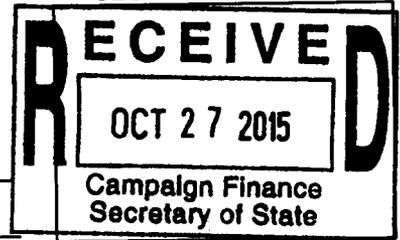


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



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 & Comrr 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
- X** ____ October 27, 2015 Pre-Election ReportMandatory
All Candidates and Political Committees
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
- ____ 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 \$ 19,750.00	+	\$ 7,098.00	\$ 26,848.00	\$ 86,944.00
Total amount of disbursements \$ 76,956.62	+	\$ 978.72	\$ 77,935.34	\$ 110,648.18
Total amount of cash on hand			\$ 162,092.89	

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

October 27, 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: 10/01/15 through 10/24/15

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: AT&T Mississippi PAC	10/02/15	\$1,000.00
Mailing Address: 111 East Capitol Street, Suite 6030		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
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. & Mrs. Jimmy Alexander	10/13/15	\$1,000.00
Mailing Address: P. O. Box 1265		
City, State, Zip: Meridian, MS 39301		
Name of Employer (Required): A & B Electric		
Occupation (Required): Businessman	Aggregate year-to-date	\$1,000.00
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. Sidney P. Allen, Jr.	10/01/15	\$500.00
Mailing Address: 200 Brae Burn Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Butler Snow, LLC		
Occupation (Required): Businessman	Aggregate year-to-date	\$500.00
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: Baker Services	10/07/15	\$500.00
Mailing Address: Springridge Road		
City, State, Zip: Jackson, MS 39282		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00

Reporting period: 10/01/15 through 10/24/15

ITEMIZED RECEIPTS

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. James O. Carpenter	10/13/15	\$1,000.00
Mailing Address: P. O. Box 489		
City, State, Zip: Port Gibson, MS 39150		
Name of Employer (Required): Self Employed		
Occupation (Required): Businessman	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: Delta Western	10/15/15	\$500.00
Mailing Address: P O Box 878		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
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: Deviney Construction Company, Inc.	10/07/15	\$500.00
Mailing Address: P. O. Box 6717		
City, State, Zip: Jackson, MS 39282		
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. Herman L. Dungan	10/01/15	\$500.00
Mailing Address: P. O. Box 1800		
City, State, Zip: Prentiss, MS 39474		
Name of Employer (Required): Prentiss Corporation		
Occupation (Required): President	Aggregate year-to-date	\$500.00

Reporting period: 10/01/15 through 10/24/15

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: Dungan Engineering PA	10/01/15	\$1,000.00
Mailing Address: 1574 Highway 98 East		
City, State, Zip: Columbia, MS 39429		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
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: ENPAC Mississippi	10/01/15	\$1,000.00
Mailing Address: P O Box 1640		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
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. & Mrs. Lonnie Fortner	10/14/15	\$1,000.00
Mailing Address: 502 Drake Hill Drive		
City, State, Zip: Port Gibson, MS 39150		
Name of Employer (Required): Self Employed		
Occupation (Required): Businessman	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: Friends of Cindy Hyde-Smith	10/01/15	\$300.00
Mailing Address: 1150 Lakeland Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$300.00

Reporting period: 10/01/15 through 10/24/15

ITEMIZED RECEIPTS

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. Danny Huston	10/07/15	\$5,000.00
Mailing Address: 616 West Jackson Street		
City, State, Zip: Parker City, IN 47368		
Name of Employer (Required): North American Midway		
Occupation (Required): Businessman	Aggregate year-to-date	\$5,000.00
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. & Mrs. Ted H. Kendall, III	10/01/15	\$250.00
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	\$750.00
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: MS Cattlemen's Association	10/01/15	\$250.00
Mailing Address: 680 Monroe Street, Suite A		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required):		
Occupation (Required):	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: MS National Guard Fed. Credit Union	10/01/15	\$1,000.00
Mailing Address: 142 Military Drive		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

