

2011 ELECTION CYCLE



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

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date	Amount of each receipt
Other (please specify) _____	(Mo., Day, Year)	this period
Full name	6 / 1 / 11	\$ 250.00
HARVEST SELECT CATFISH		
Mailing Address	□ / □ / □	\$ _____
P.O. BOX 70217		
City, State, Zip Code	□ / □ / □	\$ _____
TUSCALOOSA, AL 35407		
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate	\$ 250.00
	year-to-date	
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date	Amount of each receipt
Other (please specify) <u>LABOR UNION</u>	(Mo., Day, Year)	this period
Full name	6 / 6 / 11	\$ 1000.00
LOCAL NO. 589, INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES		
Mailing Address	□ / □ / □	\$ _____
1665 HWY 51		
City, State, Zip Code	□ / □ / □	\$ _____
MADISON, MS 39110		
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate	\$ 1000.00
	year-to-date	
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date	Amount of each receipt
Other (please specify) _____	(Mo., Day, Year)	this period
Full name	6 / 8 / 11	\$ 1000.00
MIKE MCCARROLL		
Mailing Address	□ / □ / □	\$ _____
23133 HWY 53		
City, State, Zip Code	□ / □ / □	\$ _____
GULFPORT, MS 39503		
Name of Employer (Required)	□ / □ / □	\$ _____
SELF-EMPLOYED	Aggregate	\$ 1000.00
Occupation (Required)	year-to-date	
HORSE FARMER		
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date	Amount of each receipt
Other (please specify) _____	(Mo., Day, Year)	this period
Full name	6 / 14 / 11	\$ 500.00
SHARON GAUTREAU		
Mailing Address	□ / □ / □	\$ _____
38463 BABIN RD.		
City, State, Zip Code	□ / □ / □	\$ _____
GONZALES, LA 70737		
Name of Employer (Required)	□ / □ / □	\$ _____
GEAU ENTERPRISE	Aggregate	\$ 500.00
Occupation (Required)	year-to-date	
REALTOR		

Name of Candidate or Committee CINDY HYDE-SMITH
 Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

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

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MCCLOUD PRO-GRIND SERVICES, INC.</u>	<u>6</u> / <u>17</u> / <u>11</u>	\$ <u>1000.00</u>
Mailing Address <u>212 JESSIE WALLACE RD.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>JAYESS, MS 39641</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CORTEZ BYRD CHIPS, INC.</u>	<u>6</u> / <u>16</u> / <u>11</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 547</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>BROOKHAVEN, MS 39602-0547</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CAPITAL AG SERVICES</u>	<u>6</u> / <u>19</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 952</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>CLINTON, MS 39060</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PLUM CREEK ADMINISTRATIVE CORP. INC.</u>	<u>6</u> / <u>13</u> / <u>11</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 1990</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>COLUMBIA FALLS, MT 59912</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

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

Name of Candidate or Committee CINDY HYDE-SMITH
 Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BOZEMAN FARMS, LLC</u>	<u>6</u> / <u>6</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 270</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>FLORA, MS 39071</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DR. JOHN FULLENWIDER</u>	<u>6</u> / <u>13</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 2020</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>OXFORD, MS 39211</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>JPB PATHOLOGY</u>	□ / □ / □	\$ _____
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SODM BUILDINGS, LLC</u>	<u>6</u> / <u>24</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 150</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>COLUMBIA, MS 39429</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RANDY WALLACE</u>	<u>6</u> / <u>24</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>30 HASSELLWOODS DR.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>COLUMBIA, MS 39429</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>PEARL RIVER VALLEY ELECTRIC POWER ASSOCIATION</u>	□ / □ / □	\$ _____
Occupation (Required) <u>GENERAL MANAGER & CEO</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

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

Name of Candidate or Committee CINDY HYDE-SMITH
 Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name HARRELD CHEVY OLDS	6 / 30 / 11	\$ 600.00
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 <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name LIMESH SANJIANWALA	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHARLES BRISTER</u>	<u>6</u> / <u>28</u> / <u>11</u>	\$ <u>300.00</u>
Mailing Address <u>8041 HWY 51</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>WESSON, MS 39191</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>N/A</u>	□ / □ / □	\$ _____
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CAROL MANN</u>	<u>6</u> / <u>28</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>316 SONOMA COVE</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MADISON, MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>N/A</u>	□ / □ / □	\$ _____
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KEVIN BYRD</u>	<u>6</u> / <u>28</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>2165 MCCALL CREEK RD NW</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>BROOKHAVEN, MS 39601</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>W.L. BYRD LUMBER CO. INC.</u>	□ / □ / □	\$ _____
Occupation (Required) <u>MANAGER</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. L. BYRD LUMBER CO. INC.</u>	<u>6</u> / <u>28</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 150</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>FERNWOOD, MS 39635</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee CINDY HYDE-SMITH

Reporting period JUNE 1, 2011 through JUNE 30, 2011

ITEMIZED RECEIPTS

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