



Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
House of Representatives District 72
2016 Special Election



Name of Candidate Cecilie Simmons
 Address P.O. Box 891 Cleveland, MS 38732 County BOLIVAR
 Telephone (Work) 662-846-7434 (Home) _____ (Fax) 662-846-7011
 Contact Name _____ Email Address SANDAFORUE@yahoo.com
 Office Sought STATE SENATE Political Party DEMOCRAT

Check here if above is different from previous report

- TYPE OF REPORT**
- August 16, 2016 Pre-Election Report (January 1, 2016, through August 13, 2016)Mandatory
- September 6, 2016 Pre-Runoff Report (August 14, 2016, through September 3, 2016).....Runoff Candidates Only
 All Candidates and Political Committees in a Runoff Election
- January 31, 2017 Annual Report (January 1, 2016, through December 31, 2016).....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 \$	<u>11,500.00</u>	+	<u>\$ 3,700.00</u>	<u>\$ 15,200.00</u>	<u>\$ 15,200.00</u>
Total amount of disbursements \$	<u>8,925.00</u>	+	<u>2,200.00</u>	<u>\$ 11,125.00</u>	<u>\$ 11,125.00</u>
Total amount of cash on hand				<u>\$ 5,575.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Cecilie Simmons Signature of Candidate Date 1/31/17

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. Municipal candidates return forms to the Municipal Clerk.

Name of Candidate or Committee Willie Simmons
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="radio"/> Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Hunington Ingram PAC</u>	<u>7</u> / <u>23</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>410 Washington</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>New Port News, VA 23607</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: Corporation <input checked="" type="radio"/> Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>CORNERSTONE GOVT PAC</u>	<u>7</u> / <u>15</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>188 E. Capitol St Ste 910</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: Corporation <input checked="" type="radio"/> Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Wal-Mart PAC</u>	<u>11</u> / <u>15</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>80 Broad St</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>NY, NY</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: Corporation <input checked="" type="radio"/> Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Pfizer PAC</u>	<u>11</u> / <u>18</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>235 E 4th St</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>NY, NY 10017</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Willie SimmonReporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>N. L. CARSON CONTRACTOR</u>	<u>6/6/16</u>	\$ <u>500.00</u>
Mailing Address <u>221 Wagoner</u>	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>CARTERS MS</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required)	<u>1/1/</u>	\$ _____
Occupation (Required) <u>CONSTRUCTION</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS CONCRETE PAC</u>	<u>6/5/16</u>	\$ <u>1000.00</u>
Mailing Address	<u>1/1/</u>	\$ _____
City, State, Zip Code	<u>1/1/</u>	\$ _____
Name of Employer (Required)	<u>1/1/</u>	\$ _____
Occupation (Required) <u>CONCRETE CONSTRUCTION</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>S-S- CONTRACTOR</u>	<u>6/6/16</u>	\$ <u>1000.00</u>
Mailing Address	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>COLUMBUS MS</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required)	<u>1/1/</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>R. Hill CONTRACTOR Construction</u>	<u>6/6/16</u>	\$ <u>3000.00</u>
Mailing Address <u>106 E. Amite</u>	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required)	<u>1/1/</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>3000.00</u>

Name of Candidate or Committee Willie Simmon

Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>United Healthcare</u>		<u>11/14/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 211</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>
B. Source: Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
C. Source: Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Willie Simmons
 Reporting period 11/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>Paul Williams</u>	Date (Mo., Day, Year) <u>7/14/16</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>P.O. BOX</u>	<u>7/14/16</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>7/14/16</u>	\$
Purpose of Disbursement (Optional) <u>P.R.</u>	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name <u>Sir Speedy</u>	Date (Mo., Day, Year) <u>7/21/13</u>	Amount of each disbursement this period \$ <u>590.55</u>
Mailing Address <u>NORTH STATE Street</u>	<u>7/21/13</u>	\$ <u>590.55</u>
City, State, Zip Code <u>JACKSON, MS</u>	<u>7/21/13</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>590.55</u>
C. Full name <u>Cecil</u>	Date (Mo., Day, Year) <u>9/16/14</u>	Amount of each disbursement this period \$ <u>240.00</u>
Mailing Address <u>736 S. DAVIS</u>	<u>9/16/14</u>	\$ <u>240.00</u>
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>9/16/14</u>	\$
Purpose of Disbursement (Optional) <u>PR</u>	Aggregate Year-to-date	\$ <u>586.00</u>
D. Full name <u>THE SENATOR'S PLACE</u>	Date (Mo., Day, Year) <u>9/20/16</u>	Amount of each disbursement this period \$ <u>1,250.00</u>
Mailing Address <u>1028 S. DAVIS AVE</u>	<u>9/20/16</u>	\$ <u>1,250.00</u>
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>9/20/16</u>	\$
Purpose of Disbursement (Optional) <u>MARKETING- FOOD SERVICE</u>	Aggregate Year-to-date	\$ <u>1,250.00</u>
E. Full name <u>Consolidated</u>	Date (Mo., Day, Year) <u>9/15/16</u>	Amount of each disbursement this period \$ <u>585.00</u>
Mailing Address	<u>9/15/16</u>	\$ <u>585.00</u>
City, State, Zip Code <u>ISOLA MS</u>	<u>9/15/16</u>	\$
Purpose of Disbursement (Optional) <u>MARKETING- PR</u>	Aggregate Year-to-date	\$ <u>585.00</u>
F. Full name <u>Leslie Gregory</u>	Date (Mo., Day, Year) <u>9/24/16</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>711 Church ST</u>	<u>9/24/16</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>9/24/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Willie Simmons
 Reporting period 1/1/16 - 12/31/16 through _____