Reporting period: 10/01/15 through 10/24/15

ITEMIZED RECEIPTS

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 Massey	10/13/15	\$300.00
Mailing Address: P. O. Box 1285		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Owner		
Occupation (Required): Auto Sales	Aggregate year-to-date	\$300.00
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. Fred A. McMurry	10/05/15	\$500.00
Mailing Address: P. O. Box 108		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Self Employed		
Occupation (Required): Businessman	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. Paul McMurry	10/01/15	\$500.00
Mailing Address: P. O. Box 447		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Self Employed		
Occupation (Required): Businessman	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: Dr. & Mrs. David Newell	10/13/15	\$200.00
Mailing Address: 7981 David Newell Rd		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required):		
Occupation (Required): Retired	Aggregate year-to-date	\$300.00

Reporting period: 10/01/15 through 10/24/15

ITEMIZED RECEIPTS

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. Costas E. Pavlou	10/01/15	\$1,000.00
Mailing Address: 103 McCarty Raod		
City, State, Zip: Jackson, MS 39212		
Name of Employer (Required): Self Employed		
Occupation (Required): Businessman	Aggregate year-to-date	\$1,000.00
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. & Mrs. R. W. Penn	10/01/15	\$100.00
Mailing Address: 1153 Midway Road		
City, State, Zip: Lena, MS 39094		
Name of Employer (Required): Self Employed		
Occupation (Required): Businessman	Aggregate year-to-date	\$1,100.00
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: Rankin County Republican Exec. Com.	10/15/15	\$250.00
Mailing Address: 4 River Bend Place, Suite 110		
City, State, Zip: Flowood, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
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: Tyson Foods, Inc.	10/01/15	\$1,000.00
Mailing Address: 601 Pennsylvania Avenue NW		
City, State, Zip: Washington, DC 20004		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

Reporting period: 10/01/15 through 10/24/15

ITEMIZED RECEIPTS

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. Randle Wright	10/01/15	\$600.00
Mailing Address: 176 Hwy. 341 South		
City, State, Zip: Vardaman, MS 38878		
Name of Employer (Required): N & W Farm		
Occupation (Required): Farmer	Aggregate year-to-date	\$600.00

Name of Candidate or Committee Cindy Hyde-Smith CampaignReporting period October 1, 2015 through October 24, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Baldwin & Associates, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	438 East Main Street	10/21/15	\$ 59,985.00
City, State, Zip Code	Tupelo, MS 38804		\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 59,985.00
B. Full name	MS Agriculture and Forestry Museum	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1150 Lakeland Drive	10/1/15	\$ 700.00
City, State, Zip Code	Jackson, MS 39216		\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 700.00
C. Full name	Fresh Cut Catering	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	108 Cypress Cove	10/2/15	\$ 1,880.25
City, State, Zip Code	Flowood, MS 39232		\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,880.25
D. Full name	Third Wave Communications, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P O Box 1355	10/22/15	\$ 12,000.00
City, State, Zip Code	Columbus, OH 43216		\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 12,000.00
E. Full name	Alpha Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	115 Metroplex Blvd.	10/23/15	\$ 718.30
City, State, Zip Code	Pearl, MS 39208		\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 718.30
F. Full name	Jay Pennington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	111 Victoria Place	10/24/15	\$ 300.00
City, State, Zip Code	Brandon, MS 39042		\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00

Name of Candidate or Committee Cindy Hyde-Smith Campaign

Reporting period October 1, 2015 through October 24, 2015

ITEMIZED DISBURSEMENTS

A. Full name Trustmark Debit Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 291	10/19/15	\$ 400.00
City, State, Zip Code Jackson, MS 39205	10/15/15	\$ 100.00
Purpose of Disbursement (Optional) See Attachment A	Aggregate Year-to-date	\$ 500.00
B. Full name N / A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00
C. Full name N / A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00
D. Full name N / A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00
E. Full name N / A	Date (Mo., Day, Year)	Amount of each 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 (Mo., Day, Year)	Amount of each 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
10/13/2015	\$500.00
10/2/2015	\$300.00
10/20/2015	\$30.07
10/13/2015	\$34.00
10/5/2015	\$9.00
TOTAL	\$ 873.07