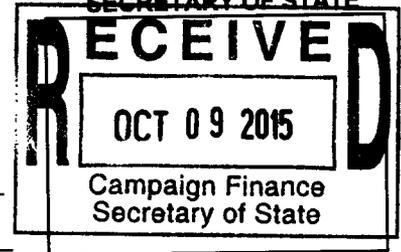


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



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 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	\$ 31,470.00	+ \$ 3,476.00	\$ 34,946.00	\$ 60,096.00
Total amount of disbursements	\$ 12,288.04	+ \$ 697.26	\$ 12,985.30	\$ 32,712.84
Total amount of cash on hand			\$ 213,180.23	

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 9, 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: 07/01/15 through 09/30/15

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. Buck Alman, III	08/20/15	\$500.00
Mailing Address: 246 Hurdle Rd.		
City, State, Zip: Pelahatchie, MS 39145		
Name of Employer (Required): Stagelite Sound, LLC		
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. Doug C. Berry	09/15/15	\$500.00
Mailing Address: 117 Swallow Drive		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): John Deere		
Occupation (Required): Consultant	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. Lampkin Butts	09/15/15	\$1,000.00
Mailing Address: 8 Laurawood Court		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): Sanderson Farms		
Occupation (Required): President	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: Ms. Neely Carlton	09/28/15	\$500.00
Mailing Address: 149 Cypress Lake Blvd. South		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Butler Snow, LLC		
Occupation (Required): Govt. Relations	Aggregate year-to-date	\$500.00

Reporting period: 07/01/15 through 09/30/15

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: Chevron Public & Government Affairs	07/01/15	\$1,000.00
Mailing Address: P. O. Box 1300		
City, State, Zip: Pascagoula, MS 39568		
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: Crawdad Hole, Inc.	09/10/15	\$500.00
Mailing Address: 3743 Montrose Circle		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	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: Electric Power Associations of MS	08/20/15	\$2,500.00
Mailing Address: P. O. Box 3300		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,500.00
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: Gatlin Corporation	09/15/15	\$250.00
Mailing Address: P O Box 1156		
City, State, Zip: Brookhaven, MS 39602		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

Reporting period: 07/01/15 through 09/30/15

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: Intl. Alliance of Theatrical Stage	09/21/15	\$1,000.00
Mailing Address: Local No. 589		
City, State, Zip: Madison, MS 39110		
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. Ted Kendall, IV	09/15/15	\$250.00
Mailing Address: P. O. Box 505		
City, State, Zip: Bolton, MS 39041		
Name of Employer (Required): The Gaddis Farms		
Occupation (Required): Farmer	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: Koch Industries, Inc.	07/01/15	\$750.00
Mailing Address: 450 Laurel Street, Suite 1420		
City, State, Zip: Baton Rouge, LA 70801		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$750.00
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 B. Lowe	09/27/15	\$500.00
Mailing Address: 2589 Old Highway 27		
City, State, Zip: Monticello, MS 39654		
Name of Employer (Required): Lowe Farms		
Occupation (Required): Farmer	Aggregate year-to-date	\$500.00

Reporting period: 07/01/15 through 09/30/15

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: MS Coalition for Progress	09/22/15	\$1,000.00
Mailing Address: P O Box 1591		
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. Johnny P. McRight	09/30/15	\$5,000.00
Mailing Address: P O Box 4812		
City, State, Zip: Greenville, MS 38704		
Name of Employer (Required): McRight Services, LLC		
Occupation (Required): Businessman	Aggregate year-to-date	\$5,000.00
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: Millette Administrators, Inc.	09/24/15	\$1,000.00
Mailing Address: 4619 Main Street, Suite A		
City, State, Zip: Moss Point, MS 39563		
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. Buddy Moody	09/15/15	\$500.00
Mailing Address: P. O. Box 14		
City, State, Zip: Poplarville, MS 39470		
Name of Employer (Required): Self Employed		
Occupation (Required): Timber - Cattle	Aggregate year-to-date	\$500.00

