

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

**FILED**  
PIKE COUNTY, MISS.  
MAY 05 2015  
BY *RAG* ROGER A. GRAVES  
CIRCUIT CLERK

Name of Candidate Eddie Simmons, SR.  
Address 7042 OSYKA PROGRESS RD OSYKA, MS County Pike  
Telephone (Work) (601) 395-2947 (Home) (601) 542-3572 (Fax) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Office Sought SUPERVISOR - DIST. 5 Political Party DEMOCRATIC

Check here if above is different from previous report

	<u>TYPE OF REPORT</u>	
<input checked="" type="checkbox"/>	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 <i>All Primary Candidates and Political Committees</i>
_____	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
_____	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
_____	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
_____	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
_____	January 8, 2015 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.

<b>REPORTED CONTRIBUTIONS AND DISBURSEMENTS</b>			
	Itemized	+ Non-Itemized	Calendar year-to-date
Total amount of contributions	\$ 0-	+ \$ 0-	\$ 0-
Total amount of disbursements	\$ 1,946.58	\$ 15.00	\$ 1,961.58
Total amount of cash on hand			\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Eddie Simmons Signature of Candidate 5-5-15 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:**
- 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
  - Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
  - Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee

Reporting period  through

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee Eddie Simmons, Jr.  
 Reporting period 1-1-15 through 4-30-15

## ITEMIZED DISBURSEMENTS

A. Full name <u>SCREEN GRAPHICS</u>	Date (Mo., Day, Year) <u>1/19/15</u>	Amount of each disbursement this period \$ <u>1,197.76</u>
Mailing Address <u>2147 Hwy 48 West</u>	<u>1/19/15</u>	\$ <u>1,197.76</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>2/1/15</u>	\$ <u>348.82</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,546.58</u>
B. Full name <u>ENTERPRISE JOURNAL</u>	Date (Mo., Day, Year) <u>5/4/15</u>	Amount of each disbursement this period \$ <u>400.00</u>
Mailing Address <u>112 Oliver Emmenich Dr.</u>	<u>5/4/15</u>	\$ <u>400.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$