2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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JAN 09 2012
Campaign Finance
Secretary of State

REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Candidate CINDY HYDE-SMITH

Address 400 CATTLE TRAIL NW, BROOKHAVEN, MS 39601 County LINCOLN

Telephone 601-833-5031 Fax 601-833-5042

Office Sought COMM. OF AGRICULTURE & COMMERCE Political Party REPUBLICAN

Email Address cindy@cindyhydesmith.com

Check here if above is different from previous report

___ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) ___ Mandatory

___ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) ___ Mandatory

___ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) ___ Mandatory

___ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) ___ Primary Candidates

___ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) ___ Runoff Candidates Only

___ **October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) ___ Mandatory

___ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) ___ Mandatory

___ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) ___ Runoff Candidates Only

X **January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) ___ Mandatory

___ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

(1) Pre-Election 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 this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. **Code Ann. § 23-15-807 (b) (ii) and (iii).**

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	$ 95673.64	+$	7925.00		$ 103598.64	$ 399162.28
Total amount of disbursements	$ 114768.55	+$	1652.69		$ 116421.24	$ 310172.06
Total amount of cash on hand					$ 25682.94	

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

Cindy Hyde-Smith
Signature of Candidate

1/9/12
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

SOS 07-11

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JIM TACKETT	10 / 5 / 11	$ 1000.00
Mailing Address: 23939 COUNTY ROAD 523	/ /	$
City, State, Zip Code: SCHLATER, MS 38952-3169	/ /	$
Name of Employer (Required): TACKETT FISH FARMS	/ /	$
Occupation (Required): CATFISH FARMER	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JOSEPH WALKER	10 / 5 / 11	$ 1000.00
Mailing Address: 39084 COUNTY ROAD 515	/ /	$
City, State, Zip Code: ITTA BENA, MS 38941	/ /	$
Name of Employer (Required): TACKETT FISH FARMS	/ /	$
Occupation (Required): CATFISH FARMER	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WILLIAM TACKETT	10 / 8 / 11	$ 1000.00
Mailing Address: 23939 COUNTY ROAD 523	/ /	$
City, State, Zip Code: SCHLATER, MS 38952	/ /	$
Name of Employer (Required): TACKETT FISH FARMS	/ /	$
Occupation (Required): CATFISH FARMER	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARGIE ROBERTS	10 / 4 / 11	$ 250.00
Mailing Address: 215 PALETTE LANE	/ /	$
City, State, Zip Code: PEACHTREE CITY, GA 30269	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARATHON PETROLEUM COMPANY LP	10 / 3 / 11	$ 500.00
Mailing Address: 539 SOUTH MAIN STREET	/ /	$
City, State, Zip Code: FINDLAY, OH 45840	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROYCE WILLIAMS	10 / 14 / 11	$ 5000.00
Mailing Address: 218 OVERLAND LANE	/ /	$
City, State, Zip Code: BRANDON, MS 39047	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 5000.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI REPUBLICAN PARTY	10 / 12 / 11	$ 5000.00
Mailing Address: P.O. BOX 60	/ /	$
City, State, Zip Code: JACKSON, MS 39205-0060	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5000.00

