2011 ELECTION CYCLE

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Delbert Hosemann
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JUL 07 2011
Campaign Finance
Secretary of State
DATE STAMP

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 COMMISSIONER OF AGRICULTURE AND 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

X **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 24, 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

___ **January 10, 2012 Periodic Report** (October 30, 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

	Itemized	+ Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 94460.00	+$ 13980.00	$ 108440.00	$ 167730.00
Total amount of disbursements	$ 11170.84	+$ 47.37	$ 11218.21	$ 19255.44
Total amount of cash on hand			$ 136414.56	

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

7-7-11
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 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KATHERINE DRISKELL	6 / 2 / 11	$ 500.00
Mailing Address: 170 BALBOA DRIVE	/ /	$
City, State, Zip Code: HATTIESBURG, MS 39402	/ /	$
Name of Employer (Required): HAVARD PEST CONTROL	/ /	$
Occupation (Required): EMPLOYEE	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: TRACY CARTER	6 / 2 / 11	$ 500.00
Mailing Address: 4805 HWY 29	/ /	$
City, State, Zip Code: PETAL, MS 39465	/ /	$
Name of Employer (Required): HAVARD PEST CONTROL	/ /	$
Occupation (Required): EXECUTIVE	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: FRED MCMURRY	6 / 1 / 11	$ 500.00
Mailing Address: P.O. BOX 108	/ /	$
City, State, Zip Code: HATTIESBURG, MS 39403	/ /	$
Name of Employer (Required): HAVARD PEST CONTROL	/ /	$
Occupation (Required): PRESIDENT & GENERAL MANAGER	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: PAUL MCMURRY	6 / 2 / 11	$ 1000.00
Mailing Address: P.O. BOX 447	6 / 24 / 11	$ 2500.00
City, State, Zip Code: HATTIESBURG, MS 39403	/ /	$
Name of Employer (Required): HAVARD PEST CONTROL	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 3500.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HARVEST SELECT CATFISH	6 / 1 / 11	$ 250.00
Mailing Address: P.O. BOX 70217	/ /	$
City, State, Zip Code: TUSCALOOSA, AL 35407	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LABOR UNION	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LOCAL NO. 589, INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES	6 / 6 / 11	$ 1000.00
Mailing Address: 1665 HWY 51	/ /	$
City, State, Zip Code: MADISON, MS 39110	/ /	$
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: MIKE MCCARROLL	6 / 8 / 11	$ 1000.00
Mailing Address: 23133 HWY 53	/ /	$
City, State, Zip Code: GULFPORT, MS 39503	/ /	$
Name of Employer (Required): SELF-EMPLOYED	/ /	$
Occupation (Required): HORSE 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: SHARON GAUTREAU	6 / 14 / 11	$ 500.00
Mailing Address: 38463 BABIN RD.	/ /	$
City, State, Zip Code: GONZALES, LA 70737	/ /	$
Name of Employer (Required): GEAU ENTERPRISE	/ /	$
Occupation (Required): REALTOR	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J.O. CARPENTER	6 / 15 / 11	$ 1000.00
Mailing Address: P.O. BOX 489	/ /	$
City, State, Zip Code: PORT GIBSON, MS 39150-0489	/ /	$
Name of Employer (Required): SELF-EMPLOYED	/ /	$
Occupation (Required): COTTON PRODUCER	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: DAVID CAMPBELL	6 / 20 / 11	$ 500.00
Mailing Address: 2139 CAMPBELL LN NW	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39601	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	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: JAMES R. MORETON	6 / 20 / 11	$ 500.00
Mailing Address: P.O. BOX 537	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39602	/ /	$
Name of Employer (Required): MORETON ESTATES, INC.	/ /	$
Occupation (Required): PRESIDENT	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: WATTS AGENCY, INC.	6 / 14 / 11	$ 250.00
Mailing Address: 335 E. BROAD STREET	/ /	$
City, State, Zip Code: MONTICELLO, MS 39654	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MCCLOUD PRO-GRIND SERVICES, INC.	6 / 17 / 11	$ 1000.00
Mailing Address: 212 JESSIE WALLACE RD.	/ /	$
City, State, Zip Code: JAYESS, MS 39641	/ /	$
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: CORTEZ BYRD CHIPS, INC.	6 / 16 / 11	$ 1000.00
Mailing Address: P.O. BOX 547	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39602-0547	/ /	$
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: CAPITAL AG SERVICES	6 / 9 / 11	$ 500.00
Mailing Address: P.O. BOX 952	/ /	$
City, State, Zip Code: CLINTON, MS 39060	/ /	$
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: PLUM CREEK ADMINISTRATIVE CORP. INC.	6 / 13 / 11	$ 1000.00
Mailing Address: P.O. BOX 1990	/ /	$
