2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 09 2012
Campaign Finance
Secretary of State

REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Candidate: Fer Smith
Address: 2480 Highway 16 West, Carthage, MS 39051 County: Leake
Telephone: (601) 859-6500 Fax: 859-0650
Office Sought: House of Representatives, District 27 Political Party: Democratic
Email Address: jmfoxferr@bellsouth.net

Check here if above is different from previous report

___ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) ____ Mandatory
___ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) ____ Mandatory
___ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) ____ Mandatory
___ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) ____ Primary Candidates
___ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) ____ Runoff Candidates Only
___ **October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) ____ Mandatory
___ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) ____ Mandatory
___ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) ____ Runoff Candidates Only
X **January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) ____ Mandatory
___ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. **Code Ann. § 23-15-807 (b) (ii) and (iii).**

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-itemized	= This Period	Calendar Year-To-Date
Total amount of contributions	$1,050.00	+$	$ 1,050.00	$ 5,000.00
Total amount of disbursements	$2,420.50	+$	$ 2,420.50	$ 3,397.00
Total amount of cash on hand			$ 1,603.50	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate: Fer Smith
Date: 1-9-12

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO : 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

SOS 07-11

Name of Candidate or Committee: Ferr Smith

Reporting period: October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carolyn Strete	10 / 17 / 11	$ 200.00
Mailing Address: 4312 Green Point Drive	/ /	$
City, State, Zip Code: Waco, TX 76710	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Laboratories Employee Political Action Committee	10 / 25 / 11	$ 250.00
Mailing Address: 100 Abbott Park Road	/ /	$
City, State, Zip Code: Abbott Park, IL 60064-6028	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gerald Smith	11 / 07 / 11	$ 200.00
Mailing Address: 8343 S. Luella Street	/ /	$
City, State, Zip Code: Chicago, IL 60617	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee for Clean Environment & Fair Taxation	11 / 8 / 11	$ 200.00
Mailing Address: 3000 N. State Street	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Farr Smith

Reporting period: October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Associations	12 / 07 / 11	$ 200.00
Mailing Address: P. O. Box 3500	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee Ferr Smith

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Rochelle Williams	Date (Mo., Day, Year) 10 / 7 / 11	Amount of each disbursement this period $ 75.00
Mailing Address 1755 West County Line Road		
City, State, Zip Code Jackson, MS 39213	/ /	$
Purpose of Disbursement (Optional) Campaign Documents	Aggregate Year-to-date	$
B. Full name Reginald Gilbert	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1226 Martin Road	10 / 11 / 11	$ 100.00
City, State, Zip Code Bentonia, MS 39040	/ /	$
Purpose of Disbursement (Optional) Campaigning	Aggregate Year-to-date	$
C. Full name Linnell Branson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1120 Old Robinson Road	10 / 12 / 11	$ 100.00
City, State, Zip Code Carthage, MS 39051	/ /	$
Purpose of Disbursement (Optional) Campaigning	Aggregate Year-to-date	$
D. Full name The Yazoo Herald	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1035 Grand Avenue	10 / 12 / 11	$ 271.00
City, State, Zip Code Yazoo City, MS 39094	/ /	$
Purpose of Disbursement (Optional) Campaign Announcement Ad	Aggregate Year-to-date	$
E. Full name Space Age Photos	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 12 / 11	$ 425.00
City, State, Zip Code Jackson, MS	/ /	$
Purpose of Disbursement (Optional) Campaign Flyers	Aggregate Year-to-date	$
F. Full name Pruid Dickson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 14 / 11	$ 300.00
City, State, Zip Code Bentonia, MS	/ /	$
Purpose of Disbursement (Optional) Campaigning	Aggregate Year-to-date	$

Name of Candidate or Committee: Perr Smith
Reporting period: October 1, 2011 through October 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Democratic Congressional Campaign Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 430 South Capitol Street	10 / 17 / 11	$ 50.00
City, State, Zip Code Washington, DC 20003	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$
B. Full name Noel Kincaid	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 412 John Day Road	10 / 18 / 11	$ 100.00
City, State, Zip Code Canton, MS 39046	/ /	$
Purpose of Disbursement (Optional) Campaigning	Aggregate Year-to-date	$
C. Full name Frank Matlock	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 202 Martin Luther King Drive	10 / 18 / 11	$ 100.00
City, State, Zip Code Carthage, MS 39051	/ /	$
Purpose of Disbursement (Optional) Campaigning	Aggregate Year-to-date	$
D. Full name Omega Psi Phi Fraternity	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 1391	10 / 21 / 11	$ 25.00
City, State, Zip Code Canton, MS 39046	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$
E. Full name Racardi Smith	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 487 Smith Avenue	10 / 26 / 11	$ 100.00
City, State, Zip Code Carthage, MS 39051	/ /	$
Purpose of Disbursement (Optional) Campaigning	Aggregate Year-to-date	$
F. Full name Perr Smith	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 2480 Highway 16 West	10 / 26 / 11	$ 100.00
City, State, Zip Code Carthage, MS 39051	/ /	$
Purpose of Disbursement (Optional) Campaign Expense	Aggregate Year-to-date	$

Name of Candidate or Committee Ferr Smith

Reporting period October 1, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Rochelle Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1755 West County Line Road	10 / 31 / 11	$ 75.00
City, State, Zip Code Jackson, MS 39213	/ /	$
Purpose of Disbursement (Optional) Campaign Documents	Aggregate Year-to-date	$
B. Full name Committee to Re-Elect Mamie Chinn	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1120 West Peace Street	11 / 07 / 11	$ 50.00
City, State, Zip Code Canton, MS 39046	/ /	$
Purpose of Disbursement (Optional) Campaign Donation	Aggregate Year-to-date	$
C. Full name Prudi Dickson	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	11 / 09 / 11	$ 125.00
City, State, Zip Code Bentonia, MS	/ /	$
Purpose of Disbursement (Optional) Campaign Expense	Aggregate Year-to-date	$
D. Full name Linnell Branson	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1120 Old Robinson Road	11 / 09 / 11	$ 100.00
City, State, Zip Code Carthage, MS 39051	/ /	$
Purpose of Disbursement (Optional) Campaign Expense	Aggregate Year-to-date	$
E. Full name National High School Printing Association	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 7704 Trinity Blvd.	12 / 06 / 11	$ 149.50
City, State, Zip Code Fort Worth, TX 76118	/ /	$
Purpose of Disbursement (Optional) Sponsorship (Velma Jackson High)	Aggregate Year-to-date	$
F. Full name Oliver Smith	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 2254 Old Robinson Road	12 / 07 / 11	$ 50.00
City, State, Zip Code Carthage, MS 39051	/ /	$
Purpose of Disbursement (Optional) Political Donation	Aggregate Year-to-date	$

Name of Candidate or Committee Ferr Smith

Reporting period October 1, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Tougaloo College	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 500 West County Line Road	12 / 08 / 11	$ 25.00
City, State, Zip Code Tougaloo, MS 39174	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$
B. Full name Canton Police Department	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	12 / 15 / 11	$ 100.00
City, State, Zip Code Canton, MS 39046	/ /	$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	$
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$