2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 11 2010
Campaign Finance
Secretary of State

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Candidate James E. ("Jes") Smith, III

Address P.O. Box 722, Carthage, MS 39051 County Leake

Telephone Work (601) 267-5611 Home (601) 267-4922 Fax (601) 267-3641

Contact Name James E. ("Jes") Smith, III Email Address jes@electjesesmith.com

Office Sought Circuit Judge, 8th Judicial District, Place 2

☐ Check here if above is different from previous report

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory

____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory

____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory

X October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory

____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory

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

____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory

____ 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	$ -0- +$ -0-	$ -0-	$ -0-
Total amount of disbursements	$ 5,746.00 +$ 196.00	$ 5,942.00	$ 5,942.00
Total amount of cash on hand		$	

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

10-10-10
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 601-576-2918.
2. Candidates for countywide and county District offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee James E. ("Jay") Smith, III

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Political Insights, Inc.		
Mailing Address: 460 Briarwood Drive, Suite 300	07/07/2010	$ 2,643.00
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
Purpose of Disbursement (Optional): Campaign Brochures	Aggregate Year-to-date	$ 2,643.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Neshoba Democrat		
Mailing Address: 439 East Beacon Street	07/16/2010	$ 550.00
City, State, Zip Code: Philadelphia, MS 39350	__/__/__	$
Purpose of Disbursement (Optional): Advertisement	Aggregate Year-to-date	$ 550.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
McNair Signs		
Mailing Address: 4093 Highway 35 North	__/__/__	$ 2,563.00
City, State, Zip Code: Carthage, MS 39051	__/__/__	$
Purpose of Disbursement (Optional): Campaign Signs	Aggregate Year-to-date	$ 2,563.00
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	$