2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 31 2017
Campaign Finance
Secretary of State

REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate: Jeffrey C. Smith

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

Telephone: 662-328-2711 Fax: 662-328-0545

Office Sought: House of Representatives Dist. 39 Email Address: Simsandsmith@bellsouth.net

☐ Check here if above is different from previous report

X January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016) Mandatory for all candidates, excluding judicial candidates on the November 2016 General Election ballot

___ Termination Report (Candidate will no longer accept contributions, make expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to terminate reporting obligations

IMPORTANT

(1) Annual 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 the reporting period.

(2) Until a Candidate files a Termination Report, [illegible] applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the [illegible] *before* the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions $	+ $	$ 14,000.00	$ 14,000.00
Total amount of disbursements $	+ $	$ 14516.51	$ 14,516.51
Total amount of cash on hand		$ 5283.50	

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

Signature of Candidate: Jeffrey C. Smith Date: 1/31/17

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to timely submit required reports in proper form with the applicable election may result in the imposition of a civil penalty in the amount of $50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-[illegible].

SEND TO:

1. *Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.*
2. *Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.*
3. *Candidates for municipal office file all required reports with the Municipal Clerk's Office.*

Name of Candidate or Committee [illegible] C Smith

Reporting period 1/1/2016 through 12/31/2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name	12 / 5 / 16	$ 1000.00
Mailing Address: PO Box 44897	/ /	$
City, State, Zip Code: Houston TX 77244	/ /	$
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: MAE-PAC	12 / 14 / 16	$ 1000.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: Baker Donelson Bearman Caldwell & Berkowitz PC	12 / 21 / 16	$ 500.00
Mailing Address: 4268 I-55 North Meadowbrook Office Park	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
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: Regions Bank of Mississippi	12 / 31 / 16	$ 500.00
Mailing Address: 2000 N State St	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee [illegible]

Reporting period 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental PAC	12 / 31 / 16	$ [illegible]
Mailing Address: 430 B [illegible]	/ /	$
City, State, Zip Code: Flowood MS 39232-9781	/ /	$
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: US Oil & Gas Association	12 / 15 / 16	$ 1000.00
Mailing Address: 513 North State Street Ste Box 202	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
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: Mississippi Bankers Association	12 / 13 / 16	$ [illegible]
Mailing Address: Po Box 1091	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
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: AT&T PAC	10 / 24 / 16	$ 1000.00
Mailing Address: 111 E. Capitol St. Ste 6030	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Jeffrey C. Smith

Reporting period: 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Deabug	11 / 16 / 16	$ 500.00
Mailing Address: 5320 Legacy Drive	/ /	$
City, State, Zip Code: Plano Tx 75024	/ /	$
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: General Motors Company	11 / 01 / 16	$ 500.00
Mailing Address: 25 Massachusetts Ave. NW Suite 400	/ /	$
City, State, Zip Code: Washington DC 20001	/ /	$
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: Theo P. Castras, Jr.	8 / 23 / 16	$ 1000.00
Mailing Address: Po Box 1349	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
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: Steven C. Edds	12 / 15 / 16	$ 500.00
Mailing Address: 120 Hood's Landing	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Jeffrey C. Smith

Reporting period: 9/30/2016 through 10/31/2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Association of Realtors	10 / 25 / 16	$ 1000.00
Mailing Address: PO Box 23100	/ /	$
City, State, Zip Code: Flowood MS 39232-1000	/ /	$
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: Walmart Stores Inc - WAL PAC	10 / 17 / 16	$ 500.00
Mailing Address: 702 SW 8th Street	/ /	$
City, State, Zip Code: Bentonville AR 72716	/ /	$
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: Walmart Stores Inc.	10 / 25 / 16	$ 500.00
Mailing Address: 702 SW 8th St.	/ /	$
City, State, Zip Code: Bentonville AR 72716	/ /	$
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: Pfizer Inc	10 / 5 / 16	$ 500.00
Mailing Address: 6730 Lenox Center CT	/ /	$
City, State, Zip Code: Memphis TN 38115	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Jeffrey C. Smith

