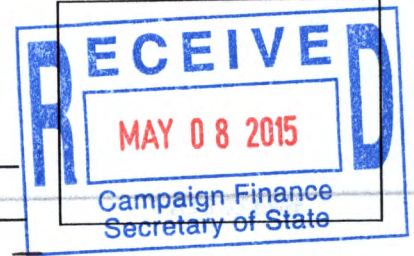


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Commissioner Cindy Hyde-Smith
 Address 400 Cattle Trail, NW, Brookhaven, MS 39601 County Lincoln
 Telephone (Work) 601-359-1198 (Home) _____ (Fax) _____
 Contact Name Cindy Hyde-Smith Email Address cindy@cindyhydesmith.com
 Office Sought Commissioner of Agriculture & Commr Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015) **Mandatory**
- June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015) **Mandatory**
- July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015) **Mandatory**
- July 28, 2015 Pre-Election Report** (July 1, 2015, through July 25, 2015) **Mandatory**
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015) **Runoff Candidates Only**
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015) **Mandatory**
- October 27, 2015 Pre-Election Report** **Mandatory**
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees
- November 17, 2015 Pre-Runoff Report** (October 25, 2015, through November 14, 2015) **Runoff Candidates Only**
All Candidates and Political Committees in a Runoff Election
- January 8, 2016 Periodic Report** (October 1, 2015, through December 31, 2015) **Mandatory**
- Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

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 Secretary of State 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	\$	16,000.00	+	\$ 400.00	\$ 16,400.00	\$ 16,400.00
Total amount of disbursements	\$	15,016.32	+	\$ 1,437.63	\$ 16,453.95	\$ 16,453.95
Total amount of cash on hand			\$ 185,743.12			

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

May 8, 2015
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 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. §§ 23-15-811 and 813 (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 Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Reporting period: 01/01/15 through 04/30/15

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify): <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Entergy Mississippi Association	01/25/15	\$500.00
Mailing Address: P. O. Box 1640		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify): <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. & Mrs. Ronnie Herrington	02/18/15	\$10,000.00
Mailing Address: P O Box 2703		
City, State, Zip: Laurel, MS 39442		
Name of Employer (Required): Herrington Services		
Occupation (Required): Businessman	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify): <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ted H. Kendall, III	02/18/15	\$500.00
Mailing Address: P. O. Box 96		
City, State, Zip: Bolton, MS 39041		
Name of Employer (Required): The Gaddis Farm		
Occupation (Required): Farmer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify): <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi REALTORS	04/21/15	\$5,000.00
Mailing Address: P. O. Box 321000		
City, State, Zip: Flowood, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00

Name of Candidate or Committee Cindy Hyde-Smith CampaignReporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Janna Hughes Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Spring Circle	4/17/15	\$ 562.80
City, State, Zip Code Clinton, MS 39208		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 562.80
B. Full name Lincoln County Sale of Champions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 301 South First Street, Room 201	3/16/15	\$ 350.00
City, State, Zip Code Brookhaven, MS 39601		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 350.00
C. Full name MS Women for Agriculture	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 273 Davey Drive	2/20/15	\$ 500.00
City, State, Zip Code Benton, MS 39039		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
D. Full name MS Coliseum Box Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1200 Mississippi Street	2/20/15	\$ 650.00
City, State, Zip Code Jackson, MS 39201		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 650.00
E. Full name Madison County Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 2201	2/19/15	\$ 500.00
City, State, Zip Code Ridgeland, MS 39158		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
F. Full name Mars and Steel Awards	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 14125	2/17/15	\$ 432.43
City, State, Zip Code Jackson, MS 39236		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 432.43