D. 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 MISSISSIPPI PAC	10 / 13 / 11	$ 2500.00
Mailing Address: P.O. BOX 14167	/ /	$
City, State, Zip Code: JACKSON, MS 39236	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2500.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE	10 / 1 / 11	$ 2500.00
Mailing Address: 1101 PENNSYLVANIA AVENUE NW, SUITE 200	/ /	$
City, State, Zip Code: WASHINGTON, DC 20004	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SHERRY HYDE THAMES	10 / 13 / 11	$ 300.00
Mailing Address: P.O. BOX 481	/ /	$
City, State, Zip Code: MONTICELLO, MS 39654	/ /	$
Name of Employer (Required): LAWRENCE COUNTY, MS	/ /	$
Occupation (Required): TAX ASSESSOR/COLLECTOR	Aggregate year-to-date	$ 300.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ERGON STATE POLITICAL ACTION COMMITTEE	10 / 4 / 11	$ 1000.00
Mailing Address: P.O. BOX 1639	/ /	$
City, State, Zip Code: JACKSON, MS 39215-1639	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 3000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J. WAYNE BRANTON	10 / 11 / 11	$ 250.00
Mailing Address: P.O. BOX 113	/ /	$
City, State, Zip Code: WILMOT, AR 71676	/ /	$
Name of Employer (Required): MAINLINE FISHERIES	/ /	$
Occupation (Required): CATFISH FARMER	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROLLINS, INC.	10 / 4 / 11	$ 1000.00
Mailing Address: 2170 PIEDMONT ROAD NE	/ /	$
City, State, Zip Code: ATLANTA, GA 30324	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RANKIN COUNTY REPUBLICAN EXECUTIVE COMMITTEE	10 / 1 / 11	$ 1000.00
Mailing Address: P.O. BOX 320653	/ /	$
City, State, Zip Code: FLOWOOD, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JAMES H. WATTS	10 / 1 / 11	$ 250.00
Mailing Address: 122 LAKEVIEW ROAD	/ /	$
City, State, Zip Code: BRANDON, MS 39047-9222	/ /	$
Name of Employer (Required): MISSISSIPPI STATE EQUINE ASSOCIATION	/ /	$
Occupation (Required): EXECUTIVE DIRECTOR	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DAVID HOWELL	10 / 17 / 11	$ 5000.00
Mailing Address: P.O. BOX 1279	/ /	$
City, State, Zip Code: MADISON, MS 39130	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 5000.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GEORGIA-PACIFIC	10 / 12 / 11	$ 500.00
Mailing Address: P.O. BOX 61270	/ /	$
City, State, Zip Code: PHOENIX, AZ 85082-1270	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GMRI, INC.	10 / 1 / 11	$ 1000.00
Mailing Address: P.O. BOX 695012	/ /	$
City, State, Zip Code: ORLANDO, FL 32869-5012	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARVIN J. COCHRAN	10 / 18 / 11	$ 500.00
Mailing Address: P.O. BOX 115	/ /	$
City, State, Zip Code: AVON, MS 38723	/ /	$
Name of Employer (Required): SELF-EMPLOYED	/ /	$
Occupation (Required): FARMER	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI COALITION FOR PROGRESS	10 / 19 / 11	$ 1000.00
Mailing Address: P.O. BOX 1591	/ /	$
City, State, Zip Code: JACKSON, MS 39215-1591	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HALEY'S PAC	10 / 17 / 11	$ 5000.00
Mailing Address: P.O. BOX 1186	10 / 24 / 11	$ 5000.00
City, State, Zip Code: JACKSON, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 10000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BOB PATEL	10 / 1 / 11	$ 2000.00
Mailing Address: 267 BOZEMAN ROAD	/ /	$
City, State, Zip Code: MADISON, MS 39110	/ /	$
Name of Employer (Required): SELF-EMPLOYED	/ /	$
Occupation (Required): BUSINESSMAN	Aggregate year-to-date	$ 2000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CHARLES R. GRAY	10 / 1 / 11	$ 500.00
Mailing Address: 103 KEYSTONE PLACE	/ /	$
City, State, Zip Code: BRANDON, MS 39042	/ /	$
Name of Employer (Required): MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE	/ /	$
Occupation (Required): DEPUTY DIRECTOR	Aggregate year-to-date	$ 1915.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ELLEN GRAY	10 / 1 / 11	$ 500.00
Mailing Address: 103 KEYSTONE PLACE	/ /	$
City, State, Zip Code: BRANDON, MS 39042	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RICHARD B. WAX	10 / 27 / 11	$ 10000.00
Mailing Address: 212 FRONT STREET NORTH	/ /	$
City, State, Zip Code: AMORY, MS 38821	/ /	$
Name of Employer (Required): WAX SEED COMPANY	/ /	$
Occupation (Required): PRESIDENT	Aggregate year-to-date	$ 10000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JAMES H. CREEKMORE	10 / 12 / 11	$ 1000.00
Mailing Address: 4658 OLD CANTON ROAD	/ /	$
City, State, Zip Code: JACKSON, MS 39211	/ /	$
Name of Employer (Required): TELAPEX, INC.	/ /	$
Occupation (Required): VICE PRESIDENT	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WADE CREEKMORE, JR.	10 / 12 / 11	$ 1000.00
Mailing Address: 1018 HIGHLAND COLONY PARKWAY, SUITE 500	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required): TELAPEX, INC.	/ /	$
Occupation (Required): PRESIDENT	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI ASSOCIATION OF REALTORS PAC	10 / 1 / 11	$ 500.00
Mailing Address: P.O. BOX 321000	/ /	$
City, State, Zip Code: FLOWOOD, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MEADE MATHIS	10 / 1 / 11	$ 250.00
Mailing Address: 500 MATHIS TRAIL NW	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39601	/ /	$
Name of Employer (Required): LINCOLN COUNTY LIVESTOCK COMMISSION	/ /	$
Occupation (Required): PRESIDENT	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GERALD SUMRALL	10 / 1 / 11	$ 250.00
Mailing Address: P.O. BOX 67	/ /	$
City, State, Zip Code: MONTICELLO, MS 39654	/ /	$
Name of Employer (Required): SELF-EMPLOYED	/ /	$
Occupation (Required): LIVESTOCK BREEDER	Aggregate year-to-date	$ 750.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BILL LONG	10 / 1 / 11	$ 250.00
Mailing Address: 795 COUNTY ROAD 352	/ /	$
City, State, Zip Code: GREENWOOD, MS 38930	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MITCHELL FAMILY FARM LLC	10 / 1 / 11	$ 500.00
Mailing Address: 650 LEAF RIVER CHURCH ROAD	/ /	$
City, State, Zip Code: COLLINS, MS 39428	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LINCOLN COUNTY LIVESTOCK ASSOCIATION	10 / 1 / 11	$ 500.00
Mailing Address: 419 DUNN-RATCLIFF RD. NW	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39601	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): CANDIDATE COMMITTEE	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FRIENDS OF TATE REEVES	10 / 18 / 11	$ 2500.00
Mailing Address: P.O. BOX 24355	/ /	$
City, State, Zip Code: JACKSON, MS 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2500.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FISCHER ENVIRONMENTAL SERVICES	10 / 17 / 11	$ 250.00
Mailing Address: P.O. BOX 1319	/ /	$
City, State, Zip Code: MANDEVILLE, LA 70470-1319	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HARRELD CHEVY OLDS	10 / 29 / 11	$ 580.00
Mailing Address: 3096 SOUTH LIBERTY STREET	12 / 31 / 11	$ 1260.00
City, State, Zip Code: CANTON, MS 39046	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 5240.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: UMESH SANJANWALA	10 / 1 / 11	$ 1500.00
Mailing Address: 105 SPRING OAK DRIVE	10 / 29 / 11	$ 6233.43
City, State, Zip Code: MADISON, MS 39110	12 / 31 / 11	$ 16800.21
Name of Employer (Required): MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE	/ /	$
Occupation (Required): DIRECTOR, IMD	Aggregate year-to-date	$ 57077.28

