Troy Smith

REPORT OF RECEIPTS AND DISBURSEMENTS 2024 Annual Report

SECRETARY OF STATE

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JAN 10 2025

C

DATE STAMP

Name of Candidate			DATE STAMP
Address 320 Smith Ridge Lane		_ _{City/State/Zip} Enterprise, MS 3	9330
Telephone (Work) 601-527-7991	(Home)_	(Fax)	
Contact Name Troy Smith		Email Address tsmith@house.m	s.gov
Office Sought MS House of Representa	atives 8	34	·
Check here if above information is different from pr	revious report	t .	
	TYPE C	OF REPORT	
X Friday, January 31, 2025 (January 1, 2024 thro	ough Decer	mber 31, 2024)	Annual Report
Termination Report (Candidate will no longer a has no outstanding campa			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 previous ran 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 BA	LANCE		\$
Control of the Contro	T. 17.1		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$3,450.00	\$	\$3,450.00
Acceptance of the second of th			
TOTAL AMT OF DISBURSEMENTS	\$1,895.00	\$	\$1,895.00
DEC. 31, 2024 CASH ON HAND B	ALANCE		\$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 BA	LANCE	·	\$
	T		
	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 B	ALANCE		\$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

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 caudidate 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		?age	of	<u></u>
Reporting period				
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Disbursements from contributions accumulated in	NODUKSE	VIENT,	5	
Disbursements from contributions accumulated Pric	or to January 1, 2018 or 1	On or After J.	anuary 1, 2018	
Malling Addless Solutions Inc		Date Mo., Day, Year)	Amount of disbursement th	ach is period
City, State, Zip Code		7.18.124	395	00
Purpose of Disbursement (Optional)			\$	
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City, State, Zip Code		0,9,24	\$	O D Betion
		//_	<u>500.</u>	
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City, State, Zig Code	**************************************		\$ 500.9	
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E. Full name		Aggregate Year-to-date	\$	
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TACKGON MS 39207 Purpose of Disbursement (Optional)		_''	\$	Total
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		_//	\$	
Furpose of Disdursement (Optional)			\$	يود. استان
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_ 200 N CONGREGE ST	Ste 403		\$	
JACKSON MS 3922	1- 1917	/_/	\$	<u></u>
Name of Employer (Required)			\$	
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City, State, Zip Code			<u> </u>	·
Name of Samployer (Required) 38834	-4863	//	3 9	
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	in wheel	Aggregate year to date	\$	
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City, State, Zip Code				ين تناشيد
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N.O. Box 217		//	\$	
JACKSON MS 39205 [ame of Employer (Required)	30.00	_//	\$	in .
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Andrews (Zedenica)		Aggregate ;	\$ V.d50	
		, and structure)	J. Lieu	أغب

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P.O. Box 7659 City, State, Zip Code		_'_'_	\$	
SPRING TX 77387-763	59		\$	
Occupation (Required)		_'_'_	\$	
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B. Source: Corporation OPAC Individual Other (please specify)	Loan	Date (Mo., Day, Year)	Amount rece this p	ipt
Full name SAMUEL CREEKMORE IN CAM Mailing Address	PAGN ACCOUNT	11.05,29	\$	0.00
1315 S CENTRAL AVE		/	\$	
NEW Albany M5 38652			\$,
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Mailing Address 921 E Fortification ST	4		\$	
City, State, Zip Code JACKSON M.5 39202	,	//	\$	<u> </u>
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City, State, Zip Code JACK 50 w , MS 39201 - 19/7	403	<u> </u>	\$	
Name of Employer (Required)			\$	
Occupation (Required)		Aggregate	\$	
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Name of Candidate or Committee	Page of		
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1657 Mc FANLAND BIVD N Ste G30 City, State, Zip Code TUSCA/005A, AL 35406-2201 Name of Employer (Required)		\$	
Occupation (Required)		\$	· <u>-</u>
	Aggregate year–to-date	\$	·
B. Source: Corporation CPAC CIndividual Clean Other (please specify)	Date (Mo., Day, Year)	Amount of receipthis peri	t
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City, State, Zip Code	//	\$	
Name of Employer (Required)		\$	
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C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of receipt	t
Full name		this period	od
Mailing Address		\$	
City, State, Zip Code		\$	
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D. Source: OCorporation OPAC OIndividual OLoan	year-to-date Date	Amount of	each
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Mailing Address	//	\$	
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vame of Employer (Required)		\$	
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