2008 ELECTION CYCLE
CPR – SS 08-01

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Campaign Finance
Secretary of State

JUDICIAL CANDIDATE'S REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Jeffrey C. Smith

Address P.O. Box 681, Columbus, MS 39703 County Lowndes

Telephone (Work) 662-328-2711 (Home) 662-327-0407 (Fax) 662-328-0745

Contact Name Jeff Smith Email Address simsandsims@yahoo.com

Office Sought MS House of Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___	May 9, 2008	Periodic Report (January 1, 2008, through April 30, 2008)	Mandatory
___	June 10, 2008	Periodic Report (May 1, 2008, through May 31, 2008)	Mandatory
___	July 10, 2008	Periodic Report (June 1, 2008, through June 30, 2008)	Mandatory
___	October 10, 2008	Periodic Report (July 1, 2008 through September 30, 2008)	Mandatory
___	October 28, 2008	Pre-Election Report (October 1, 2008, through October 25, 2008)	Mandatory
___	November 18, 2008	Pre-Runoff Report (October 26, 2008, through November 15, 2008)	Runoff Candidates
X	~~January 9, 2009~~ January 30, 2009	Periodic Report (October 26, 2008, through December 31, 2008)	Mandatory
___		Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.)	Required to terminate reporting obligations

IMPORTANT

(1) Periodic 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 appropriate office 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.

(4) Contributions in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions	$ 13,400.00 + $	$ 13,400.00	$
Total amount of disbursements	$ 23,871.17 + $	$ 23,871.17	$
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) (Date) 01-30-09

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 Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jeffrey C. Smith

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Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Friends of Andy Gipson, Inc.	01/02/08	$1,000.00
Mailing Address: 414 Holly Grove Rd.	01/04/08	$1,000.00
City, State, Zip Code: Braxton, MS 39044	__/__/__	$
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: I PAC	04/14/08	$9,600.00
Mailing Address: 306 Maxey Dr. Ste. D	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
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: United Heath Care Services, Inc.	07/18/08	$500.00
Mailing Address: P.O. Box 1459	__/__/__	$
City, State, Zip Code: Minneapolis, MN 55440	__/__/__	$
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: MS Dental PAC	09/10/08	$300.00
Mailing Address: 2630 Ridgewood Rd. Ste. C.	__/__/__	$
City, State, Zip Code: Jackson, MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Jeffrey C. Smith

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Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Labs	10/14/08	$ 250.00
Mailing Address: 100 Abbott Park	__/__/__	$
City, State, Zip Code: Abbott Park, IL 60064	__/__/__	$
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: Georgia Pacific Fin. Manag. LLC	11/17/08	$ 250.00
Mailing Address: P.O. Box 61270	__/__/__	$
City, State, Zip Code: Phoenix, AZ 85082	__/__/__	$
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: MS Assoc. for Home Care	11/19/08	$ 500.00
Mailing Address: P.O. Box 1468	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
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 Jeffrey C. Smith

Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Jeff Smith	01/11/08	$ 500.00
P. O. Box 681	01/25/08	$ 425.00
Columbus, MS 39703	Aggregate Year-to-date	$
reimbursement		
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Corky Smith	01/14/08	$ 200.00
1013 Prince George	02/01/08	$ 167.00
Columbus, MS 39701	Aggregate Year-to-date	$
reimbursement		
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Caitlyn Smith	01/15/08	$ 300.00
1013 Prince George	__/__/__	$
Columbus, MS 39701	Aggregate Year-to-date	$
reimbursement		
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Chase	01/02/08	$ 1,353.00
	02/11/08	$ 984.23
Wilmington, DE	Aggregate Year-to-date	$
out-of-pocket expenses		
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Lancaster	01/24/08	$ 2,392.04
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
First Baptist Church	01/22/08	$ 260.00
202 7th St. N.	__/__/__	$
Columbus, MS 39701	Aggregate Year-to-date	$
donation		

Name of Candidate or Committee Jeffrey C. Smith

Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Jeff Smith / PO Box 681 / Columbus, MS 39703 / reimbursement for travel	01/28/08	$ 750.00
	02/11/08	$ 100.00
	Aggregate Year-to-date	$
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Cavalier Busn. Communications / P.O. Box 2252 / Birmingham, AL 35246 / telephon service	01/28/08	$ 486.90
	02/22/08	$ 483.54
	Aggregate Year-to-date	$
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Greg Andrews Tax A/C / P.O. Box 1077 / Columbus, MS 39703	02/01/08	$ 1,667.84
	07/28/08	$ 336.67
	Aggregate Year-to-date	$
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Danyel Baker / Columbus, MS 39705 / reimbursement	02/07/08	$ 50.00
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Cellular South / 1912 Hwy. 45 N / Columbus, MS 39705 / cell phone bill	01/31/08	$ 337.78
	02/27/08	$ 477.57
	Aggregate Year-to-date	$
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Bank of America / Wilmington, DE / reimbursement of expenses	02/01/08	$ 300.00
	02/08/08	$ 350.00
	Aggregate Year-to-date	$