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RICHARD THOMS	11 / 7 / 11	$ 250.00
Mailing Address: 105 NORTH LANE	/ /	$
City, State, Zip Code: NEWTON, MS 39345	/ /	$
Name of Employer (Required): RICHTON TIE & TIMBER LLC	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MICHAEL B. WALLACE	11 / 7 / 11	$ 500.00
Mailing Address: 318 HILLVIEW DRIVE	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required): SELF-EMPLOYED	/ /	$
Occupation (Required): FARMER	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BOBBY L. GREER	11 / 7 / 11	$ 500.00
Mailing Address: 157 SPELL DRIVE	/ /	$
City, State, Zip Code: COLUMBIA, MS 39429	/ /	$
Name of Employer (Required): CEDARHILL OPERATING CO.	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 1500.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: THOMAS SHEPHERD	11 / 7 / 11	$ 500.00
Mailing Address: 4 PIERCE COVE	/ /	$
City, State, Zip Code: JACKSON, MS 39211	/ /	$
Name of Employer (Required): JONES, WALKER, WACCHTER, POITEVENT, CARRERE, & DENEGRE LLP	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DENNIS W. MILLER	11 / 7 / 11	$ 500.00
Mailing Address: 529 WINDSOR DRIVE	/ /	$
City, State, Zip Code: MADISON, MS 39110	/ /	$
Name of Employer (Required): JONES, WALKER, WACCHTER, POITEVENT, CARRERE, & DENEGRE LLP	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CHARLES S. SEALE	11 / 7 / 11	$ 500.00
Mailing Address: 1921 EASTBOURNE PLACE	/ /	$
City, State, Zip Code: JACKSON, MS 39211	/ /	$
Name of Employer (Required): WISE, CARTER, CHILD, & CARAWAY, P.A.	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CHARLES E. ROSS	11 / 7 / 11	$ 500.00
Mailing Address: P.O. BOX 651	/ /	$
City, State, Zip Code: JACKSON, MS 39205	/ /	$
Name of Employer (Required): WISE, CARTER, CHILD, & CARAWAY, P.A.	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARTHA WATTS	11 / 7 / 11	$ 250.00
Mailing Address: P.O. BOX 487	/ /	$
City, State, Zip Code: MONTICELLO, MS 39654	/ /	$
Name of Employer (Required): WATTS AGENCY, INC	/ /	$
Occupation (Required): INSURANCE AGENT	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): CANDIDATE COMMITTEE	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FRIENDS OF STACEY PICKERING	11 / 7 / 11	$ 2500.00
Mailing Address: 8580 BEAVERWOOD DR.	/ /	$
City, State, Zip Code: GERMANTOWN, TN 38138	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2500.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: COLONIAL ENTERPRISES, INC.	11 / 7 / 11	$ 500.00
Mailing Address: 1220 E. NORTHSIDE DRIVE, SUITE 300	/ /	$
City, State, Zip Code: JACKSON, MS 39211-5503	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: THOMAS J. BUFKIN	11 / 7 / 11	$ 250.00
Mailing Address: P.O. BOX 10845	/ /	$
City, State, Zip Code: JACKSON, MS 39289	/ /	$
Name of Employer (Required): STATE FARM INSURANCE	/ /	$
Occupation (Required): INSURANCE AGENT	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI POWER COMPANY STATE PAC	11 / 7 / 11	$ 2000.00
Mailing Address: P.O. BOX 4079	/ /	$
City, State, Zip Code: GULFPORT, MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2000.00

