

OFFICE USE
ONLY

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Cindy Hyde-Smith
Address 400 Cattle Trail NW Brookhaven, MS County Lincoln
Telephone (Work) 601-359-3246 (Home) 601-835-3322 (Fax) 601-359-3063
Contact Name Cindy Hyde-Smith Email Address chydesmith@senate.ms.gov
Office Sought State Senate District 39 Political Party D

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic 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 appropriate office 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.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>5150.00</u> + \$	\$ <u>5,150.00</u>	\$ <u>5150.00</u>
Total amount of disbursements \$	<u>3524.91</u> + \$	\$ <u>3,524.91</u>	\$ <u>3524.91</u>
Total amount of cash on hand \$		\$ <u>13,394.63</u>	

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

(Signature of Candidate)

(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 Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
FEB 04 2009

Secretary of State
Capitol Office

Name of Candidate or Committee

Cindy Hyde-Smith

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Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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		11/7/09	\$ 400.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 400.00
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		9/2/08	\$ 500.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
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		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input 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		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$

+1500

900.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Ms. Ophthalmologist</u>		<u>8/1/08</u>	\$ <u>1000.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>Jackson, Ms.</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" 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>Wal mart</u>		<u>7/8/08</u>	\$ <u>500.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>Bentonville, Ark.</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" 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 _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" 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 _____		____/____/____	\$
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 _____ through _____

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>Georgia Pacific</u>		<u>9/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Phoenix Az 85082</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input 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>Monsanto</u>		<u>8/13/08</u>	\$ <u>500.00</u>
Mailing Address <u>1208 Alcovy Bluff Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Monroe Ga. 30656</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input 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>Advance America</u>		<u>9/29/09</u>	\$ <u>250.00</u>
Mailing Address <u>135 N Church St</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input 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>AT&T</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500.00</u>
Mailing Address <u>175 E Capital St Ste 702</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson Ms. 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

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ITEMIZED DISBURSEMENTS

A. Full name BellSouth	Date (Mo., Day, Year) 11/14/08	Amount of each disbursement this period \$ 445.10
Mailing Address		
City, State, Zip Code Jackson, MS		
Purpose of Disbursement (Optional) Office Expense	Aggregate Year-to-date	\$
B. Full name Chase	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional) travel	Aggregate Year-to-date	\$
C. Full name Northwest Airlines	Date (Mo., Day, Year) 11/13/08	Amount of each disbursement this period \$ 359.00
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional) travel	Aggregate Year-to-date	\$
D. Full name Hilton DC	Date (Mo., Day, Year) 11/25/08	Amount of each disbursement this period \$ 462.21
Mailing Address		
City, State, Zip Code Washington DC		
Purpose of Disbursement (Optional) travel	Aggregate Year-to-date	\$
E. Full name Shell Oil	Date (Mo., Day, Year) 9/24/08	Amount of each disbursement this period \$ 62.77
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name Enterprise School	Date (Mo., Day, Year) 12/1/08	Amount of each disbursement this period \$ 356.00
Mailing Address Hwy 583		
City, State, Zip Code Brookhaven MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

1485.08

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Walmart	10/28/08	\$ 113.36
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 113.36
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Office Depot	10/28/08	\$ 74.90
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 74.90
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	\$

188.26

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ITEMIZED DISBURSEMENTS

A. Full name Brookhaven Animal Rescue	Date (Mo., Day, Year) 10/16/08	Amount of each disbursement this period \$ 150.00
Mailing Address		
City, State, Zip Code Brookhaven		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 150.00
B. Full name Chase	Date (Mo., Day, Year) 10/20/08	Amount of each disbursement this period \$ 1,087.74
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$ 1,087.74
C. Full name NKIA	Date (Mo., Day, Year)	Amount of each disbursement this period \$ 125.00
Mailing Address		
City, State, Zip Code Washington DC		
Purpose of Disbursement (Optional) Membership	Aggregate Year-to-date	\$ 125.00
D. Full name State Ag & Rural Leaders	Date (Mo., Day, Year)	Amount of each disbursement this period \$ 125.00
Mailing Address		
City, State, Zip Code Lexington Ky		
Purpose of Disbursement (Optional) membership	Aggregate Year-to-date	\$ 125.00
E. Full name West Lincoln	Date (Mo., Day, Year) 7/9/08	Amount of each disbursement this period \$ 50.00
Mailing Address West Lincoln School		
City, State, Zip Code Brookhaven, MS		
Purpose of Disbursement (Optional) donation	Aggregate Year-to-date	\$ 50.00
F. Full name Walmart	Date (Mo., Day, Year) 10/31/08	Amount of each disbursement this period \$ 113.83
Mailing Address		
City, State, Zip Code Brookhaven, MS		
Purpose of Disbursement (Optional) Supplies	Aggregate Year-to-date	\$ 113.83

\$ 1651.57