Name of Candidate or Committee Cindy Hyde-Smith CampaignReporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Alphagraphics	Date		Amount of each	
		(Mo., Day, Year)		disbursement this period	
Mailing Address	115 Metroplex Blvd.		2/5/15	\$	363.49
City, State, Zip Code	Pearl, MS 39208			\$	
Purpose of Disbursement (Optional)		Aggregate	Year-to-date	\$	363.49
B. Full name	Discover	Date		Amount of each	
		(Mo., Day, Year)		disbursement this period	
Mailing Address	P O Box 71084		3/16/15	\$	3,699.53
City, State, Zip Code	Charlotte, NC 28272			\$	
Purpose of Disbursement (Optional)		Aggregate	Year-to-date	\$	3,699.53
C. Full name	Trustmark Credit Card	Date		Amount of each	
		(Mo., Day, Year)		disbursement this period	
Mailing Address	P O Box 114		3/16/15	\$	2,201.50
City, State, Zip Code	Jackson, MS 39205			\$	
Purpose of Disbursement (Optional)		Aggregate	Year-to-date	\$	2,201.50
D. Full name	Trustmark Debit Card	Date		Amount of each	
		(Mo., Day, Year)		disbursement this period	
Mailing Address	P O Box 291		1/16/15	\$	300.00
City, State, Zip Code	Jackson, MS 39205		1/26/15	\$	300.00
Purpose of Disbursement (Optional)	Continued - See Attachment A	Aggregate	Year-to-date	\$	600.00
E. Full name	N / A	Date		Amount of each	
		(Mo., Day, Year)		disbursement this period	
Mailing Address				\$	
City, State, Zip Code				\$	
Purpose of Disbursement (Optional)		Aggregate	Year-to-date	\$	0.00
F. Full name	N / A	Date		Amount of each	
		(Mo., Day, Year)		disbursement this period	
Mailing Address				\$	
City, State, Zip Code				\$	
Purpose of Disbursement (Optional)		Aggregate	Year-to-date	\$	0.00

ATTACHMENT TO ITEMIZED DISBURSEMENTS FORM SS91-8

NOTE:	Cindy Hyde-Smith Campaign
	Trustmark Debit Card - Attachment A

Date (Mo., Day, Year)	Amount of each disbursement
1/9/2015	\$300.00
2/10/2015	\$400.00
2/17/2015	\$400.00
2/24/2015	\$300.00
1/9/2015	\$30.45
1/16/2015	\$54.52
2/3/2015	\$25.81
2/4/2015	\$27.69
2/4/2015	\$85.60
2/6/2015	\$959.00
2/6/2015	\$310.20
2/6/2015	\$6.98
2/9/2015	\$33.33
2/11/2015	\$48.15
2/25/2015	\$33.65
3/9/2015	\$300.00
TOTAL	\$ 3,315.38

ATTACHMENT TO ITEMIZED DISBURSEMENTS FORM SS91-8

NOTE:	Cindy Hyde-Smith Campaign
	Trustmark Debit Card - Attachment A

Date (Mo., Day, Year)	Amount of each disbursement
3/25/2015	\$300.00
3/3/2015	\$31.90
3/6/2015	\$9.80
3/10/2015	\$33.82
3/13/2015	\$199.98
3/17/2015	\$39.50
3/17/2015	\$25.36
3/19/2015	\$32.71
3/23/2015	\$27.02
3/26/2015	\$31.74
3/30/2015	\$31.45
4/21/2015	\$300.00
4/24/2015	\$200.00
4/1/2015	\$30.48
4/2/2015	\$33.75
4/3/2015	\$25.00
TOTAL	\$ 1,352.51

ATTACHMENT TO ITEMIZED DISBURSEMENTS FORM SS91-8

NOTE:	Cindy Hyde-Smith Campaign
	Trustmark Debit Card - Attachment A

Date (Mo., Day, Year)	Amount of each disbursement
4/10/2015	\$33.95
4/13/2015	\$31.58
4/15/2015	\$30.33
4/20/2015	\$64.00
4/20/2015	\$64.00
4/21/2015	\$39.74
4/21/2015	\$33.90
4/24/2015	\$34.33
4/28/2015	\$31.25
4/28/2015	\$27.25
4/28/2015	\$98.35
TOTAL	\$ 488.68