Reporting period: 07/01/15 through 09/30/15

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. W. D. Mounger	09/21/15	\$1,000.00
Mailing Address: 4450 Old Canton Rd.		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Self Employed		
Occupation (Required): Oil & Gas	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	09/22/15	\$1,000.00
Mailing Address: 1153 Midway Road		
City, State, Zip: Lena, MS 39094		
Name of Employer (Required): Self Employed		
Occupation (Required): Businessman	Aggregate year-to-date	\$1,000.00
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. Chatham H. Phillips, II	09/15/15	\$2,000.00
Mailing Address: 4024 Money Sunk Rd.		
City, State, Zip: Yazoo City, MS 39194		
Name of Employer (Required): Self Employed		
Occupation (Required): Farmer	Aggregate year-to-date	\$2,000.00
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. John F. Phillips, III	09/22/15	\$1,000.00
Mailing Address: 4042 Hwy 16 West		
City, State, Zip: Yazoo City, MS 39194		
Name of Employer (Required): Self Employed		
Occupation (Required): Farmer	Aggregate year-to-date	\$1,000.00

Reporting period: 07/01/15 through 09/30/15

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: Pigott Oil	09/17/15	\$1,000.00
Mailing Address: P. O. Box 229		
City, State, Zip: Tylertown, MS 39667		
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: Plum Creek Administrative Corp. Inc	08/25/15	\$1,000.00
Mailing Address: P. O. Box 1990		
City, State, Zip: Columbia Falls, MT 59912		
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. Bern Prewitt	09/25/15	\$300.00
Mailing Address: P. O. Box 517		
City, State, Zip: Boyle, MS 38730		
Name of Employer (Required): Self Employed		
Occupation (Required): Farmer	Aggregate year-to-date	\$300.00
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: Resolute FP US Inc.	08/03/15	\$500.00
Mailing Address: 5300 Cureton Ferry Road		
City, State, Zip: Catawba, SC 29704		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00

Reporting period: 07/01/15 through 09/30/15

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. Joe F. Sanderson, Jr.	09/25/15	\$1,000.00
Mailing Address: P. O. Box 988		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Sanderson Farms		
Occupation (Required): CEO & Chair	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. Harry Simmons, Jr.	09/16/15	\$2,500.00
Mailing Address: 2628 Erickson Rd.		
City, State, Zip: Yazoo City, MS 39194		
Name of Employer (Required): Self Employed		
Occupation (Required): Farmer	Aggregate year-to-date	\$2,500.00
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. & Ms. J Kirk Sims, Jr.	09/28/15	\$500.00
Mailing Address: 4211 Brookdale Street		
City, State, Zip: Jackson, MS 39206		
Name of Employer (Required): Butler Snow, LLP		
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: Stack Enterprises	09/22/15	\$250.00
Mailing Address: 905 La Roche Court		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

Reporting period: 07/01/15 through 09/30/15

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. Brady Stewart	09/28/15	\$500.00
Mailing Address: 133 Woodland Hills Blvd		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Butler Snow, LLP		
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): Refunds	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Trustmark Bank	07/22/15	\$420.00
Mailing Address: P O Box 291		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$420.00
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: W. L. Byrd Lumber Co., Inc.	09/25/15	\$250.00
Mailing Address: P. O. Box 150		
City, State, Zip: Fernwood, MS 39635		
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: Wier Boerner Allin Architecture	09/14/15	\$1,000.00
Mailing Address: 2906 North State Street, Suite 106		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

Reporting period: 07/01/15 through 09/30/15

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. Charlie Williams	09/28/15	\$500.00
Mailing Address: 1303 Pelican Loop		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Butler Snow, LLP		
Occupation (Required): Businessman	Aggregate year-to-date	\$500.00

Reporting Period Total:

