2014

City of Jackson, MS Mayoral Campaign Contributions

Francis Smith

2014 ELECTION CYCLE			Delbert Hosemann SECRETARY OF STATE
	Political Committee		323(12)
REPORT City	OF RECEPTS AND DISI	BURSEMENTS	· =
	A Campaign		AC_ (\$
MAYOR		Francis Snith tor	DAY A
Address 54-72 Wockens Telephone 601 209 5980		100, MS 39174	Σ∐< ⊅
(1) 1 (NI)	Fax	ess Welves 20 you	RECORD
Troubures	Eniali Addre	iss <u>vocades zoe ya</u>	8400.COLL
Check here if above is di	fferent from previous report		•
April 1, 2014 Pre-Election Repo	t (January 1, 2014 through March 29, 20	14)	Mandatory
April 15, 2014 Pre-Runoff Repor	t (March 30, 2014 through April 12, 2014))	Runoff Candidates Only
January 30, 2015 Annual Report	(January 1, 2014 through December 31,	2014)	Mandatory
Termination Report (Candidate Campaign expenditures and has n	will no longer accept contributions or mak o outstanding campaign debt obligation)	ke Required t obligations	to terminate reporting s
(1) Pre-Election reports are mandato shall submit a report indicating "(ry, even if no contributions or expendit " (Zero) for total amount of reported c	tures have occurred. In su ontributions and expendit	ch case, the candidate ures during this period.
(2) Until a Candidate files a Terminati Ann. § 23-15-807 (b) (ii) and (iii).	on Report, annual and periodic reports	s must still be filed in acco	ordance with Miss. Code
(3) The receiving authority must be in falls on a weekend or a holiday, the day before the deadline. Faxed re	n actual receipt of the required reports se office must be in actual receipt of th ports are acceptable.	by 5:00 p.m. on the report ie required reports by 5:00	ting day. If the deadline p.m. on the first working
	REPORTED CONTRIBUTIONS AND	DISBURSEMENTS	
lte	mized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$22	235 + \$ \$ \$ 2	2235.00 \$	2235.00
Total amount of disbursements \$ 22	35 + \$ \$ 2	235.00 \$	2235.00
Total amount of cash on hand	\$	ø	
I certify that I have examined this Signature of Director or Tre	report and to the best of my knowledges	ge and belief it is true, acc U Date	urate, and complete.
Authority: Refer to Miss. Code Ann. §23-15-80 Penalties: Failure to submit required reports, result in fines of \$50 per day and/or prosecution	or failure to submit reports in accordance with	n statutory deadlines, or failure 15-811 and 813 (1972).	to submit valid reports shall
Elections Division, P. O. Box 136.	-District, Multi-County and all Legislative o Jackson, MS 39205 or fax to 601-576-2545 county district offices should return forms		·

Fressing Upward Campaign
Name of Candidate or Committee Francis Smith for Mujor
Reporting period Jan. 1, 2014 through Mar. 29, 2014

