2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Candidate

RECEIVED
JAN 31 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Candidate Ferr Smith

Address 2480 Highway 16 West, Carthage, MS 39051

Telephone (601) 859-6500 Fax (601) 859-0650

Contact Name Ferr Smith Email jmfoxferr@bellsouth.net

Office Sought House of Rep. Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

_____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)..... Mandatory

_____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... Runoff Candidates

_____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..... All Candidates

_____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates

X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)..... All Candidates and Political Committees

_____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

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	$ 400.00 + $	$ 400.00	$ 400.00
Total amount of disbursements	$ 845.17 + $	$ 845.17	$ 845.17
Total amount of cash on hand		$ -282.95	

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 1/31/11 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
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. §§ 23-15-811 and 813 (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 601-359-1499 or 601-576-2919.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Ferr Smith

Reporting period 1/01/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Mississippi Politcal Action	11/18/10	$ 200.00
Mailing Address: 175 E. Capital Street	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Disbursal Committee	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: Committee for Clean Environment	12/17/10	$ 200.00
Mailing Address: 3000-B North State Street	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): CEAET PAC Director	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 1/01/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rochelle A. Williams		
Mailing Address: 1755 West County Line Road	1/04/10	$ 50.00
City, State, Zip Code: Jackson, MS 39213	/ /	$
Purpose of Disbursement (Optional): Bookkeeping (Dec.09 & Jan.10)	Aggregate Year-to-date	$ 671.66
B. Full name: MCAC Delta Sigma Theta	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	1/22/10	$ 25.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional): Donation/Ad	Aggregate Year-to-date	$
C. Full name: Rochelle A. Williams	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 1755 West County Line Road	2/03/10	$ 25.00
City, State, Zip Code: Jackson, MS 39213	/ /	$
Purpose of Disbursement (Optional): Bookkeeping (Feb. 10)	Aggregate Year-to-date	$ 613. 06
D. Full name: Rochelle A. Williams	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 1755 West County Line Road	3/03/10	$ 25.00
City, State, Zip Code: Jackson, MS 39213	/ /	$
Purpose of Disbursement (Optional): Bookkeeping (March 10)	Aggregate Year-to-date	$ 579.61
E. Full name: Rochelle A. Williams	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 1755 West County Line Road	4/05/10	$ 25.00
City, State, Zip Code: Jackson, MS 39213	/ /	$
Purpose of Disbursement (Optional): Bookkeeping (April 10)	Aggregate Year-to-date	$
F. Full name: Leake County Branch NAACP	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 2131 Red Dog Road	4/14/10	$ 50.00
City, State, Zip Code: Carthage, MS 39051	/ /	$
Purpose of Disbursement (Optional): 1/2 Page Ad	Aggregate Year-to-date	$

Name of Candidate or Committee Ferr Smith

Reporting period 1/01/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jackson-Hinds MVSU Alumni		
Mailing Address: P. O. Box 9868	4 /19 /10	$25.00
City, State, Zip Code: Jackson, MS 39286-0868	/ /	$
Purpose of Disbursement (Optional): Choir Donation (MVSU)	Aggregate Year-to-date	$ 470.84
B. Full name: Rising Chapel Baptist Church	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P. O. Box 1092	5 /21 /10	$ 25.00
City, State, Zip Code: Canton, MS 39046	/ /	$
Purpose of Disbursement (Optional): 1/4 Page Ad	Aggregate Year-to-date	$
C. Full name: Dr. J. T. Alfred	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 1001 Frost Hollow Dr.	6 /04 /10	$ 39.95
City, State, Zip Code: Dallas, TX	/ /	$
Purpose of Disbursement (Optional): Medical Book Donated	Aggregate Year-to-date	$ 388.89
D. Full name: United Church of Christ	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P. O. Box 633	6 /23 /10	$ 25.00
City, State, Zip Code: Canton, MS 39046	/ /	$
Purpose of Disbursement (Optional): Youth Donation	Aggregate Year-to-date	$
E. Full name: Troop # 558	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address:	7 /19 /10	$ 20.00
City, State, Zip Code:	/ /	$
Purpose of Disbursement (Optional): Donation	Aggregate Year-to-date	$ 335.22
F. Full name: St. Peters Missionary Baptist Church	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 921 Sharon Road	7 /15 /10	$ 50.00
City, State, Zip Code: Canton, MS 39046	/ /	$
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$

Name of Candidate or Committee Ferr Smith

Reporting period 1/01/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
National American Miss		
Mailing Address: 3039 Covington Place	7/21/10	$25.00
City, State, Zip Code: Roundrock, TX 78618	__/__/__	$
Purpose of Disbursement (Optional): Donation (Alexis Jackson)	Aggregate Year-to-date	$
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
National American Miss		
Mailing Address: 2039 Covington Place	7/26/10	$25.00
City, State, Zip Code: Roundrock, TX 78618	__/__/__	$
Purpose of Disbursement (Optional): Donation (Ferderica Cobb)	Aggregate Year-to-date	$ 166.35
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Friends of Jim Hood		
Mailing Address: P. O. BOx 16647	8/12/10	$ 100.00
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
Purpose of Disbursement (Optional): Contribution	Aggregate Year-to-date	$
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
IRS Levy		
Mailing Address	9/24/10	$ 310.22
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Tax Lien Levy	Aggregate Year-to-date	$ -282.95
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	$