl. Beaumont, TX 77706	1000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): District Attorney

Employer (See Instructions): Jefferson County

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)
4/29/15	Price & Co. - Shawn Javed 3530 W. Cardinal Dr. Beaumont, TX 77705	219.96	Snacks, Bev. for polls

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Bus. owner

Employer (See Instructions): Self

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 SCHEDULE AS NEEDED

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

Revised 04/21/2010

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
5		

4 Date 4/5/15	5 Payee name Magnolia Baptist Church	
6 Amount ($) 50.00	7 Payee address; City; State; Zip Code 2830 Pine St Beaumont, Tx 77701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Donation	(b) Description (If travel outside of Texas, complete Schedule T) Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/24/15	Payee name Torey Doucette	
Amount ($) 150.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Push Card
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/30/15	Payee name Mel-Troy Advertising	
Amount ($) 2330.00	Payee address; City; State; Zip Code 3670 Seminole Dr Beaumont, Tx 77707	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Radio
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/9/15	Payee name D'Vine Wine	
Amount ($) 397.14	Payee address; City; State; Zip Code 6755 Phelan Blvd #10 Beaumont, Tx 77707	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME Melanie Smith

3 ACCOUNT # (Ethics Commission Filers)

4 Date 4/10/15

5 Payee name

6 Amount ($)

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

(b) Description (If travel outside of Texas, complete Schedule T)

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

---

Date 4/9/15

Payee name HEB Plus

Amount ($) 169.00

Payee address; City; State; Zip Code 3025 Dowlen Beaumont, TX 77706

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) Food/Beverage Exp.

Description (If travel outside of Texas, complete Schedule T) Fundraiser

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

---

Date 4/10/15

Payee name Gift of Life

Amount ($) 100.00

Payee address; City; State; Zip Code 2390 Dowlen Beaumont, TX 77706

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) Event/Donation

Description (If travel outside of Texas, complete Schedule T) Champagne & Ribs

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

---

Date 4/11/15

Payee name Happy Donuts

Amount ($) 12.00

Payee address; City; State; Zip Code 6855 Eastex Fwy Beaumont, TX 77706

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) Food/Beverage

Description (If travel outside of Texas, complete Schedule T) Blockwalkers

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date 4/17/15

5 Payee name Triangle Blue Print

6 Amount ($) 108.25

7 Payee address; City; State; Zip Code 1123 Calder Ave. Beaumont Tx 77701

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) Printing

(b) Description (If travel outside of Texas, complete Schedule T) Car magnets

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date 4/20/15

Payee name Cash - Campaign

Amount ($) 200.00

Payee address; City; State; Zip Code 3670 Seminole Dr. Beaumont Tx 77707

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) Fundraising Expenses

Description (If travel outside of Texas, complete Schedule T) Gas, Stamps, Food

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date 4/20/15

Payee name Cash - Campaign

Amount ($) 25.00

Payee address; City; State; Zip Code 3670 Seminole Dr. Beaumont, TX 77707

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) Fees - Poll Signs

Description (If travel outside of Texas, complete Schedule T) Gas + tips

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date 4/26/15

Payee name Happy Donuts

Amount ($) 26.00

Payee address; City; State; Zip Code 6255 Eastex Fwy Beaumont, TX 77706

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) Food/Beverage

Description (If travel outside of Texas, complete Schedule T) Block walkers

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Melanie Smith

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 4/26/15

5 Payee name: HEB Plus

6 Amount ($): 7.30

7 Payee address; City; State; Zip Code: 3025 Dowlen, Beaumont, TX 77706

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Food/Bev. Expense

(b) Description (If travel outside of Texas, complete Schedule T): Juice for Blackwell

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: [illegible]

Payee name: [illegible]

Amount ($): [illegible]

Payee address; City; State; Zip Code: [illegible] Fwy

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): [illegible]

Description (If travel outside of Texas, complete Schedule T): [illegible]

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 4/30/15

Payee name: Cash - Campaign

Amount ($): 400.00

Payee address; City; State; Zip Code: 3670 Seminole Dr. Beaumont, TX 77707

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Polling Expense

Description (If travel outside of Texas, complete Schedule T): Payment to Pollworkers for gas, food + putting up sign

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 4/30/15

Payee name: Neil-Troy Advertising

Amount ($): 6,293.27

Payee address; City; State; Zip Code: 3670 Seminole Dr. Beaumont, TX 77707

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Ad Expense, Consulting, Printing, Fees

Description (If travel outside of Texas, complete Schedule T): Reimb services pre-paid + rendered

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 04/21/2010

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Melanie Smith	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/30/15	5 Payee name Neil-Troy Advertising	
6 Amount ($) 45.72	7 Payee address; City; State; Zip Code 3670 Seminole Dr. Beaumont, Tx 77707	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event/Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Reimb. food + decorations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/30/15	Payee name Neches Fed Credit Union	
Amount ($) 15.00	Payee address; City; State; Zip Code 1955 Dowlen Rd Beaumont, Tx 77706	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Melanie Smith	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/8/15	5 Payee name Sam's Club	
6 Amount ($) 38.88 ☑ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1615 I-105 Beaumont, Tx 77701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) Gas to put up Signs
Date 4/20/15	Payee name Sam's Southern Eatery	
Amount ($) 54.09 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2949 College St. Beaumont, Tx 77701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Steering Committee
Date 4/26/15	Payee name Academy Sports + Outdoor	
Amount ($) 81.00 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7130 Easter Fwy Beaumont, Tx 77708	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Chairs for polls
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 04/21/2010

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2015, covering calendar year ending December 31, 2014.
Use FORM PFS–INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

OFFICE USE ONLY

Date Received: 2015 MAY -7 PM 3:01

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI: Mrs. Melanie A

NICKNAME; LAST; SUFFIX: Smith

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 4430 Roberts Avenue Beaumont, Texas 77707

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION: (409) 781-4690

4 REASON FOR FILING STATEMENT

☒ CANDIDATE Beaumont City Council Ward IV (INDICATE OFFICE)

☐ ELECTED OFFICER _____ (INDICATE OFFICE)

☐ APPOINTED OFFICER _____ (INDICATE AGENCY)

☐ EXECUTIVE HEAD _____ (INDICATE AGENCY)

☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT

☐ STATE PARTY CHAIR _____ (INDICATE PARTY)

☐ OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Jamie Smith

DEPENDENT CHILD 1. Jordan Smith

2. _____

3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☑ N/A Part 1B - Retainers
- ☑ N/A Part 2 - Stock
- ☑ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☑ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☑ N/A Part 7A - Interests in Real Property
- ☑ N/A Part 7B - Interests in Business Entities
- ☑ N/A Part 8 - Gifts
- ☑ N/A Part 9 - Trust Income
- ☑ N/A Part 10A - Blind Trusts
- ☑ N/A Part 10B - Trustee Statement
- ☑ N/A Part 11A - Assets of Business Associations
- ☑ N/A Part 11B - Liabilities of Business Associations
- ☑ N/A Part 12 - Boards and Executive Positions
- ☑ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☑ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☑ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☑ N/A Part 16 - Representation by Legislator Before State Agency
- ☑ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☑ N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) Jefferson County 1085 Pearl Beaumont, Texas 77701
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Court Coor.
INFORMATION RELATES TO	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) Jefferson County 1085 Pearl Street Rm #203 Beaumont, Texas 77701
☐ SELF-EMPLOYED	NATURE OF OCCUPATION District Clerk
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address)
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, *see* FORM PFS–INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME: State Farm
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
MUTUAL FUND	NAME: Nationwide
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☒ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE
MUTUAL FUND	NAME: Axig
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability *of more than $1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, *see* FORM PFS–INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Neches Federal Credit Union
2 LIABILITY OF	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ $1,000–$4,999 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☒ $25,000–OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Colonial Mortgage
LIABILITY OF	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000–$4,999 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☒ $25,000–OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ $1,000–$4,999 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2014, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Melanie Smith

Signature of Filer

STEPHANIE GANDY
MY COMMISSION EXPIRES
May 22, 2015

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MELANIE SMITH, this the 6th day of MAY, 20 15, to certify which, witness my hand and seal of office.

Stephanie Gandy — Signature of officer administering oath

STEPHANIE GANDY — Printed name of officer administering oath

NOTARY — Title of officer administering oath