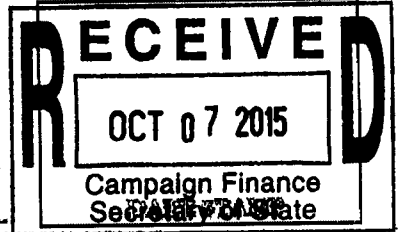


2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Jeffrey C (Jeff) Smith
 Address P.O.Box 681 Columbus, MS 39703 County Lowndes
 Telephone (Work) 662-328-2711 (Home) _____ (Fax) 662-328-0745
 Contact Name Jeff Smith Email Address simsandsims@yahoo.com
 Office Sought Dist 39 House of Representatives Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)Mandatory
- ____ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)Mandatory
- ____ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)Mandatory
- ____ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)Mandatory
All Primary Candidates and Political Committees
- ____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)Mandatory
- ____ October 27, 2015 Pre-Election ReportMandatory
All Candidates and Political Committees
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
- ____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- ____ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)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 Secretary of State 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	\$	30050	+	\$ 5000	\$ 35050	\$ 62900
Total amount of disbursements	\$	12423.45	+	\$ 2500	\$ 14923.45	\$ 31135.65
Total amount of cash on hand			\$ 31764.35			

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

Jeff Smith

10/7/2015
Date

Authority: Refer to Miss. Code Ann. §23-15-901 (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 39206 or fax to (601) 576-2345
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

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Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1 2015 through September 30 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sterling Towers		
Mailing Address 120 E Griffith St	7 / 1 / 15	\$ 500.00
City, State, Zip Code Jackson, MS 39201	8 / 1 / 15	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2000.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
John Read		
Mailing Address	7 / 27 / 15	\$ 750.00
City, State, Zip Code Gautier MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 750.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BankFirst		
Mailing Address	8 / 3 / 15	\$ 503.80
City, State, Zip Code	8 / 10 / 15	\$ 861.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1864.80
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Advertising		
Mailing Address	8 / 31 / 15	\$ 1000.00
City, State, Zip Code	9 / 20 / 15	\$ 6900.00
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	\$ 7900.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Commercial Dispatch		
Mailing Address	9 / 14 / 15	\$ 412.65
City, State, Zip Code Columbus, MS 39701	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Newspaper Advertising	Aggregate Year-to-date	\$ 412.65
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Columbus Packet		
Mailing Address	9 / 4 / 15	\$ 247.00
City, State, Zip Code Columbus MS 39701	9 / 20 / 15	\$ 249.00
Purpose of Disbursement (Optional) ads	Aggregate Year-to-date	\$ 496.00

Name of Candidate or Committee Jeffrey C. (Jeff) Smith
 Reporting period July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. 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>Pfizer</u>		<u>7</u> / <u>27</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>6730 Lenox Center CT</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Memphis, TN 38115</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
B. 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>MRBAPAC</u>		<u>7</u> / <u> </u> / <u>15</u>	\$ <u>2500.00</u>
Mailing Address <u>601 George St</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>2500.00</u>
C. 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>Marathon Petroleum Co, LP</u>		<u>8</u> / <u>4</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>539 S Main St</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Findlay, OH 45840-3229</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. 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>Takeda</u>		<u>8</u> / <u>20</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>One Takeda Parkway</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Deerfield, IL 60015</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. 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>Electric Power Assoc of Ms State PAC</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>3000.00</u>
Mailing Address <u>P.O.Box 3300</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>3000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Paul Hurst</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>2210 Culleywood Rd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Tomme S. Cardin</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>176 Green Glades</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland MS 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Sidney P Allen</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>258 Bras Burn Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>J Kirk Sims</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>4211 Brookdale St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39206</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mark Garriga</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>121 Golden Pond Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Kathryn Stewart</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>133 Woodland Hills Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Neely Carlton</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>149 Cypress Lake Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John England</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>2034 Petk Bols St 5</u>	/ /	\$
City, State, Zip Code <u>Jackson, MS 39211</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 type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Donald Clark</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 6010</u>	/ /	\$
City, State, Zip Code <u>Ridgeland MS 39211</u>	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charlie Williams</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>1303 Pelican Loop</u>	/ /	\$
City, State, Zip Code <u>Oxford, MS 38655</u>	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carner Corp</u>	<u>8</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>2800 Rockcreek Pkwy</u>	/ /	\$
City, State, Zip Code <u>North Kansas City, MO 64117-2521</u>	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: <input 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) <u>Organization</u>		
Full name <u>Lowndes County Republican Party</u>	<u>8</u> / <u>31</u> / <u>15</u>	\$ <u>750.00</u>
Mailing Address		\$
City, State, Zip Code <u>Columbus, MS 39701</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>750.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS for Self Insurance PAC</u>	<u>9</u> / <u>4R</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address		\$
<u>825 N President St</u>		\$
City, State, Zip Code <u>Jackson, MS 39202</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input 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) <u>LLC</u>		
Full name <u>Rehabilitation Centers, LLC</u>	<u>9</u> / <u>11</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address		\$
<u>100-A Jadek Dr, NE</u>		\$
City, State, Zip Code <u>Magee, MS 39111</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
D. 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>Ms Primary Health Care Assoc PAC</u>	<u>9</u> / <u>17</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address		\$
<u>6400 Lakeover Road, Ste A</u>		\$
City, State, Zip Code <u>Jackson, MS 39213</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1 2015 through September 30 2015