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ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual V Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	3/1/14	
Francis P. Smith, JR		\$ 300.00
Mailing Address	3,5,4	
5807 Pear Orchard Kd.		\$ 200.00
City, State, Zip Code		
Jay 39211	3 / 1 / 1 / 1	\$ 80.00
Name of Employer (Required)		
Aaron's		s
Occupation (Required)		· -
Technician	Aggregate	\$ 580.00
B. Source: Corporation PAC Individual V Loan	year-to-date	
E. Cource: [Corporation [FAC [minividual [W Loan []	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
	3/2/4	\$ [50.00]
Ned & Barbara Mack		+ 15000
Mailing Address	31,164,144	\$ 25.00
402 Church Street		\$ 25.00
City, State, Zip Code		
Clinton, MS 39056	닏/닏/닏	\$
Name of Employer (Required)		
Retired	ᆜ / ᆜ / ᆜ	\$
Occupation (Required)	Aggregate	
Retired	Aggregate year–to-date	\$ 175.00
C. Source Corporation PAC Individual V Loan	you. to date	
organical Contestant C	Date	Amount of each
Other (piease specify)	(Mo., Day, Year)	receipt
Full agme		this period
Kebecca James	[교,교,파]	\$ 200.00
Mailing Address		· [00-1-10]
		6
		2
Maple Street	<u> </u>	\$
City, State, 21p Code		
Maple Street City, State, 2ip Code Jackson, MS 39203		\$
Maple Street City, State, Zip Code Jackson, MS 39203 Name of Employer (Regulard)		\$
Maple Street City, State, Zip Code Jackson, Ms 39203 Name of Employer (Required) Dollar Tree		
Maple Street City, State, Zip Code Jackson, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required)		\$
Maple Street City, State, Zip Code Jackson, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Manager		\$
Maple Street City, State, 2ip Code Jackson, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Manager	year-to-date	\$
Maple Street City, State, Zip Code Jacks on, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Manaser D. Source: Corporation PAC Individual V Loan	year-to-date Date	\$ 200.00 Amount of each receipt
City, State, Zip Code Cocupation (Required)	year-to-date	\$
City, State, Zip Code Jackson, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Manaser D. Source: Corporation PAC Individual V Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$
Maple Street City, State, 2ip Code Jackson, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Manager D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Lucencia, Jackson	year-to-date Date	\$ 200.00 Amount of each receipt
City, State, Zip Code Jackson, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Dollar Tree Occupation (Required) Full name Lucencia Jackson Mailing Address Chi Machane	year-to-date Date (Mo., Day, Year)	\$
Maple Street City, State, Zip Code Jacks on, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Nanaser D. Source: Corporation PAC Individual V Loan D Other (please specify) Full name Lucendia Jackson Malling Address 344 Bellview Ave. SW NOSXIVI	year-to-date Date (Mo., Day, Year)	\$
Maple Street City, State, Zip Code Jackson, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Nanaser D. Source: Corporation PAC Individual V Loan Cother (please specify) Full name Lucencia Jackson Mailing Address 344 Bellview Ave. SW 'NOSXIVI City, State, Zip Code	year-to-date Date (Mo., Day, Year)	\$
City, State, Zip Code Jackson, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Nanaser D. Source: Corporation PAC Individual V Loan Dother (please specify) Full name Lucencia Jackson Malling Address 344 Bellinew Ave. SW NOSXIVI City, State, Zip Code Canton, MS 39046 DENIESDES.	year-to-date Date (Mo., Day, Year)	\$
City, State, Zip Code Jacks on, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Namaser D. Source: Corporation PAC Individual V Loan Department of Company of	year-to-date Date (Mo., Day, Year)	\$
Dar Street City, State, Zip Code Jacks on, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Nanaser D. Source: Corporation PAC Individual Loan Other (please specify) Full name Lucencia Jackson Malling Address 344 Belline Ave. SW NOSXIVI City, State, Zip Code Canton, MS 39046 U3N13338 Name of Employer (Required) Name of Employer (Required) Name of Employer (Required)	Date (Mo., Day, Year) 3 10 14 1 1 1 1 1 1 1 1	\$
City, State, Zip Code Jacks on, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Nanaser Other (please specify) Full name Lucencia Jackson Malling Address 344 Bellinew Ave. SW NOSXIVI City, State, Zip Code Canton, MS 39046 Vanton, MS 39046 Occupation (Required)	year-to-date Date (Mo., Day, Year) J Q P	\$
Dar Street City, State, Zip Code Jacks on, MS 39203 Name of Employer (Required) Dollar Tree Occupation (Required) Nanaser D. Source: Corporation PAC Individual Loan Other (please specify) Full name Lucencia Jackson Malling Address 344 Belline Ave. SW NOSXIVI City, State, Zip Code Canton, MS 39046 U3N13338 Name of Employer (Required) Name of Employer (Required) Name of Employer (Required)	Date (Mo., Day, Year) 3 10 14 1 1 1 1 1 1 1 1	\$

Name of Candidate or Committee	Pressino	Upward (ampaign 4
Name of Candidate or Committee	Francis:	Smith for 1	uator "
Reporting period Jan. 1, 20	14 th	rough MAR. 29	7, 2014
ÍΤΙ	EMIZE	ED REC	EIPTS

