

Candidate's Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2023 Election

**RECEIVED**

By Secretary of State Elections Division at 3:45 pm, Oct 11, 2023

Name of Committee COMMITTEE TO RE-ELECT SARITA SIMMONS FOR SENATE  
 Address P.O. Box 1813 City/Zip CLEVELAND 38132  
 Telephone 662.549.8025 Fax \_\_\_\_\_  
 Treasurer \_\_\_\_\_ Email Address saritaforSenate@gmail.com  
 Office Sought MS HOUSE SENATE Party Affiliation Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

\_\_\_\_ May 10, 2023 Periodic Report (January 1, 2023 through April 30, 2023) ..... Mandatory  
 \_\_\_\_ June 9, 2023 Periodic Report (May 1, 2023 through May 31, 2023) ..... Mandatory  
 \_\_\_\_ July 10, 2023 Periodic Report (June 1, 2023 through June 30, 2023) ..... Mandatory  
 \_\_\_\_ August 1, 2023 Primary Pre-Election Report (July 1, 2023 through July 29, 2023) ..... Mandatory (If Opposed)  
 \_\_\_\_ August 22, 2023 Primary Pre-Runoff Report (July 30, 2023 through August 19, 2023) ..... Runoff Candidates Only  
☒ October 10, 2023 Periodic Report (July 1, 2023 through September 30, 2023) ..... Mandatory  
 \_\_\_\_ October 31, 2023 Pre-Election Report (October 1, 2023 through October 29, 2023) ..... Mandatory (If Opposed)  
 \_\_\_\_ November 21, 2023 Pre-Runoff Report (October 30, 2023 through November 19, 2023) ..... Runoff Candidates Only  
 \_\_\_\_ January 10, 2024 Periodic Report (October 1, 2023 through December 31, 2023) ..... Mandatory  
 \_\_\_\_ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) ..... Required to terminate reporting obligations

IMPORTANT

- (1) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed in the election for which the report is required.
- (3) Until a committee files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on



restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.

- (5) 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.

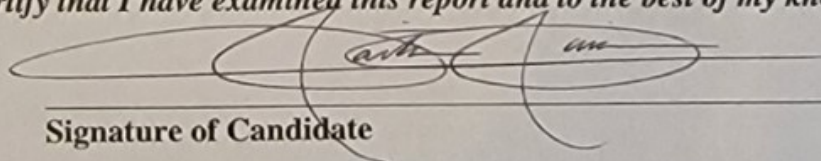
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED *PRIOR TO JANUARY 1, 2018***

JAN. 1, 2023 CASH ON HAND BALANCE	\$			
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-D
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE	\$			

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED *AFTER JANUARY 1, 2018***

JAN. 1, 2023 CASH ON HAND BALANCE	\$ 4,744.29/			
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-D
TOTAL AMT OF CONTRIBUTIONS	\$ 15,100-	\$ 0	\$ 15,100-	\$ 21,400.-
TOTAL AMT OF DISBURSEMENTS	\$ 5,990.79/	\$ 4400-	\$ 10,390.79/	\$ 20,434.79/
CASH ON HAND BALANCE	\$ 3,778.50/			

*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 Candidate

10.11.2023  
Date

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

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov).  
Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.



Name of Candidate or Committee

COMMITTEE TO RE-ELECT GARY GIBBONS FOR SENATE

Reporting period

JULY 1, 2019 through DECEMBER 31, 2019

## ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="checkbox"/> PAC Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name MS BANKERS ASSOCIATION PAC		6/26/2019	\$ 1000-
Mailing Address P.O. Box 1091		___/___/___	\$
City, State, Zip Code JACKSON, MS 39209		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000-
B. Source: Corporation <input checked="" type="checkbox"/> PAC Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name MS MEDICAL PROFESSIONAL ASSOCIATION		7/18/2019	\$ 1000-
Mailing Address P.O. Box 2948		___/___/___	\$
City, State, Zip Code BIRMINGHAM, MS 39198		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000-
C. Source: <input checked="" type="checkbox"/> Corporation PAC Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name COMMITTEE FOR CLEANING ENVIRONMENT & FAIR TAXATION		7/21/2019	\$ 500-
Mailing Address 1000 NORTH STATE STREET		___/___/___	\$
City, State, Zip Code JACKSON, MS 39216		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500-
D. Source: Corporation <input checked="" type="checkbox"/> PAC Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name MS MANUFACTURERS ASSOCIATION PAC		6/20/2019	\$ 500-
Mailing Address 720 NORTH ROSS STREET		___/___/___	\$
City, State, Zip Code JACKSON, MS 39202		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500-

Name of Candidate or Committee

Committee to Re-Elect GARY SIMMONS for SENATE

Reporting period

July 1, 2019

through

October 30, 2019

## ITEMIZED RECEIPTS

A. Source:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)						
Full name					7/13/2019	\$ 600
Mailing Address					1/1/	\$
City, State, Zip Code					1/1/	\$
Name of Employer (Required)					1/1/	\$
Occupation (Required)					Aggregate year-to-date	\$ 600
B. Source:	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)						
Full name					7/1/2019	\$ 300
Mailing Address					1/1/	\$
City, State, Zip Code					1/1/	\$
Name of Employer (Required)					1/1/	\$
Occupation (Required)					Aggregate year-to-date	\$ 300
C. Source:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)						
Full name					6/1/2019	\$ 250
Mailing Address					1/1/	\$
City, State, Zip Code					1/1/	\$
Name of Employer (Required)					1/1/	\$
Occupation (Required)					Aggregate year-to-date	\$ 250
D. Source:	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual	<input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)						
Full name					7/1/2019	\$ 200
Mailing Address					1/1/	\$
City, State, Zip Code					1/1/	\$
Name of Employer (Required)					1/1/	\$
Occupation (Required)					Aggregate year-to-date	\$ 200