ITEMIZED RECEIPTS

A. 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 MPA-Pac	9 / 21 / 15	\$ 500
Mailing Address 110 Airport Road, Ste C	/ /	\$
City, State, Zip Code Pearl MS 39208	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. 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 Huntington Ingalls Industries	9 / 22 / 15	\$ 1000.00
Mailing Address P.O.Box 149	/ /	\$
City, State, Zip Code Pascagoula, MS 39568	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
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 MAE-PAC Agents and Employees of State Farm	8 / 14 / 15	\$ 1000.00
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
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 Independent Ins Agents MS-PAC	8 / 10 / 15	\$ 500.00
Mailing Address 124 Riverview Dr	/ /	\$
City, State, Zip Code Floewood MS 39232	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1 2015 through September 30 2015

ITEMIZED RECEIPTS

A. Source: <input 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>Anheuser Busch</u>	<u>8</u> / <u>21</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input 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>Kroger</u>	<u>8</u> / <u>22</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input 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>Swisher International</u>	<u>8</u> / <u>14</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O.Box 2230</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Jacksonville, FL 32202</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input 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>Ms Manufacturers Assoc PAC</u>	<u>8</u> / <u>10</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>720 N President St</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Jackson MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1 2015 through September 30 2015

ITEMIZED RECEIPTS

A. 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 <u>Ms Malt Beverage Assc PAC</u>	<u>8</u> / <u>21</u> / <u>15</u>	\$ <u>800.00</u>
Mailing Address <u>P.O.Box 1132</u>	/ /	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>800.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams and Reese LLP</u>	<u>8</u> / <u>22</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>4500 One Shell Sq</u>	/ /	\$
City, State, Zip Code <u>New Orleans, LA 70139</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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 <u>Ms Export RR</u>	<u>8</u> / <u>14</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>4519 McInnis Ave</u>	/ /	\$
City, State, Zip Code <u>Moss Point MS 39583</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
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 <u>Eli Lilly and Co</u>	<u>8</u> / <u>10</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1 2015 through September 30 2015

ITEMIZED RECEIPTS

A. 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 <u>Interstate Partners</u>	<u>8</u> / <u>21</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>909 Poydras St Ste 2230</u>	/ /	\$
City, State, Zip Code <u>New Orleans, LA 70112</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
B. 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 <u>MMHA-PAC</u>	<u>8</u> / <u>22</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O.Box 320369</u>	/ /	\$
City, State, Zip Code <u>Jackson, MS 39232</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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 <u>Committee for a Clean Environment/Beverage Assoc of MS</u>	<u>8</u> / <u>14</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>3000 N State St</u>	/ /	\$
City, State, Zip Code <u>Jackson MS 39216</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
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 <u>Motorola Solutions PAC</u>	<u>8</u> / <u>10</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>1455 Pennsylvania Ave NW Ste 900</u>	/ /	\$
City, State, Zip Code <u>Washington DC 20004</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Jeffrey C (Jeff) Smith
 Reporting period July 1 2015 through September 30 2015

ITEMIZED RECEIPTS

A. 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 <u>MS Dental PAC</u>	<u>8</u> / <u>12</u> / <u>15</u>	\$ <u>2000.00</u>
Mailing Address _____	____ / ____ / ____	\$ _____
City, State, Zip Code _____	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2000.00</u>
B. 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	\$ _____
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	\$ _____