ITEMIZED RECEIP	TS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dorothy Lott	图/四/卧	\$ 100.00
Mailing Address A552 Newtowiane DR	图/图/图	\$ 280.00
City, State, Zip Code Lackson, Ms 39206		\$
Name of Employer (Required) Ketved		\$
Occupation (Required)	Aggregate year-to-date	\$ [380,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name [Francis P. Smith, SR	3,17,4 <u>4</u>	\$ 500.00
Malling Address 1179 Winnrose DR.	3/24/14	\$ 300.00
City, State, Zip Code QUKSON, MS 39211		\$
Name of Employer (Required) 10 three		\$
Occupation (Required)	Aggregate year-to-date	\$ 800.00
C. Source Corporation PAC Individual Loan Control 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	\$
O. 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	温・口・口	\$
iame of Employer (Required)	中中一	\$
Occupation (Required) 51 Ho	Aggregate year-to-date	\$

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Name of Candidate or Committee Pressing Upward Campaign of Francis Smith for Mayor Reporting period Jan. 1, 2014 through March 29, 2014

ITEMIZED DISBURSEMENTS

A. Full name		
James & Gloria Carson	Date (Mo., Day, Year)	Amount of each disbursement this period
5472 Watkins Drive, Suite F	3,01,14	\$ 500.00
Jackson, Ms 39206	3,31,14	\$ 300.00
Purpose of Disbursement (Optional). Lease of Office Space	Aggregate Year-to-date	s 800.00
B. Full name Grand China Sushi	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 1060 E. County Line Road	318114	s 57.17
City Hotel, Zip Code Kidgeland, MS 39157	'	s
Purpose of Disbursement (Optional) Chipais Mfg.	Aggregate Year-to-date	s 57.17
C. Full name Sir Speedy	Date (Mo., Day, Year)	Amount of each disbursement this period
2701 North State Street	3,14,14	\$ 432.00
Jackson, MS 39216	'	s Ø
Purpose of Disbursement (Optional) +Runting/Graphics	Aggregate Year-to-date	s 432.00
5. Full name SIR Speedy	Date (Mo., Day, Year)	Amount of each disbursement this period
<u> </u>	(ino., Day, Tear)	gisparsement mis belied
2701 North State Street	3,22,14	\$ 162.00
Mailing Address 2701 North State Street City, State, Zip Code Jackson, MS 39216		
Mailing Address 2701 North State Street City, State, Zip Code Ackson, MS 39216 Purpose of Disbursement (Optional) Frinting		\$ 162.00
Mailing Address 2701 North State Street City, State, Zip Code ACKSON, MS 39216 Purpess of Disbursement (Optional) Frinting E. Full Thime Atricia J. Williams	3,22,14 /_/ Aggregate Year-to-date Date (Mo., Day, Year)	\$ 162.00 \$ \$
Mailing Address 2701 North State Street City, State, Zip Code Ackson, MS 39216 Purpose of Disbursement (Optional) Frinting E. Full Thime HAthura J. Williams Mailing Address 5047 Sumnyvale Drive	3 , 22, 14 '' Aggregate Year-to-date Date	\$ 162.00 \$ \$ \$ 162.00 Amount of each
Mailing Address 2701 North State Street City, State, Zip Code Jackson, MS 39216 Purpess of Disbursement (Optional) Frinting E. Full Trame HAtricia J. Williams Mailing Address 5047 Sumnyvale Drive City, State, Zip Code Jackson, MS 39211	3,22,14 /_/ Aggregate Year-to-date Date (Mo., Day, Year)	\$ 162.00 \$ \$ \$ 162.00 Amount of each disbursement this period
Mailing Address 2701 North State Street City, State, Zip Code Jackson, MS 39216 Purpose of Disbursement (Optional) Frinting E. Full Trume HAthica J. Williams Mailing Address 5047 Sumnyvale Drive City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Campaign Worker	3 / 22/ 14 /_/_ Aggregate Year-to-date Date (Mo., Day, Year) 3 / 14/14	\$ 162.00 \$ \$ 162.00 Amount of each disbursement this period \$ 150.00
Mailing Address 2701 North State Street City, State, Zip Code Ackson, MS 39216 Purpose of Disbursement (Optional) Finting E. Fetti Timme Athica J. Williams Mailing Address 5047 Sumnyvale Drive City, State, Zip Code Uallson, MS 39211 Purpose of Disbursement (Optional) Campaign Norther F. Full-marpe 172a Shak SW NOSXDYT	3,22,14 /_/ Aggregate Year-to-date Date (Mo., Day, Year) 3,14,14 Aggregate	\$ 162.00 \$ \$ \$ \$ 162.00 Amount of each disbursement this period \$ 150.00 \$ 150.00
Malling Address 2701 North State Street City, State, Zip Code Jackson, MS 39216 Purpose of Disbursement (Optional) Frinting E. Fettingme LAthicia J. Williams Malling Address 5047 Sumnyvale Drive City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Lampaign Worker F. Full name F. Full name F. Full name H172a Shack SW 'NOSXOVI Mailing Address Mailing Address Parkway DR. USA13338	3 / 22 / 14 —/ _ / _ / _ / _ / _ / _ / _ / _ / _ / _	\$ 162.00 \$ \$ \$ \$ 162.00 Amount of each disbursement this period \$ 150.00 \$ 150.00 \$ 300.00 Amount of each
Malling Address 2701 North State Street City, State, Zip Code Jackson, Ms 39216 Purposo of Disbursement (Optional) Frinting E. Fell Mame HAthicia J. Williams Malling Address 5047 Sumnyvale Drive City, State, Zip Code Jackson, Ms 39211 Purpose of Disbursement (Optional) Campaign Norker F. Full-marge F. Full-marge Y. Za Shack SW 'NOSXDYF Malling Address Malling Address F. Full-marge City, State, Zip Code Jackson, Ms 39211 Og: Nd 1-NdV 11	3 / 22 / 14 // Aggregate Year-to-date Date (Mo., Day, Year) 3 / 14 / 14 Aggregate Year-to-date Date (Mo., Day, Year)	\$ 162.00 \$ \$ \$ \$ 162.00 Amount of each disbursement this period \$ 150.00 \$ 150.00 \$ 300.00 Amount of each disbursement this period
Malling Address 2701 North State Street City, State, Zip Code Jackson, MS 39216 Purpose of Disbursement (Optional) Frinting E. Fettingme LAthicia J. Williams Malling Address 5047 Sumnyvale Drive City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Lamaign Norker F. Full name F. Full name F. Full name Malling Address Shack SW 'NOSXOVI Mailing Address Parkway DR. City, State, Zip Code City, State, Zip Code	3 / 22 / 14 // Aggregate Year-to-date Date (Mo., Day, Year) 3 / 14 / 14 Aggregate Year-to-date Date (Mo., Day, Year)	\$ 162.00 \$ \$ \$ \$ 162.00 Amount of each disbursement this period \$ 150.00 \$ 150.00 Amount of each disbursement this period \$ 40.82