Name of Candidate or Committee

Committee to Re-Elect Sherita Simmons for Senate

Reporting period

July 1, 2019 through September 30, 2019

## ITEMIZED RECEIPTS

A. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name Burren Blackmon		7/18/2019	\$ 600-
Mailing Address 907 W. Peach Street		___/___/___	\$
City, State, Zip Code Canton, MS 39046		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Self Employed		Aggregate year-to-date	\$ 600-
B. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name Sherita Simmons		7/9/2019	\$ 600-
Mailing Address P.O. Box 711		___/___/___	\$
City, State, Zip Code Greenville, MS 38902		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Self Employed		Aggregate year-to-date	\$ 600-
C. Source: <input checked="" type="checkbox"/> Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name Cassio Sanford Govt Law Group, PLLC		7/29/2019	\$ 200-
Mailing Address 825 North President Street		___/___/___	\$
City, State, Zip Code Jackson, MS 39202-2501		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200-
D. Source: Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name Eli Lilly & Co. PAC		7/10/2019	\$ 600-
Mailing Address		___/___/___	\$
City, State, Zip Code Indianapolis, IN 46205		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 600-



Name of Candidate or Committee COMMITTEE TO RE-ELECT GARY SUMMERS FOR SENATE

Reporting period JULY 1, 2013 through SEPTEMBER 30, 2013

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>KAREN CHAWLA</u>		<u>8/9/2013</u>	\$ <u>500</u>
Mailing Address <u>523 FREEDOM DRIVE</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>CLEVELAND, MS 38732</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>SELF EMPLOYED</u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>BRIAN JOHNSON</u>		<u>9/8/2013</u>	\$ <u>500</u>
Mailing Address <u>113 ROSEBOM</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>MADISON, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>SELF EMPLOYED</u>		Aggregate year-to-date	\$ <u>500</u>
C. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>GRACE MURDER</u>		<u>7/12/2013</u>	\$ <u>290</u>
Mailing Address <u>316 ROBY AVENUE</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>BUCKINGHAM, MS 38711</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>290</u>
D. Source: <input checked="" type="checkbox"/> Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>GEORGEASCUA GONZALEZ</u>		<u>7/29/2013</u>	\$ <u>500</u>
Mailing Address <u>900 NORTH PEARMAN ROAD</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>CLEVELAND, MS 38732</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</u>



Name of Candidate or Committee COMMITTEE TO RE-ELECT GARY SIMMONS FOR SENATE  
Reporting period JULY 1, 2023 through DECEMBER 30, 2023

# ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>TEN ONE PAC</u>		<u>8/12/2023</u>	\$ <u>500-</u>
Mailing Address <u>200 NORTH CONGRESS ST., STE. 403</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>DIXON, MS 39201-1917</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-</u>
B. Source: Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>MS BEAVERS PAC</u>		<u>4/21/2023</u>	\$ <u>2500-</u>
Mailing Address <u>P.O. Box 321000</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Flowood, MS 39222</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2500-</u>
C. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>TOMMY GOODWIN</u>		<u>7/31/2023</u>	\$ <u>500-</u>
Mailing Address <u>P.O. Box 103</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>GREENVILLE, MS 38701</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-</u>
D. Source: Corporation PAC Individual Loan		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

COMMITTEE TO RE-ELECT SARAH SIMMONS FOR SENATE

Reporting period

JULY 1, 2019

through

SEPTEMBER 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
ENTERPRISE TUGGIN	7/16/2019	\$ 265-
Mailing Address 114 MAIN STREET	7/28/2019	\$ 550-
City, State, Zip Code INDIANOLA, MS 38751		
Purpose of Disbursement (Optional) PARKICAL AD	Aggregate Year-to-date	\$ 1814-
B. Full name RONDA RIMMER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 23 ROSE LANE	7/21/2019	\$ 500-
City, State, Zip Code CLEVELAND, MS	1/1/	\$
Purpose of Disbursement (Optional) APPAREL	Aggregate Year-to-date	\$ 500-
C. Full name HODD STRATEGIES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 101 CARLYE DRIVE	7/28/2019	\$ 305-
City, State, Zip Code MADISON, MS 39110	1/1/	\$
Purpose of Disbursement (Optional) PORTAL AD	Aggregate Year-to-date	\$ 305-
D. Full name DELTA RADIO	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 906	7/29/2019	\$ 270-
City, State, Zip Code CLEVELAND, MS 38732	1/1/	\$
Purpose of Disbursement (Optional) RADIO AD	Aggregate Year-to-date	\$ 270-
E. Full name JAMES HAYWOOD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 431	7/29/2019	\$ 260-
City, State, Zip Code GUNFOWER, MS 38740	1/1/	\$
Purpose of Disbursement (Optional) BACK TO GUNFOWER GUNFOWER (DONATION)	Aggregate Year-to-date	\$ 260-
F. Full name MOOREHEAD CHAMBER OF COMMERCE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 541 WEST WASHINGTON CORRECT	1/1/	\$ 200-
City, State, Zip Code MOOREHEAD, MS	1/1/	\$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	\$ 200-



Name of Candidate or Committee

COMMITTEE TO RE-ELECT SANDY SIMMONS FOR SENATE

Reporting period

JULY 1, 2023

through

SEPTEMBER 30, 2023

## 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
CREATIVE VISION	7/30/2023	\$ 640.75/
Mailing Address		
611 SOUTH DAVIS AVENUE		
City, State, Zip Code		
CLEVELAND, MS 38932	8/1/2023	\$ 300.-
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,684.75/
B. 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	\$
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	\$