City, State, Zip Code: COLUMBIA FALLS, MT 59912	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DOW AGROSCIENCES, LLC	6 / 7 / 11	$ 1000.00
Mailing Address: 9330 ZIONSVILLE ROAD	/ /	$
City, State, Zip Code: INDIANAPOLIS, IN 46268	/ /	$
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: JOHN F. PHILLIPS, III	6 / 13 / 11	$ 250.00
Mailing Address: 4042 HWY 16 WEST	/ /	$
City, State, Zip Code: YAZOO CITY, MS 39154	/ /	$
Name of Employer (Required): SELF-EMPLOYED	/ /	$
Occupation (Required): COTTON PRODUCER	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: DR. DOUGLAS F. JEFCOAT	6 / 10 / 11	$ 250.00
Mailing Address: 56 DYKES ROAD	/ /	$
City, State, Zip Code: SOSO, MS 39480	/ /	$
Name of Employer (Required): SAWMILL ANIMAL HOSPITAL	/ /	$
Occupation (Required): VETERINARIAN	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: TERRELL WISE	6 / 14 / 11	$ 300.00
Mailing Address: P.O. BOX 12424	/ /	$
City, State, Zip Code: JACKSON, MS 39236-2424	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NORTHEAST EXTERMINATING, LLC	6 / 14 / 11	$ 500.00
Mailing Address: 326 HWY 12 WEST	/ /	$
City, State, Zip Code: STARKVILLE, MS 39759	/ /	$
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: KARYN INZINNA THORNHILL	6 / 8 / 11	$ 1000.00
Mailing Address: 463 RIDGE CIRCLE	/ /	$
City, State, Zip Code: BRANDON, MS 39047	/ /	$
Name of Employer (Required): INZINNA CONSULTING	/ /	$
Occupation (Required): POLITICAL CONSULTANT	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: CORTEZ BYRD	6 / 15 / 11	$ 5000.00
Mailing Address: P.O. BOX 245	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39602	/ /	$
Name of Employer (Required): CORTEZ BYRD CHIPS, INC.	/ /	$
Occupation (Required): OWNER	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: RUSSELL NEWMAN	6 / 15 / 11	$ 1000.00
Mailing Address: 801 COUNRTY PLACE DR.	/ /	$
City, State, Zip Code: PEARL, MS 39208	/ /	$
Name of Employer (Required): NEWMAN BOND CO.	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BOZEMAN FARMS, LLC	6 / 6 / 11	$ 500.00
Mailing Address: P.O. BOX 270	/ /	$
City, State, Zip Code: FLORA, MS 39071	/ /	$
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: DR. JOHN FULLENWIDER	6 / 13 / 11	$ 500.00
Mailing Address: P.O. BOX 2020	/ /	$
City, State, Zip Code: OXFORD, MS 39211	/ /	$
Name of Employer (Required): JPB PATHOLOGY	/ /	$
Occupation (Required): PHYSICIAN	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: SODOM BUILDINGS, LLC	6 / 24 / 11	$ 250.00
Mailing Address: P.O. BOX 150	/ /	$
City, State, Zip Code: COLUMBIA, MS 39429	/ /	$
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: RANDY WALLACE	6 / 24 / 11	$ 500.00
Mailing Address: 30 HASSELLWOODS DR.	/ /	$
City, State, Zip Code: COLUMBIA, MS 39429	/ /	$
Name of Employer (Required): PEARL RIVER VALLEY ELECTRIC POWER ASSOCIATION	/ /	$
Occupation (Required): GENERAL MANAGER & CEO	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RYAN HOLMES	6 / 23 / 11	$ 250.00
Mailing Address: 188 LAMPTON LANE NE	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39601	/ /	$
Name of Employer (Required): DUNGAN ENGINEERING, PA	/ /	$
Occupation (Required): ENGINEER	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: DUNGAN ENGINEERING, PA	6 / 24 / 11	$ 1000.00
Mailing Address: P.O. BOX 150	/ /	$
City, State, Zip Code: COLUMBIA, MS 39429	/ /	$
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: THOMAS L. WALLACE	6 / 21 / 11	$ 1000.00
Mailing Address: P.O. BOX 523	/ /	$
City, State, Zip Code: COLUMBIA, MS 39429	/ /	$
Name of Employer (Required): T. L. WALLACE CONSTRUCTION, INC.	/ /	$
Occupation (Required): CEO	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: T. L. WALLACE CONSTRUCTION, INC.	6 / 23 / 11	$ 1000.00
Mailing Address: P.O. BOX 523	/ /	$
City, State, Zip Code: COLUMBIA, MS 39429	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BILLY HUDSON	6 / 23 / 11	$ 1000.00
Mailing Address: 27 TROON CIRCLE	/ /	$
City, State, Zip Code: HATTIESBURG, MS 39401	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	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: HARRELD CHEVY OLDS	6 / 30 / 11	$ 500.00
Mailing Address: 3096 SOUTH LIBERTY ST.	/ /	$
City, State, Zip Code: CANTON, MS	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1560.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: UMESH SANJANWALA	6 / 30 / 11	$ 8000.00
Mailing Address: 105 SPRING OAK DRIVE	6 / 1 / 11	$ 10.00
City, State, Zip Code: MADISON, MS 39110	/ /	$
Name of Employer (Required): MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE	/ /	$
Occupation (Required): DIRECTOR, IMD	Aggregate year-to-date	$ 8010.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CECIL HARPER	6 / 28 / 11	$ 250.00
Mailing Address: 169 WAYS WAY	/ /	$
City, State, Zip Code: MADISON, 39110	/ /	$
