

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2019 Election



Name of Committee Committee to Re-Elect Willie Simmons
 Address PO Box 891 City/State/Zip Cleveland, MS 38732
 Telephone 662-846-7434 Fax _____
 Treasurer _____ Email Address sandaforu@yahoo.com

Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2019 Periodic Report** (January 1, 2019 through April 30, 2019) **Mandatory**
- _____ **June 10, 2019 Periodic Report** (May 1, 2019 through May 31, 2019) **Mandatory**
- _____ **July 10, 2019 Periodic Report** (June 1, 2019 through June 30, 2019) **Mandatory**
- _____ **July 30, 2019 Primary Pre-Election Report** (July 1, 2019 through July 27, 2019) **Mandatory**
- _____ **August 20, 2019 Primary Pre-Runoff Report** (July 28, 2019 through August 17, 2019) **Runoff Candidates Only**
- _____ **October 10, 2019 Periodic Report** (July 1, 2019 through September 30, 2019) **Mandatory**
- _____ **October 29, 2019 Pre-Election Report** (October 1, 2019 through October 26, 2019) **Mandatory**
- _____ **November 19, 2019 Pre-Runoff Report** (October 27, 2019 through November 16, 2019) **Runoff Candidates Only**
- _____ **January 10, 2020 Periodic Report** (October 1, 2019 through December 31, 2019) **Mandatory**
- _____ **Termination Report** (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) **Required to terminate reporting obligations**

IMPORTANT

- (1) **Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2019 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.**
- (2) **The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.**

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$6650	\$0	\$6650	\$6650
TOTAL AMT OF DISBURSEMENTS	\$0	\$0	\$0	\$0
CASH ON HAND BALANCE				\$13871.96

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 Director or Treasurer

5/10/2019

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to CampaignFinance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee Committee to Re-Elect Willie Simmons

Reporting period Jan 1, 2019 through April 30, 2019

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Angelique Lee	__ / __ / __	\$ 1500
Mailing Address 612 Camdenpark Drive	__ / __ / __	\$ 2500
City, State, Zip Code Ridgeland, MS 39157	__ / __ / __	\$ 4000
Purpose of Disbursement (Optional) Consultant Fee	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Senator's Place	__ / __ / __	\$ 2650
Mailing Address 1028 South Davis Avenue	__ / __ / __	\$
City, State, Zip Code Cleveland, MS 38738	__ / __ / __	\$
Purpose of Disbursement (Optional) Reception Cost	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$