ITEMIZED DISBURSEMENTS

A. Full name <u>Brenda Brown</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 206</u>	<u>3/5/16</u>	\$ <u>400.00</u>
City, State, Zip Code <u>Shaw, MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400.00</u>
B. Full name <u>PATRICIA Trowels CONSULTANT</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/6/16</u>	\$ <u>3000.00</u>
City, State, Zip Code <u>JACKSON, MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>CONSULTANT</u>	Aggregate Year-to-date	\$ <u>3000.00</u>
C. Full name <u>THE MANSHIP</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>MANSHIP DRIVE</u>	<u> / / </u>	\$ <u>1,973.87</u>
City, State, Zip Code <u>JACKSON MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>MARKETING/FOOD SERVICES</u>	Aggregate Year-to-date	\$ <u>1,973.87</u>
D. Full name <u>ROBERT BYRD</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1222 ARNOLD</u>	<u>7/9/16</u>	\$ <u>265.00</u>
City, State, Zip Code <u>Cleveland MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>P.R.</u>	Aggregate Year-to-date	\$ <u>265.00</u>
E. Full name <u>Cecil</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>TR 36 S. DAVIS</u>	<u>7/9/16</u>	\$ <u>346.00</u>
City, State, Zip Code <u>Cleveland MS 38732</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Community Event (public)</u>	Aggregate Year-to-date	\$ <u>346.00</u>
F. Full name <u>LEE STREET</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>502 S. DAVIS AVE</u>	<u>7/9/16</u>	\$ <u>217.00</u>
City, State, Zip Code <u>Cleveland MS 38732</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Public Event</u>	Aggregate Year-to-date	\$ <u>217.00</u>

Name of Candidate or Committee Willie Simon
 Reporting period 11/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>Bernest CLARK</u>	Date (Mo., Day, Year) <u>10/5/16</u>	Amount of each disbursement this period \$ <u>750.00</u>
Mailing Address <u>610 A102</u>		
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>PR</u>	Aggregate Year-to-date	\$ <u>750.00</u>
B. Full name <u>The Senator's Place</u>	Date (Mo., Day, Year) <u>10/5/16</u>	Amount of each disbursement this period \$ <u>812.80</u>
Mailing Address <u>1028 S. DAVIS AVE</u>		
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>MARKETING-FOOD SERVICES</u>	Aggregate Year-to-date	\$ <u>2,062.80</u>
C. Full name <u>PRESENTATION SISTERS</u>	Date (Mo., Day, Year) <u>10/15/16</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>MAIN STREET</u>		
City, State, Zip Code <u>SHAW MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Community-Youth Org</u>	Aggregate Year-to-date	\$ <u>300.00</u>
D. Full name <u>LATONYA HARPER</u>	Date (Mo., Day, Year) <u>11/10/16</u>	Amount of each disbursement this period \$ <u>400.00</u>
Mailing Address <u>1015 PRARI</u>		
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>P.R.</u>	Aggregate Year-to-date	\$ <u>400.00</u>
E. Full name <u>LAQUISHIA WILLIAMS</u>	Date (Mo., Day, Year) <u>11/20/16</u>	Amount of each disbursement this period \$ <u>450.00</u>
Mailing Address <u>702 TURKEY</u>		
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>P.R.</u>	Aggregate Year-to-date	\$ <u>450.00</u>
F. Full name <u>SARITA SIMMONS</u>	Date (Mo., Day, Year) <u>11/5/16</u>	Amount of each disbursement this period \$ <u>450.00</u>
Mailing Address <u>P.O. Box 288</u>		
City, State, Zip Code <u>Cleveland MS 38732</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>450.00</u>