\$31,470.00

Name of Candidate or Committee Cindy Hyde-Smith Campaign

Reporting period July 1, 2015 through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Hancock County Republican Executive Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 79310 Diamondhead Drive East	7/13/15	\$ 500.00
City, State, Zip Code Diamondhead, MS 39525		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
B. Full name Discover Card Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 71084	7/8/15	\$ 1,120.50
City, State, Zip Code Charlotte, NC 28272		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,120.50
C. Full name MS Federation of Republican Women	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2111 Bienville Blvd.	9/23/15	\$ 250.00
City, State, Zip Code Ocean Spring, MS 39564		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
D. Full name Fashions Inc of Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 604	8/1/15	\$ 610.74
City, State, Zip Code Jackson, MS 39205		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 610.74
E. Full name MS Federation of College Republicans	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2816 New Sight Drive	8/1/15	\$ 250.00
City, State, Zip Code Wesson, MS 39191		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
F. Full name Jay Pennington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 111 Victoria Place	8/7/15	\$ 1,575.00
City, State, Zip Code Brandon, MS 39042		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,575.00

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

ITEMIZED DISBURSEMENTS

A. Full name Alphagraphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 115 Metroplex Blvd.	9/16/15	\$ 1,433.44
City, State, Zip Code Pearl, MS 39208		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,433.44
B. Full name Trustmark Debit Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 291	7/20/15	\$ 300.00
City, State, Zip Code Jackson, MS 39205	7/20/15	\$ 292.66
Purpose of Disbursement (Optional) See Attachment A (July)	Aggregate Year-to-date	\$ 592.66
C. Full name Trustmark Debit Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 291	8/3/15	\$ 116.63
City, State, Zip Code Jackson, MS 39205	8/4/15	\$ 233.26
Purpose of Disbursement (Optional) See Attachment B (August)	Aggregate Year-to-date	\$ 349.89
D. Full name Trustmark Debit Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 291	9/1/15	\$ 29.56
City, State, Zip Code Jackson, MS 39205	9/1/15	\$ 10.08
Purpose of Disbursement (Optional) See Attachment C (September)	Aggregate Year-to-date	\$ 39.64
E. Full name Trustmark	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 291	8/1/15	\$ 314.16
City, State, Zip Code Jackson, MS 39205		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 314.16
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 (July)

Date (Mo., Day, Year)	Amount of each disbursement
7/17/2015	\$95.18
7/17/2015	\$36.86
7/17/2015	\$42.79
7/17/2015	\$256.79
7/16/2015	\$22.19
7/14/2015	\$30.00
7/14/2015	\$17.91
7/10/2015	\$37.88
7/9/2015	\$8.00
7/7/2015	\$37.14
7/3/2015	\$31.09
7/2/2015	\$106.64
7/1/2015	\$28.94
7/20/2015	\$146.33
7/21/2015	\$118.10
7/21/2015	\$46.15
TOTAL	\$ 1,061.99

ATTACHMENT TO ITEMIZED DISBURSEMENTS FORM SS91-8

NOTE:	Cindy Hyde-Smith Campaign
	Trustmark Debit Card - Attachment B (August)

Date (Mo., Day, Year)	Amount of each disbursement
8/3/2015	\$116.63
8/4/2015	\$233.26
8/4/2015	\$37.07
8/11/2015	\$36.90
8/14/2015	\$37.43
8/17/2015	\$44.72
8/19/2015	\$40.60
8/21/2015	\$31.78
8/25/2015	\$33.43
8/25/2015	\$32.25
8/26/2015	\$34.00
8/28/2015	\$211.18
8/28/2015	\$189.28
8/31/2015	\$189.28
8/14/2015	\$100.00
8/17/2015	\$400.00
TOTAL	\$ 1,767.81

ATTACHMENT TO ITEMIZED DISBURSEMENTS FORM SS91-8

NOTE:	Cindy Hyde-Smith Campaign
Trustmark Debit Card - Attachment C (September)	

Date (Mo., Day, Year)	Amount of each disbursement
9/1/2015	\$29.56
9/1/2015	\$10.08
9/2/2015	\$29.34
9/8/2015	\$29.05
9/10/2015	\$25.33
9/15/2015	\$28.75
9/17/2015	\$9.00
9/18/2015	\$133.79
9/18/2015	\$28.95
9/21/2015	\$23.65
9/22/2015	\$117.70
9/22/2015	\$107.93
9/22/2015	\$26.40
9/25/2015	\$28.75
9/30/2015	\$34.00
9/14/2015	\$300.00
TOTAL	\$ 962.28

