

# 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) <i>1111</i>	2 Total pages filed: <i>3 pages</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. Mark Garrett</i> NICKNAME LAST SUFFIX <i>Smith -</i>	<div style="border: 2px solid blue; padding: 5px; display: inline-block; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div>  <div style="color: red; font-weight: bold; font-size: 1.1em;">APR 14 2014</div>  <div style="color: blue; font-weight: bold; font-size: 1.1em;">CITY MANAGER'S OFFICE</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3444 Golfing Green Drive Farmers Branch TX 75234</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 707 1037</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr. C Reginald</i> NICKNAME LAST SUFFIX <i>Reggie Parson</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3421 Courtyard Circle Farmers Branch TX 75234</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 621-8241</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>02 / 17 / 2014    04 / 10 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 10 / 2014</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>None</i>	13 OFFICE SOUGHT (if known) <i>City Council Place 2 Farmers Branch</i>	
<div style="border: 1px solid gray; padding: 5px; display: inline-block;">GOTO PAGE 2</div>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME M. Garrett Smith 15 ACCOUNT # (Ethics Commission Filers)

16 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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,562.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.

Garrett Smith  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Garrett Smith, this the 14th day of April, 20 14, to certify which, witness my hand and seal of office.

Mary K Van Pelt  
Signature of officer administering oath

MARY K. VAN PELT  
Notary Public, State of Texas  
My Commission Expires  
December 28, 2017

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: <b>1</b>	
2 FILER NAME <b>Mark Garrett Smith</b>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>March 16 2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenn Douglass</b>	7 Amount of contribution (\$) <b>275<sup>00</sup></b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>Golfing Green Drive Farmers Branch TX 75224</b>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <b>Jewelry Dealer</b>		10 Employer (See Instructions) <b>-</b>		
Date <b>Feb 19 2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joel Presser</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>3407 Courtyard Circle Farmers Branch TX 75234</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <b>Marketing Consultant</b>		Employer (See Instructions) <b>-</b>		
Date <b>March 3 2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Herbert Hooks</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>6211 W. NW Hwy Suite 251 Dallas TX 75225</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>-</b>		
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| 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: <b>1</b>	2 FILER NAME <b>Mark Garrett Smith</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name <b>Can Do Printing</b>
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6 Amount (\$) <b>3,562.97</b>	7 Payee address; City; State; Zip Code <b>3330 N. Galloway Ave Mesquite TX 75150</b>
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Signs/Hangars</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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