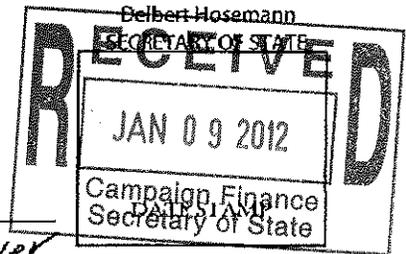


2011 ELECTION CYCLE

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2011 Elections



Name of Candidate TONY SMITH  
 Address 51 LANCAIR DR PLATONUE, MS County Pearl River  
 Telephone 601-569-0691 Fax 601-749-4182  
 Office Sought SENATE Political Party REPUBLICAN  
 Email Address smithsenate47@gmail.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 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
  - 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	\$ 3,050.00	+	\$ 200.00	=	\$ 3,250.00	\$ 32,025.00
Total amount of disbursements	\$ 2,000.00	+	\$ 1,212.34	=	\$ 3,212.34	\$ 28,117.48
Total amount of cash on hand			\$ 385.25	=	\$ 385.25	

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

Tony Smith  
Signature of Candidate

1-10-11  
Date

**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 TONY SMITH  
 Reporting period Oct 1, 2011 through Dec 31, 2011

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Thomas Miller</u>	<u>11/21/11</u>	\$ <u>250.00</u>
Mailing Address <u>529 Windsor Dr.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>MADISON, MS 39110</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>OPTOMETRY FOR PROGRESS</u>	<u>11/21/11</u>	\$ <u>500.00</u>
Mailing Address <u>141 CREATIVE DR.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>MADISON, MS 39110</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>BEAU DUVAL</u>	<u>11/21/11</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 7325</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>BILOXI, MS 39540</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Centene Mount CO</u>	<u>11/21/11</u>	\$ <u>500.00</u>
Mailing Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>St. Louis, MO 63105</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee TOM SMITH  
 Reporting period Oct 1, 2011 through Dec 31, 2011

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>CHEVRON</u>	<u>11/12/11</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 90321</u>	[ ] [ ] [ ]	\$ [ ]
City, State, Zip Code <u>CONCORD, CA 94524</u>	[ ] [ ] [ ]	\$ [ ]
Name of Employer (Required)	[ ] [ ] [ ]	\$ [ ]
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>AT&amp;T</u>	<u>11/31/11</u>	\$ <u>400.00</u>
Mailing Address <u>175 E. Capitol St.</u>	[ ] [ ] [ ]	\$ [ ]
City, State, Zip Code <u>JACKSON, MS 39201</u>	[ ] [ ] [ ]	\$ [ ]
Name of Employer (Required)	[ ] [ ] [ ]	\$ [ ]
Occupation (Required)	Aggregate year-to-date	\$ [ ]
C. Source <input type="checkbox"/> Corporation <input checked="" 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>MS Power</u>	<u>12/19/11</u>	\$ <u>400.00</u>
Mailing Address <u>PO Box 4079</u>	[ ] [ ] [ ]	\$ [ ]
City, State, Zip Code <u>Campana, MS 39502</u>	[ ] [ ] [ ]	\$ [ ]
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	\$ [ ]

Name of Candidate or Committee TONY SMITH  
 Reporting period Oct 1 - ~~2011~~ through Dec 31, 2011

## ITEMIZED DISBURSEMENTS

A. Full name <u>ANTHONY SMITH</u>	Date (Mo., Day, Year) <u>11 / 05 / 11</u>	Amount of each disbursement this period <u>\$ 2,000.00</u>
Mailing Address <u>51 LANCASTER DR</u>		
City, State, Zip Code <u>WILMINGTON, MS 39406</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>6,000.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$