

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

Name of Candidate Willie Simmons  
 Address P.O. Box 297, Cleveland, MS 38732  
 Telephone 662-846-7434 Fax 662-846-7011  
 Contact Name Willie Simmons Email Sandaforu@yahoo.com  
 Office Sought State Senate Political Party Democrat

**RECEIVED**  
**JAN 31 2011**

Secretary of State  
 Capitol Office  
 DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees  
☐ 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 receiving authority 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>1915.00</u> + \$ <u>2200.00</u>	\$ <u>4115.00</u>	\$ <u>16125.00</u>
Total amount of disbursements	\$ <u>1915.00</u> + \$ <u>2200.00</u>	\$ <u>4115.00</u>	\$
Total amount of cash on hand		\$ <u>11,968.85</u>	

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

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: 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 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Willie Simon

Reporting period

through

## ITEMIZED DISBURSEMENTS

A. Full name <u>U S Postage</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>44.00</u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>44.00</u>
B. Full name <u>Erleen Standifer</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>100.00</u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
C. Full name <u>U S Postage</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>88.44</u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>88.44</u>
D. Full name <u>Soni's Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/11/10</u>	\$ <u>314.82</u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) <u>Supplies / Popo etc for Church</u>	Aggregate Year-to-date	\$
E. Full name <u>Lalitz Lewis</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/17/10</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Cleveland MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>The Senators Place</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1450.00</u>
City, State, Zip Code <u>Cleveland, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) <u>Community Events &amp; ACT workshop</u>	Aggregate Year-to-date	\$ <u>1450.00</u>



Name of Candidate or Committee Willie Simmons  
 Reporting period 1/1/10 through 12/31/10

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Carl Reddix</u>	<u>8/16/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 14212</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39236</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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. Craig Martin</u>	<u>8/19/10</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgeland Rd. Ste. C</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</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>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>L. Carson N.</u>	<u>8/23/10</u>	\$ <u>250.00</u>
Mailing Address <u>2221 Waggoner Rd</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Carthage, MS 39051</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Stella Walker</u>	<u>8/24/10</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 91044</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39286</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Willie SimmonsReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RE Harry Lee James</u>	<u>8/31/10</u>	\$ <u>200.00</u>
Mailing Address <u>6700 Old Canton Rd Ste. K</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>___/___/___</u>	\$
Name of Employer (Required)	<u>___/___/___</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lee Ann Evans</u>	<u>9/1/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 55867</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39296</u>	<u>___/___/___</u>	\$
Name of Employer (Required)	<u>___/___/___</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tone S. Garrett</u>	<u>9/1/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 904</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39205-0904</u>	<u>___/___/___</u>	\$
Name of Employer (Required)	<u>___/___/___</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PLLC, Cox Law Group</u>	<u>9/1/10</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. Drawer 23277</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>	<u>___/___/___</u>	\$
Name of Employer (Required)	<u>___/___/___</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>100.00</u>



Name of Candidate or Committee Willie Simmons  
 Reporting period 1/1/10 through 8/31/10

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Yolanda Cash Jackson</u>	<u>8/31/10</u>	\$ <u>250.00</u>
Mailing Address	<u>3111 Stirling Road</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Fort Lauderdale, FL 33312</u>	<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Morris Manicure</u>	<u>9/10/10</u>	\$ <u>1,000.00</u>
Mailing Address	<u>303 East Marion Street</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Crystal Springs, MS 39059</u>	<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Richard L. Hazelwood</u>	<u>9/9/10</u>	\$ <u>1,000.00</u>
Mailing Address	<u>P.O. Box 29910</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Winston-Salem, NC 27102</u>	<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Garnett West Jr</u>	<u>8/27/10</u>	\$ <u>500.00</u>
Mailing Address	<u>P.O. Box 39</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Olive Branch, MS 38654</u>	<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Willie Simmons  
Reporting period 1/1/10 through 12/31/10

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jim Nall</u>		<u>2/24/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 5454</u>		____/____/____	\$ _____
City, State, Zip Code <u>Jackson, MS 39288-5454</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Billy H. Thames</u>		<u>8/18/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>519 Susannah Drive</u>		____/____/____	\$ _____
City, State, Zip Code <u>Brandon, MS 39047</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ben Shuster</u>		<u>10/11/10</u>	\$ <u>500.00</u>
Mailing Address <u>10 Burton Hills Blvd</u>		____/____/____	\$ _____
City, State, Zip Code <u>Nashville, TN 37215</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rodney Grogan</u>		<u>2/31/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 2569</u>		____/____/____	\$ _____
City, State, Zip Code <u>Madison, MS 39130</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>



Name of Candidate or Committee

Willie Simmons

Reporting period

1/1/10

through

12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bennie Paige</u>		<u>8/11/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39215-1640</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clويد Shuler</u>		<u>9/28/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>One PK Pl. Ste 700 621 NW 53rd</u>		___/___/___	\$
City, State, Zip Code <u>Boca Raton, FL 33487</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Meredith Broyles</u>		<u>9/14/10</u>	\$ <u>500.00</u>
Mailing Address <u>201 Keith St. SW, Ste 80</u>		___/___/___	\$
City, State, Zip Code <u>Cleveland, TN 37311</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Randle Russell</u>		<u>8/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 East Capitol St. Suite 702</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Willie Simmons

Reporting period 1/1/10 through 12/31/10

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brent Layton / Lee Ann Maup</u>		<u>9/31/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>210 East Capitol St. Suite 1202</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39208</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Socrates Garrett</u>		<u>10/31/10</u>	\$ <u>2,000.00</u>
Mailing Address <u>2659 Livingston Road</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39213-6926</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>2,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Beth C. Clay</u>		<u>8/26/10</u>	\$ <u>500.00</u>
Mailing Address <u>The Clay Firm</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LeTonia Armstrong</u>		<u>11/4/10</u>	\$ <u>325.00</u>
Mailing Address <u>100 Abbott Park Road</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Abbott Park, IL 60064-0026</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>325.00</u>



Name of Candidate or Committee Willie SimpsonReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buddy Medlin, P ASSOC.</u>		<u>11/22/10</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 24087</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>JACKSON, MS 39225-4087</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOSEPH K. SIMMS Junior Aston, Robert Lesley, Orden Williams</u>		<u>10/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>5430 LBJ Freeway, Suite 160</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>DALLAS, TX 75240</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>—/—/—</u>	\$
Mailing Address		<u>—/—/—</u>	\$
City, State, Zip Code		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>—/—/—</u>	\$
Mailing Address		<u>—/—/—</u>	\$
City, State, Zip Code		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$