Reporting period: 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [ ] Corporation [x] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: KCS Rail PAC State PAC Mailing Address: PO Box 219335 City, State, Zip Code: Kansas City MO 64121 Name of Employer (Required) Occupation (Required)	12/14/16	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: [x] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Comcast Corp. Mailing Address: 1701 JFK Blvd. City, State, Zip Code: Philadelphia PA 19103 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 10/04/16	Amount of each receipt this period $ 1000.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source: [x] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Huntington Ingalls Industries Mailing Address: PO Box 149 City, State, Zip Code: Pascagoula MS 39568 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 12/31/16	Amount of each receipt this period $ 1000.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: [x] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Centene Management Co. Mailing Address City, State, Zip Code: St. Louis MO 63105 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 12/11/16	Amount of each receipt this period $ 1000.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Jeffrey C. Smith

Reporting period: 01/01/2016 through 12/31/2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify):		
Full name: Yazoo Valley Railroad Inc.	10 / 18 / 16	$ 300.00
Mailing Address: 200 Meridian Centre Ste. 300	/ /	$
City, State, Zip Code: Rochester NY 14618	/ /	$
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: [illegible]	10 / 18 / 16	$ [illegible]
Mailing Address: 625 N. President Street.	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
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: Mississippi Power Company	9 / 15 / 16	$ 1000.00
Mailing Address: PO Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
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: Tourism Mississippi PAC	[illegible]	$ [illegible]
Mailing Address: 103 W. Washington St. Ste. B6	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Jeffrey C. Smith

Reporting period: 01/01/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Dennis L.L.C.	10 / 4 / 16	$ 1000.00
Mailing Address: Po Box 217	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
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: Swisher International Inc	10 / 4 / 16	$ 1000.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: The Clay Firm	10 / 4 / 16	$ 1000.00
Mailing Address: Po Box 217	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
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 01/01/2016 through 12/31/2016

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Sterling Towers Mailing Address: E. Griffith St. City, State, Zip Code: Jackson MS 39201 Purpose of Disbursement (Optional)	01/01/16	$ 500.00 mo.
	12/31/16	$ 350.00
	Aggregate Year-to-date	$ 6350.00
B. Full name: The Commercial Dispatch Mailing Address: PO Box 511 City, State, Zip Code: Columbus MS 39703 Purpose of Disbursement (Optional)	11/6/16	$ 440.00
	12/23/16	$ 395.00
	Aggregate Year-to-date	$ 835.00
C. Full name: Packet Media LLC Mailing Address: PO Box 53 City, State, Zip Code: Columbus MS 39703 Purpose of Disbursement (Optional)	11/21/16	$ 346.00 x 2
	12/29/16	$ 173.00
	Aggregate Year-to-date	$ 865.00
D. Full name: Progressives Mailing Address: [illegible] City, State, Zip Code: Columbus MS 39701 Purpose of Disbursement (Optional)	10/4/16	$
	/ /	$
	Aggregate Year-to-date	$ 97.91
E. Full name: ComCast Mailing Address: 5915 I 55 N City, State, Zip Code: Jackson MS 39213 Purpose of Disbursement (Optional)	01/01/16	$
	12/31/16	$
	Aggregate Year-to-date	$ 344.52
F. Full name: J. Broussards Mailing Address: 5th Street City, State, Zip Code: Columbus MS 39701 Purpose of Disbursement (Optional)	01/01/16	$
	12/31/16	$
	Aggregate Year-to-date	$ 180.00

Name of Candidate or Committee Todd C. Smith

Reporting period 01/16 through 12/31/16

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name Bankfirst Mailing Address PO Box 21 City, State, Zip Code Madison MS 39130 Purpose of Disbursement (Optional)	01/01/16 12/31/16 Aggregate Year-to-date	$ $ 2281.29
B. Full name Todd Smith Mailing Address City, State, Zip Code Madison MS Purpose of Disbursement (Optional)	__/__/__ __/__/__ Aggregate Year-to-date	$ $ $ 500.00
C. Full name Day Lenep Mailing Address City, State, Zip Code Madison MS Purpose of Disbursement (Optional)	__/__/__ __/__/__ Aggregate Year-to-date	$ $ $ 1000.00
D. Full name Caitlin Smith Mailing Address City, State, Zip Code Birmingham, AL Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $ 175.00
E. Full name Cafe on Main Mailing Address City, State, Zip Code Columbus MS 39701 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $ 87.80
F. Full name First Baptist Church Mailing Address City, State, Zip Code Columbus MS 39701 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $ 300.00

Name of Candidate or Committee Jeffrey C. Smith

Reporting period 01/01/2016 through 12/31/2016

ITEMIZED DISBURSEMENTS

A. Full name Corky Smith Mailing Address PO Box 1648 City, State, Zip Code Columbus MS 39702 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $ 500.00
B. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $