

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 files) **2 Total pages filed** 2

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST James M Earl	OFFICE USE ONLY
	NICKNAME Smitty LAST Smith SUFFIX	
		Date Received JAN 15 2009

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE	Date Hand-delivered or Date Postmarked
	3126 San Antonio San Angelo, Texas 76901	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (325) PHONE NUMBER 944-0936 EXTENSION	Receipt #	Amount
			Date Processed

6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST Charles M L	Date Maged
	NICKNAME LAST Young SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
	2741 Palo Duro Drive San Angelo, Texas 76904

8 CAMPAIGN TREASURER PHONE	AREA CODE (325) PHONE NUMBER 656-4810 EXTENSION
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9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH-116)

10 PERIOD COVERED	Month Day Year 10 / 28 / 2008 THROUGH Month Day Year 12 / 31 / 2008
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11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2008	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (Party) Tom Green Co. Constable Pct. 3	13 OFFICE Sought (if known) Tom Green Co. Constable Pct. 3
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
	Name
	Address / PO Box, Apt / Suite #, City, State, Zip Code

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME **James Earl Smith** 16 ACCOUNT # (Ethics Commission File #)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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. --


additional pages

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS TEMPERED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS TEMPERED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 167.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.



James Earl Smith
Signature of Candidate or Officeholder

ALL IX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Earl Smith this the 15th day of January, 2009, to certify which, witness my hand and seal of office.

Tonia Riley Tonia Riley Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath