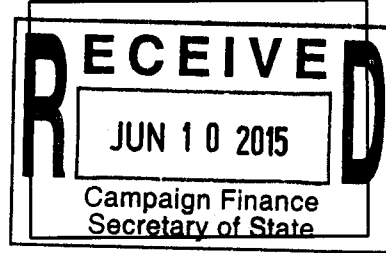


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2015 Election**



Name of Candidate Cindy Hyde-Smith Campaign  
 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 & Comm 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	\$ 4,750.00	+ \$ 0.00	\$ 4,750.00	\$ 21,150.00
Total amount of disbursements	\$ 954.49	+ \$ 266.84	\$ 1,221.33	\$ 17,675.28
<b>Total amount of cash on hand</b>			<b>\$ 189,271.79</b>	

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

June 10, 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: 05/01/15 through 05/31/15

## 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: Dupont Good Government Fund	05/12/15	\$1,500.00
Mailing Address: 974 Centre Road, CRP 730/4360-1		
City, State, Zip: Wilmington, DE 19805		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,500.00
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. Eugene D. Harrington	05/18/15	\$250.00
Mailing Address: 10230 Raleigh Tavern Lane		
City, State, Zip: Ellicott City, MD 21042		
Name of Employer (Required): Biotechnology Industry Organization		
Occupation (Required): Govt. Affairs	Aggregate year-to-date	\$250.00
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: LEN PAC	05/28/15	\$1,000.00
Mailing Address: 3 Lakeland CR, Suite 201		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify): Corp.	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Monsanto, Inc.	05/07/15	\$1,000.00
Mailing Address: 110 T.W. Alexander Drive		
City, State, Zip: Research Triangle Pk, NC 27709		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

Reporting period: 05/01/15 through 05/31/15

### ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify): Corp.	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Syngenta Crop Protection, LLC	05/06/15	\$1,000.00
Mailing Address: 17603 Curry Branch Rd.		
City, State, Zip: Louisville, KY 40245		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

Name of Candidate or Committee Cindy Hyde-Smith Campaign

Reporting period May 1, 2015 through May 31, 2015

## ITEMIZED DISBURSEMENTS

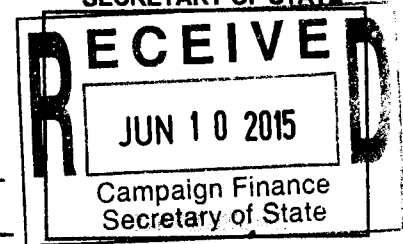
<b>A. Full name</b> Trustmark Debit Card	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P O Box 291	5/4/15	\$ 32.78
<b>City, State, Zip Code</b> Jackson, MS 39205	5/5/15	\$ 26.10
<b>Purpose of Disbursement (Optional)</b> Continued - See Attachment A	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b> 58.88
<b>B. Full name</b> N / A	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b> 0.00
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b> 0.00
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b> 0.00
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b> 0.00
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b> 0.00

## ATTACHMENT TO ITEMIZED DISBURSEMENTS FORM SS91-8

<b>NOTE:</b>	Cindy Hyde-Smith Campaign
	Trustmark Debit Card - Attachment A

Date (Mo., Day, Year)	Amount of each disbursement
5/6/2015	\$74.90
5/7/2015	\$54.52
5/7/2015	\$22.16
5/11/2015	\$39.20
5/12/2015	\$37.33
5/13/2015	\$36.52
5/13/2015	\$200.00
5/15/2015	\$26.16
5/15/2015	\$25.00
5/19/2015	\$32.91
5/19/2015	\$25.00
5/21/2015	\$171.35
5/21/2015	\$36.16
5/26/2015	\$114.40
<b>TOTAL</b>	<b>\$ 895.61</b>

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2015 Election



Name of Candidate Addie Green  
 Address P.O. Box 249 County Hinds  
 Telephone (Work) 601-262-8808 (Home) 601-866-2652 (Fax) \_\_\_\_\_  
 Contact Name Addie Green Email Address Addiegreen@bellsouth.net  
 Office Sought Commissioner of Agriculture and Forestry Political Party Democrat  
 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
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- 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.

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(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 \$	0	+	0	\$ 0	\$ 0
Total amount of disbursements \$	0	+	0	\$ 0	\$ 0
Total amount of cash on hand				\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Addie Green  
 Signature of Candidate Date 6/10/15

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:**

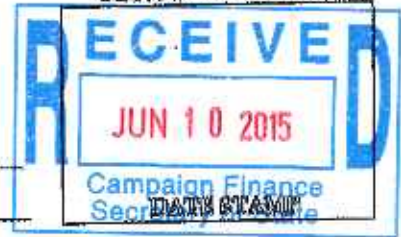
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- Candidates for Municipal office should return forms to the Municipal Clerk

2015 ELECTION CYCLE



REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann SECRETARY OF STATE



Name of Candidate Cathy L. Toole
Address P.O. Box 15275, Mr. 39404, County Harrison
Telephone (Work) (Home) 601-434-5820 (Fax)
Contact Name Commission of Agriculture Email Address
Office Sought And Candidate Political Party Reform

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
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(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

Table with columns: Itemized, Non-Itemized, This Period, Calendar year-to-date. Rows: Total amount of contributions, Total amount of disbursements, Total amount of cash on hand.

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

Cathy L. Toole
Signature of Candidate

6-8-15
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 812 (1972).

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