B. 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	$

C. 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	$

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 CINDY HYDE-SMITH

Reporting period OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name BALDWIN & ASSOCIATES, INC.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 905	10 / 26 / 11	$ 94000.00
City, State, Zip Code TUPELO, MS 38802	/ /	$
Purpose of Disbursement (Optional) CAMPAIGN MEDIA	Aggregate Year-to-date	$ 249505.00
B. Full name BOOSTERS INCORPORATED	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. BOX 70156	10 / 31 / 11	$ 14647.51
City, State, Zip Code MONTGOMERY, AL 36107	/ /	$
Purpose of Disbursement (Optional) CAMPAIGN ADVERTISING	Aggregate Year-to-date	$ 23465.57
C. Full name WILBER LANE LAW FIRM	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. BOX 2155	10 / 31 / 11	$ 763.70
City, State, Zip Code BLOOMINGTON, IL 61702-2155	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 763.70
D. Full name CREDIT CARD PROCESSING	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. BOX 143	11 / 1 / 11	$ 1273.42
City, State, Zip Code JACKSON, MS 39205-0143	12 / 7 / 11	$ 1400.95
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 7548.45
E. Full name CREDIT CARD PROCESSING	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. BOX 143	12 / 31 / 11	$ 764.87
City, State, Zip Code JACKSON, MS 39205-0143	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 7548.45
F. Full name MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 121 NORTH JEFFERSON STREET	11 / 9 / 11	$ 700.00
City, State, Zip Code JACKSON, MS 39201	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 700.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period OCTOBER 1, 2011 through DECEMBER 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name WALMART	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 960 BROOKWAY BLVD, SUITE H	12 / 2 / 11	$ 218.10
City, State, Zip Code BROOKHAVEN, MS 39601	/ /	$
Purpose of Disbursement (Optional) OFFICE SUPPLIES	Aggregate Year-to-date	$ 218.10
B. Full name SWEARING-IN COMMITTEE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 121 NORTH JEFFERSON STREET	12 / 21 / 11	$ 1000.00
City, State, Zip Code JACKSON, MS 39201	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
C. 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	$
D. 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	$
E. 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	$
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	$