

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>2</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received  <b>JAN 16 2025 10:40</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$ Date Processed Date Imaged
	Mr	Daryl	L	
NICKNAME	LAST	SUFFIX		
	Smith	Sr		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
Change of Address	2506 Stillwell St. Missouri City TX 77489			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( 713 )	854-8943		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Mr	Monte	Q	
	NICKNAME	LAST	SUFFIX	
		Redmond		
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
(Residence or Business)	3026 Palm Harbour Dr Missouri City TX 77489			
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( 832 )	368-2585		
<b>9</b> 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month	Day	Year	Month      Day      Year
	11	05	24	THROUGH      01      15      25
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	Primary      Runoff      Other Description
	11	5	24	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)	
	Fort Bend County Precinct 2 Constable			
<b>14</b> 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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

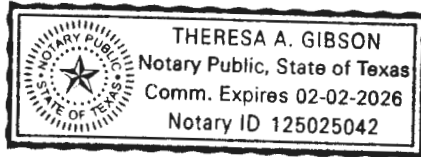
<b>15 C/OH NAME</b> Daryl Smith Sr		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,126.95

**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.

*Daryl L. Smith, Sr.*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Daryl L. Smith, Sr. this the 15<sup>th</sup> day of January, 2025, to certify which, witness my hand and seal of office.

*Theresa A. Gibson*      Theresa A. Gibson      Chief Administrator  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)