Name of Employer (Required): HARPER, RAINES, KNIGHT, & CO.	/ /	$
Occupation (Required): ACCOUNTANT	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CHARLES BRISTER	6 / 28 / 11	$ 300.00
Mailing Address: 8041 HWY 51	/ /	$
City, State, Zip Code: WESSON, MS 39191	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CAROL MANN	6 / 28 / 11	$ 250.00
Mailing Address: 316 SONOMA COVE	/ /	$
City, State, Zip Code: MADISON, MS 39110	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	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: KEVIN BYRD	6 / 28 / 11	$ 250.00
Mailing Address: 2165 MCCALL CREEK RD NW	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39601	/ /	$
Name of Employer (Required): W.L. BYRD LUMBER CO. INC.	/ /	$
Occupation (Required): MANAGER	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: W. L. BYRD LUMBER CO. INC.	6 / 28 / 11	$ 250.00
Mailing Address: P.O. BOX 150	/ /	$
City, State, Zip Code: FERNWOOD, MS 39635	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: COCK OF THE WALK, INC.	6 / 28 / 11	$ 500.00
Mailing Address: P.O. BOX 12705	/ /	$
City, State, Zip Code: JACKSON, MS 39236-2705	/ /	$
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: TERRY LOVELACE	6 / 28 / 11	$ 500.00
Mailing Address: P.O. BOX 13627	/ /	$
City, State, Zip Code: JACKSON, MS 39236	/ /	$
Name of Employer (Required): UTILITY CONSTRUCTORS, INC.	/ /	$
Occupation (Required): PRESIDENT	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: LUTHER HYDE	6 / 30 / 11	$ 1000.00
Mailing Address: P.O. BOX 1798	/ /	$
City, State, Zip Code: MONTICELLO, MS 39645	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	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: RIDGETOWNE ANIMAL HOSPITAL, PA	6 / 27 / 11	$ 250.00
Mailing Address: 370 HWY 51	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157-3426	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DR. WILLIAM BURKE THOMPSON	6 / 28 / 11	$ 1000.00
Mailing Address: P.O. BOX 600	/ /	$
City, State, Zip Code: FLORA, MS 39071	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	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: DELTA INDUSTRIES, INC.	6 / 28 / 11	$ 250.00
Mailing Address: P.O. BOX 1292	/ /	$
City, State, Zip Code: JACKSON, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	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: MONSANTO CITIZENSHIP FUND	6 / 29 / 11	$ 2000.00
Mailing Address: 800 N. LINDBERGH BLVD.	/ /	$
City, State, Zip Code: ST. LOUIS, MO 63167	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HARVEY BOZEMAN	6 / 22 / 11	$ 250.00
Mailing Address: 1110 COX FERRY RD.	/ /	$
City, State, Zip Code: FLORA, MS 39071	/ /	$
Name of Employer (Required): BOZEMAN FARMS	/ /	$
Occupation (Required): FARMER	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KEN HIPPLE	6 / 25 / 11	$ 250.00
Mailing Address: 311 SUMMER OAK TRAIL	/ /	$
City, State, Zip Code: MADISON, MS 39110	/ /	$
Name of Employer (Required): MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE	/ /	$
Occupation (Required): NETWORK SPECIALIST	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: MAIN HARBOR DEVELOPMENT, LLC	6 / 30 / 11	$ 250.00
Mailing Address: 111 HARBOR DR.	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157 1119	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	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: PAT NELSON	6 / 30 / 11	$ 500.00
Mailing Address: P.O. BOX 246	/ /	$
City, State, Zip Code: SOUTHAVEN, MS 38671	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	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: SOUTHERN CROP PRODUCTION ASSOCIATION	6 / 26 / 11	$ 1000.00
Mailing Address: P.O. BOX 7000	/ /	$
City, State, Zip Code: DAWSON, GA 39842	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2000.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JAMES BRYAN	6 / 30 / 11	$ 250.00
Mailing Address: P.O. DRAWER 636	/ /	$
City, State, Zip Code: WEST POINT, MS 39773	/ /	$
Name of Employer (Required): BRYAN INDUSTRIES	/ /	$
Occupation (Required): OWNER	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: HUGH E. WEATHERS	6 / 28 / 11	$ 250.00
Mailing Address: P.O. BOX 489	/ /	$
City, State, Zip Code: BOWMAN, SC 29018-0489	/ /	$
Name of Employer (Required): SOUTH CAROLINA DEPARTMENT OF AGRICULTURE	/ /	$
Occupation (Required): COMMISSIONER OF AGRICULTURE	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: CHEVRON CORP.	6 / 28 / 11	$ 500.00
Mailing Address: P.O. BOX 9034	/ /	$
City, State, Zip Code: CONCORD, CA 94524	/ /	$
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: JOE F. SANDERSON, JR.	6 / 30 / 11	$ 2500.00
Mailing Address: P.O. BOX 988	/ /	$
City, State, Zip Code: LAUREL, MS 39441	/ /	$
Name of Employer (Required): SANDERSON FARMS	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 2500.00

Name of Candidate or Committee: CINDY HYDE-SMITH

Reporting period: JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BANK OF BROOKHAVEN	6 / 30 / 11	$ 1000.00
Mailing Address: P.O. BOX 889	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39602	/ /	$
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: BOOSTERS INCORPORATED	6 / 1 / 11	$ 2500.00
Mailing Address: P.O. BOX 70156	/ /	$
City, State, Zip Code: MONTGOMERY, AL 36107	/ /	$
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: ROBERT RAWLS LIVESTOCK	6 / 23 / 11	$ 1000.00
Mailing Address: P.O. BOX 3220	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39603-7220	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: CINDY HYDE-SMITH	6 / 25 / 11	$ 40000.00
Mailing Address: 400 CATTLE TRAIL NW	/ /	$
City, State, Zip Code: BROOKHAVEN, MS 39601	/ /	$
Name of Employer (Required): STATE OF MISSISSIPPI	/ /	$
Occupation (Required): MISSISSIPPI STATE SENATOR	Aggregate year-to-date	$ 40000.00

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 **through** JUNE 30, 2011

ITEMIZED DISBURSEMENTS

A. Full name BOOSTERS INCORPORATED	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 70156	6 / 6 / 11	$ 3204.56
City, State, Zip Code MONTGOMERY, AL 36107	6 / 23 / 11	$ 4547.47
Purpose of Disbursement (Optional) CAMPAIGN ADVERTISING	Aggregate Year-to-date	$ 7752.03
B. Full name MAHAFFEY'S QUALITY PRINTING, INC.	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. BOX 23999	6 / 6 / 11	$ 1422.03
City, State, Zip Code JACKSON, MS 39225	/ /	$
Purpose of Disbursement (Optional) CAMPAIGN ADVERTISING	Aggregate Year-to-date	$ 2733.85
C. Full name CREDIT CARD PROCESSING	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. BOX 143	6 / 23 / 11	$ 1436.78
City, State, Zip Code JACKSON, MS 39205-0143	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1436.78
D. Full name MIKE SMITH	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 400 CATTLE TRAIL NW	6 / 9 / 11	$ 560.00
City, State, Zip Code BROOKHAVEN, MS 39601	/ /	$
Purpose of Disbursement (Optional) CAMPAIGN ADVERTISING	Aggregate Year-to-date	$ 560.00
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	$