Name of Candidate or Committee Pressing Upward Campaign To Francis Smith for Mayore
Reporting period Jan. 1, 2014 through March 29, 2014

ITEMIZED DISBURSEMENTS

A. Full name		
D'Ante Kandle	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 185 Beechcrest Drive	3/4/14	\$ 50.00
Sackson, Ms 39211	3/31/14	
Purpose of Disbursement (Optional) Campaian Worler	Aggregate Year-to-date	\$ 100.00
Johnathan Williams Malling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
5047 Sunnyvale DR City, State, Zip Code	3/31/14	\$ 100.00
Jackson, MS 39211		S
Purpose of Disbursement (Optional) Campaign Worley	Aggregate Year-to-date	\$ 100.00
Marlon Jackson Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
344 Bellview City, State, Zip Code	<u>31514</u>	s 150.00
Canton, Ms 39046	'	s
Purpose of Disbursement (Optional) Lampaign Worker	Aggregate Year-to-date	s 150.00
D. Full name (Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4950 I-55 North	3/1/14	\$ 93.01
City, State, Zip Code Jackson, MS 39211	'	s
Purpose of Disbursement (Optional) Supplies	Aggregate Year-to-date	s 93.01
E. Full named	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	'	\$
City, State, Zip Code	'	\$
Purpose of Disbursement (Optional)	Aggregate . Year-to-date	S
F. Full name CITY CLERK RECEIVED	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address City, State, Zip Code OS: 1 Hd 1 - 8dV 11	_'_'_	S
	''_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s