

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2013 - February 19, 2013

MAY 02 2013

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LEGISLATIVE RESOURCE CENTER
2013 MAY -6 PM 1:53

Name: Jason Thomas Smith Daytime Telephone

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>Missouri</u> District: <u>8</u>	Date of Election: <u>6-4-13</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Source (include date of receipt for honoraria)

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JASON THOMAS SMITH

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BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																																													
																					Current Year							Preceding Year																																						
	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI																								
1394 E. 1ST SALEM MO 65560																																																																		
1003 S. HICORY, SALEM, MO 65560																																																																		
17680 Bobwhite Rd, GROVER MO 65558																																																																		
1296 Hwy 68, SALEM, MO 65560																																																																		
200 W. HILL HILL, SALEM, MO 65560																																																																		
1414 MILLWOOD DR. RAYSON MO 65560																																																																		
SMITH PARKER ENTERPRISE LLC 65560																																																																		
200 S. HENDERSON, SALEM, MO 65560																																																																		
SMITH PARKER ENTERPRISE LLC 65560																																																																		
102 S. HENDERSON, SALEM, MO 65560																																																																		
SMITH PARKER ENTERPRISE LLC 65560																																																																		
101 E. ROOSEVELT, SALEM, MO 65560																																																																		
SMITH PARKER ENTERPRISE LLC 65560																																																																		
803 S. SLIBO, SALEM, MO 65560																																																																		
SMITH PARKER ENTERPRISE LLC 65560																																																																		
301 E. CENTER, SALEM, MO 65560																																																																		
SMITH PARKER ENTERPRISE LLC 65560																																																																		
103 E. 10TH, SALEM, MO 65560																																																																		
SMITH PARKER ENTERPRISE LLC 65560																																																																		
906 E. 1ST, SALEM, MO 65560																																																																		
SMITH PARKER ENTERPRISE LLC 65560																																																																		
1107 W. COFFMAN, SALEM, MO 65560																																																																		

Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

Name JASON THOMAS SMITH

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A \$10,001— \$15,000	B \$15,001— \$50,000	C \$50,001— \$100,000	D \$100,001— \$250,000	E \$250,001— \$500,000	F \$500,001— \$1,000,000	G \$1,000,001— \$5,000,000	H \$5,000,001— \$25,000,000	I \$25,000,001— \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X							
	BK OF AMERICA	AUG 2011	CREDIT CARD		X									
	AMERICAN EDUCATION SERVICES	MAY 2001	STUDENT LOAN			X								
	PROGRESSIVE CREDIT BANK	MAY 2008	MORTGAGE ON 45943 HUYER, SALEM, MO				X							
	PROGRESSIVE CREDIT BANK	OCT 2008	MORTGAGE ON 403 CREYBRO, SALEM, MO		X									
	PROGRESSIVE CREDIT BANK	NOV 2008	MORTGAGE ON 1010 N. IRON, SALEM, MO		X									

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
	See Page 8

SCHEDULE III — LIABILITIES

Name JASON THOMAS SMITH

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001— \$250,000	\$250,001— \$500,000	\$500,001— \$1,000,000	\$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001— \$50,000,000	Over \$50,000,000
	PROGRESSIVE CREDIT BANK	OCT 2009	REVOLVING LINE OF CREDIT MORTGAGE ON		X								
	TOWN & COUNTRY BANK	JAN 2010	702 E. THIRD, SALEM, MO MORTGAGE ON - 210 N. MAIN,		X								
	TOWN & COUNTRY BANK	JULY 2009	1109 W. COFFMAN, 401 E. ROOSEVELT MORTGAGE ON 1304 E. 15TH, 103 E. 10TH, 304 E. CENTER,		X								
	TOWN & COUNTRY BANK	APRIL 2009	102 S. HENDERSON, 200 S. HENDERSON 301 S. HENDERSON, 803 S. SLIGO SALEM MO				X						

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	See Page 8

SCHEDULE III — LIABILITIES

Name JASSEL THOMAS SMITH

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SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability									
				A \$10,001— \$15,000	B \$15,001— \$50,000	C \$50,001— \$100,000	D \$100,001— \$250,000	E \$250,001— \$500,000	F \$500,001— \$1,000,000	G \$1,000,001— \$5,000,000	H \$5,000,001— \$25,000,000	I \$25,000,001— \$50,000,000	J Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X						
	Tewent Country Bank	July 2009	Mortgage on Hwy 111, Salem, MO		X								
	Tewent Country Bank	SEPT 2010	Mortgage on Hwy 194, Salem, MO		X								
	Tewent Country Bank	MAY 2012	Mortgage on Hwy 168, Salem, MO		X								
	Tewent Country Bank	APRIL 2009	Mortgage on 906 E. 15 th , Twin Oaks, Salem, MO			X							

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
BOARD MEMBER	MISSOURI COMMUNITY BETTERMENT ASSOCIATION
BOARD MEMBER	SALEM FFA ALUMNI ASSOCIATION
PARTNER	SMITH + PARKER ENTERPRISES LLC
Real Estate Agent	South Central Board of Realtors

SCHEDULE V – AGREEMENTS

Name

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

SCHEDULE VI – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	