**FEC** 

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cindy Hyde-Smith for US Senate PO Box 2930 ADDRESS (number and street) (Check if address is changed) Jackson 39207 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@rightsidecompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.cindyhydesmith.com (Check if address is changed) DATE 2020 C00675348 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ozanus, William, K.,, Type or Print Name of Treasurer Ozanus, William, K.,, [Electronically Filed] 04 20 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Name Cand		Hyde-Smith, Cindy, , ,	
Cand Party	idate Affiliati	on REP Office Sought: House X Senate President	State MS District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

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Write or Type Committee Name		raye 3
	nith for US Senate	
	Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
2019 Senators Classic		
2019 Seriators Classic		
Mailing Address	228 S Washington St	
	Suite 115	
	Alexandria	22314
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee July Joint Fundraising Representation	ative Leadership PAC Sponsor
. Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the p	erson in possession of committee
Ozanus, W	/illiam, K., ,	1
	PO Box 2930	
Mailing Address		
	Jackson	39207
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	; and the name and address of
Full Name Ozanus, W	'illiam, K., ,	ı
of Treasurer	IPO Box 2930	
Mailing Address		
	. Indicate	120207
	Jackson MS	39207 7ID CODE
Title or Position Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	
safety deposit boxes or r Name of Bank, Deposito	ory, etc.	hich the committee deposits fund	ls, holds accounts, rents
BB&	11909 K STREET, NW		
Mailing Address	I SOUTH STREET, INVO		
	WASHINGTON	DC 2	20006
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		
<sub> </sub> CHA	AIN BRIDGE BANK	<u> </u>	<u> </u>
Mailing Address	1445-A LAUGHLIN AVE		
	MCLEAN	VA   2	22101
	CITY	STATE	ZIP CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
<u> </u>			
Mailing Address	228 S WASHINGTON ST		
ivialility Address	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee   Join  Ty by name, address (phone number – optional)		
esignated Agent: Identification	Affiliated Committee   Join  Ty by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY   CITY   CITY   Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  nunity Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). Joint Fundraisi		FEC ID number	С
1		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
KEEP THE SENA	ATE RED		
Mailing Address	PO BOX 76024		
Maming Addicas			
	WASHINGTON	, DC	20002
Relationship:	CITY A	STATE A	ZIP CODE A
r tolationip.		SIAIL	ZII OODL A
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A elephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and mailing and mailing and mailing Address	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number	ZIP CODE A
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esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.						
1				FEC I	D number	C
2				FEC	D number	С
3. 🖳				FEC I	D number	С
4				FEC	D number	С
	Any Connected	_	ffiliated Committee, Joint	Fundraising Re	epresentativ	e, or Leadership PAC Spons
Maili	ng Address	PO BOX 6014	8			
		WASHINGTO	N 		DC	20039
			CITY A		STATE ▲	ZIP CODE ▲
)esignate	d Agent: Identify	d Organization	-	Joint Fundraisin	ng Represent	tative Leadership PAC Spo
Designate Full Na	Connected  d Agent: Identify  ame		Affiliated Committee		ng Represent	Leadership PAC Spo
Designate Full Na	Connected  d Agent: Identify		Affiliated Committee		ng Represent	Leadership PAC Spe
<b>Designate</b> Full Na	Connected  d Agent: Identify  ame		Affiliated Committee		ng Represent	Leadership PAC Spo
<b>Designate</b> Full Na Mailing	Connected  d Agent: Identify  ame	by name, addre	Affiliated Committee		ng Represent	
<b>Designate</b> Full Na Mailing	Connected  d Agent: Identify  ame	by name, addre	Affiliated Committee		STATE A	Leadership PAC Speciative Leadership PAC Speciative ZIP CODE A

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
WIN MISSISSIPF	<b>? </b> 		
Mailing Address	PO BOX 9891		
	ARLINGTON	, ,   VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.	 	FEC ID number C	
	2.		FEC ID number C	
	3.		FEC ID number	
	4.		FEC ID number C	
6.			aising Representative, or Leadership PAC Spor	nsor
	FRIENDS OF CIN	IDY HYDE-SMITH		
	Mailing Address	PO BOX 60148		
		WASHINGTON	DC 20039	
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲	
	Connected	d Organization X Affiliated Committee Joint	Fundraising Representative Leadership PAC S	Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A ZIP CODE A	
8.	Full Name	CITY A	STATE A ZIP CODE A	
8.	Full Name	CITY A		
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY A  Te	STATE A ZIP CODE A	i i i i i i i i i i i i i i i i i i i
	Full Name      Mailing Address  TITLE OR POSITION	CITY A  Te	STATE   ZIP CODE   slephone Number	nts
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY A  ries: List all banks or other depositories in which intains funds.	STATE   ZIP CODE   slephone Number	nts
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A  ries: List all banks or other depositories in which intains funds.	STATE   STATE   ZIP CODE   elephone Number   the committee deposits funds, holds accounts, ren	nts
	Full Name	CITY A  ries: List all banks or other depositories in which intains funds.	STATE   STATE   ZIP CODE   elephone Number   the committee deposits funds, holds accounts, ren	nts
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