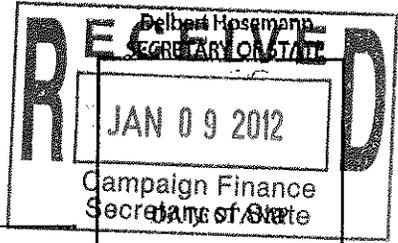




REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Jeffrey C. (Jeff) Smith
 Address P.O. Box 601 Columbus MS County Lowndes
 Telephone 662-328-2711 Fax _____
 Office Sought State Rep. #39 Political Party R
 Email Address simsand Sims@yahoo.com

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 24, 2011, through September 30, 2011) _____ Mandatory
- November 7, 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
- January 10, 2012 Periodic Report (October 30, 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	\$ 750.00	+	\$ —	=	\$ 750.00	\$ 61,350 (61,550)	
Total amount of disbursements		+	\$ 4,998.50	=	\$ 4,998.50	\$ 59,875.50	
Total amount of cash on hand						\$ 1,674.50	

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 Jeffrey C. Smith

Date 1/10/12

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.

Name of Candidate or Committee Jeffrey C. Smith

Reporting period ~~October 1, 2011~~ NOV 1, 2011 through ~~October 31, 2011~~ Dec 31, 2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NISSAN NA</u>	<u>12 / 15 / 11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 605001</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Franklin TN 37068-5001</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Verizon</u>	<u>11 / 16 / 11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 2200</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Folsom, CA 95763-2200</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$ _____