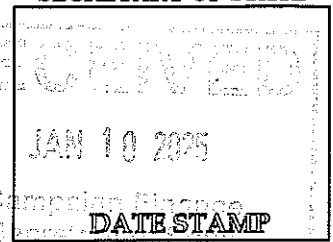




REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Troy Smith
 Address 320 Smith Ridge Lane City/State/Zip Enterprise, MS 39330
 Telephone (Work) 601-527-7991 (Home) _____ (Fax) _____
 Contact Name Troy Smith Email Address tsmith@house.ms.gov
 Office Sought MS House of Representatives 84

Check here if above information is different from previous report

TYPE OF REPORT

Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) **Annual Report**
 Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) 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 first working day before the deadline. Reports may be faxed or emailed. Candidates who have previously run for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018

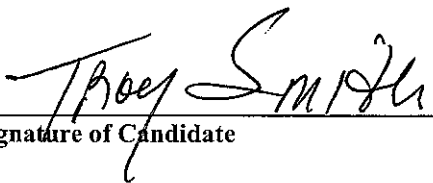
JAN. 1, 2024 CASH ON HAND BALANCE	\$		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$ 3,450.00	\$	\$ 3,450.00
TOTAL AMT OF DISBURSEMENTS	\$ 1,895.00	\$	\$ 1,895.00
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 8,894.00		

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 3,450.00	\$	\$ 3,450.00
TOTAL AMT OF DISBURSEMENTS	\$ 1,895.00	\$	\$ 1,895.00
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 8,894.00

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

1-10-25

 Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes 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. §§ 23-15-811 and 23-15-813.

Name of Candidate or Committee

Page _____ of _____

Reporting period _____

through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
MAP Solutions INC		7 18 24	\$ 395.00
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
CLARKE County Hot Topics		8 19 24	\$ 500.00
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise High School Softball		9 14 24	\$ 500.00
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Dartman High School Softball		12-2-24	\$ 250.00
Mailing Address			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
T.C. J. EVENTS		12 3 24	\$ 250.00
Mailing Address			
P.O. Box 2514			
City, State, Zip Code			
JACKSON, MS 39207			
Purpose of Disbursement (Optional)			
Fundraiser			
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	\$ 1,895.00

Total

Name of Candidate or Committee _____

Page ____ of ____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
TEN ONE PAC	11/6/24	\$ 250.00
Mailing Address		
200 N CONGRESS ST Ste 403	__ __	\$
City, State, Zip Code		
JACKSON MS 39201-1917	__ __	\$
Name of Employer (Required)		
Occupation (Required)		
	Aggregate year-to-date	\$

B. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
BAIN AND BOWEN 10/07	11/6/24	\$ 200.00
Mailing Address		
618 E WALDRON ST	__ __	\$
City, State, Zip Code		
CORINTH, MS 38834-4863	__ __	\$
Name of Employer (Required)		
Occupation (Required)		
	Aggregate year-to-date	\$

C. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
FRIENDS of Children of MS Hospitals	11-4-24	\$ 500.00
City, State, Zip Code		
116 Woodgreen Crossing	__ __	\$
Name of Employer (Required)		
Madison MS 39110	__ __	\$
Occupation (Required)		
	Aggregate year-to-date	\$

D. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Capitol Advocacy Group, PAC	11/4/24	\$ 500.00
Mailing Address		
P.O. Box 217	__ __	\$
City, State, Zip Code		
JACKSON MS 39205	__ __	\$
Name of Employer (Required)		
Occupation (Required)		\$ 1,450
	Aggregate year-to-date	\$ 1,450

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name EXXON Mobil Corp.		8/19/24	\$ 500.00
Mailing Address P.O. Box 7659		__/__/__	\$
City, State, Zip Code Spring TX 77389-7659		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name SAMUEL CREEKMORE IV Campaign Account		11/05/24	\$ 250.00
Mailing Address 1315 S Central Ave.		__/__/__	\$
City, State, Zip Code New Albany, MS 38652		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Ind. Package Stores		10/25/24	\$ 500.00
Mailing Address 921 E Fortification St.		__/__/__	\$
City, State, Zip Code JACKSON MS 39202		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name TEN ONE PAC		12/19/24	\$ 250.00
Mailing Address 200 N Congress St Ste - 403		__/__/__	\$
City, State, Zip Code JACKSON, MS 39201-1917		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
MAE-PAC	12/20/20	\$ 500.00
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

B. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
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) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

D. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$