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ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
American Express	02/11/08	$ 367.29
	__/__/__	$
reimburse expenses	Aggregate Year-to-date	$
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Sterling Towers	02/07/08	$ 475.00
170 East Griffith	03/04/08	$ 475.00
Jackson, MS 39201	Aggregate Year-to-date	$
Apt. rent		
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Tire Depot	03/04/08	$ 319.95
	__/__/__	$
Auto expense	Aggregate Year-to-date	$
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Bank of America	03/21/08	$ 400.00
	__/__/__	$
travel expenses	Aggregate Year-to-date	$
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Cellular South	03/27/08	$ 451.11
1912 Hwy 45 N	05/06/08	$ 380.88
Columbus, MS 39705	Aggregate Year-to-date	$
telephone - cell phone		
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Cavalier Busn. Communication	03/24/08	$ 453.54
P.O. Box 2252	04/25/08	$ 526.77
Birmingham, AL 35246	Aggregate Year-to-date	$
landline phone service		

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ITEMIZED DISBURSEMENTS

A. Full name H. P. Real Estate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04/03/08	$ 300.00
City, State, Zip Code Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional) Apt. rent	Aggregate Year-to-date	$
B. Full name Sterling Towers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 170 East Griffith	04/07/08	$ 475.00
City, State, Zip Code Jackson, MS 39201	05/12/08	$ 475.00
Purpose of Disbursement (Optional) Apt. rent	Aggregate Year-to-date	$
C. Full name Cavalier Busn. Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 2252	05/19/08	$ 490.77
City, State, Zip Code Birmingham, AL 35246	07/18/08	$ 495.75
Purpose of Disbursement (Optional) landline telephone	Aggregate Year-to-date	$
D. Full name Designer Gallery	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05/26/08	$ 130.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	$
E. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1912 Hwy 45 N	06/24/08	$ 435.96
City, State, Zip Code Columbus, MS 39705	09/02/08	$ 380.71
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name Robert Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06/30/08	$ 200.00
City, State, Zip Code Columbus, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

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ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: The Commercial Dispatch Mailing Address: 516 Main St. City, State, Zip Code: Columbus, MS 39701 Purpose of Disbursement (Optional): Advertisement	07/02/08	$ 45.00
	12/10/08	$ 135.00
	Aggregate Year-to-date	$
B. Full name: Barristers Mailing Address: City, State, Zip Code: Hattiesburg, MS Purpose of Disbursement (Optional): CLE - Credit	Date (Mo., Day, Year)	Amount of each disbursement this period
	07/24/08	$ 250.00
	__/__/__	$
	Aggregate Year-to-date	$
C. Full name: Lynn Sanders Mailing Address: City, State, Zip Code: Columbus, MS Purpose of Disbursement (Optional): reimburse for work	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	08/05/08	$ 250.00
	Aggregate Year-to-date	$
D. Full name: Sterling Towers Mailing Address: 170 East Griffith City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional): Apt. rent	Date (Mo., Day, Year)	Amount of each disbursement this period
	08/05/08	$ 475.00
	10/08/08	$ 475.00
	Aggregate Year-to-date	$
E. Full name: Laura Smith Mailing Address: 1013 Prince George City, State, Zip Code: Columbus, MS 39705 Purpose of Disbursement (Optional): reimbursement	Date (Mo., Day, Year)	Amount of each disbursement this period
	08/08/08	$ 350.00
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name: Cavalier Busn. Communication Mailing Address: P.O. Box 2252 City, State, Zip Code: Birmingham, AL 35246 Purpose of Disbursement (Optional): telephone service	Date (Mo., Day, Year)	Amount of each disbursement this period
	08/18/08	$ 494.02
	09/25/08	$ 488.99
	Aggregate Year-to-date	$

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ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Cellular South Mailing Address: 1912 Hwy 45N City, State, Zip Code: Columbus, MS 39705 Purpose of Disbursement (Optional): Cell phone service	10/02/08	$ 361.65
	10/08/08	$ 425.64
	Aggregate Year-to-date	$
B. Full name: Sterling Towers Mailing Address: 170 East Griffith City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional): Apt. rent	09/09/08	$ 475.00
	__/__/__	$
	Aggregate Year-to-date	$
C. Full name: Cavalier Busn. Communication Mailing Address: P.O. Box 2252 City, State, Zip Code: Birmington, AL 35246 Purpose of Disbursement (Optional):	12/01/08	$ 491.57
	__/__/__	$
	Aggregate Year-to-date	$
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$