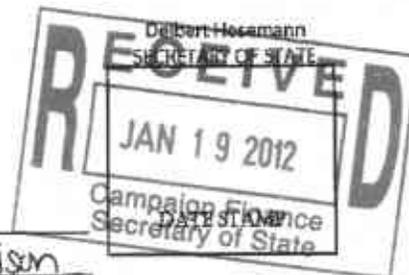


2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Patrick Williams
 Address 829 Vieux Marche Mall, Biloxi, MS 39530 County Harrison
 Telephone (228) 201-2990 Fax (228) 271-4393
 Office Sought House of Representatives, District Political Party Republican
 Email Address electpatrickwilliams@gmail.com

Check here if above is different from previous report

- May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) _____ Mandatory
- June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) _____ Mandatory
- July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) _____ Mandatory
- July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) _____ Primary Candidates
- August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) _____ Runoff Candidates Only
- October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) _____ Mandatory
- November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) _____ Mandatory
- November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
- January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) _____ Mandatory
- Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

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	\$ 14,930.00	+	\$ 400.00	=	\$ 15,330.00	\$ 30,706.00
Total amount of disbursements	\$ 10,942.66	+	0	=	\$ 10,942.66	\$ 24,793.42
Total amount of cash on hand	\$ 5,912.58					

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Patrick Williams
 Signature of Candidate

1-18-12
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
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. §§ 23-16-8-11 (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 501-576-2545.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Patrick Williams
 Reporting period October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Bowtie Association PAC</u>		<u>10 / 11 / 11</u>	\$ <u>500.00</u>
Mailing Address <u>110 Airport Road S, Suite C</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Pearl, MS 39208</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A - Business</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Forward MS PAC</u>		<u>10 / 13 / 11</u>	\$ <u>3,000.00</u>
Mailing Address <u>310 Monterey Drive</u>		<u>11 / 13 / 11</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Clinton MS 39056</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A - Business</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>3,500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Contractor's PAC - MS Association Builders & Contractors, Inc.</u>		<u>10 / 17 / 11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 16522</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A - Business</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Bankers Association PAC</u>		<u>10 / 24 / 11</u>	\$ <u>3,000.00</u>
Mailing Address <u>P.O. Box 1091</u>		<u>10 / 27 / 11</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Jackson, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>4,000.00</u>

Name of Candidate or Committee Patrick Williams
 Reporting period October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>MS Realtors PAC</u>	<u>10 / 18 / 11</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 321000</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>3,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Organization</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harrison County Republican GOP</u>	<u>10 / 27 / 11</u>	\$ <u>1,500.00</u>
Mailing Address <u>P.O. Box 4190</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Gulfport, MS 39532</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>N/A - BUSINESS</u>	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,500.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" 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>MS Manufacturers Association PAC</u>	<u>11 / 3 / 11</u>	\$ <u>500.00</u>
Mailing Address <u>720 N. President Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>N/A - Business</u>	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2,500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>Independent Ins. Agents of MS PAC</u>	<u>11 / 5 / 11</u>	\$ <u>500.00</u>
Mailing Address <u>124 Riverview</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flower, MS 39232-8108</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>N/A</u>	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Patrick Williams
 Reporting period October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Organization</u>		
Full name <u>MS Federation of Republican Women</u>	<u>11</u> / <u>4</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 5476</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Brandon, MS 39047</u>	□ / □ / □	\$ □
Name of Employer (Required) <u>N/A</u>	□ / □ / □	\$ □
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Improve MS PAC</u>	<u>11</u> / <u>7</u> / <u>11</u>	\$ <u>1,000.00</u>
Mailing Address <u>120 North Congress St., Suite 800</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Jackson, MS 39201</u>	□ / □ / □	\$ □
Name of Employer (Required) <u>N/A</u>	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Refund of overpayment</u>		
Full name <u>Rud Pruice</u>	<u>12</u> / <u>1</u> / <u>11</u>	\$ <u>1,680.00</u>
Mailing Address <u>2614 Pass Road</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Biloxi, MS 39531</u>	□ / □ / □	\$ □
Name of Employer (Required) <u>The Pruice Agency</u>	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ <u>1,680.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name	□ / □ / □	\$ □
Mailing Address	□ / □ / □	\$ □
City, State, Zip Code	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ □

Name of Candidate or Committee Patrick Williams
 Reporting period October 1, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Knight Abbey</u>	<u>10/12/11</u>	<u>\$ 254.89</u>
Mailing Address <u>315 Caillavet Street</u>	<u>10/27/11</u>	<u>\$ 349.86</u>
City, State, Zip Code <u>Biloxi, MS 39530</u>		
Purpose of Disbursement (Optional) <u>Postage / Mail-outs</u>	Aggregate Year-to-date	\$ <u> </u>
B. Full name <u>Knight Abbey - continued</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/4/11</u>	<u>\$ 699.72</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,559.36</u>
C. Full name <u>Reed Fuice</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2619 Pass Road</u>	<u>10/17/11</u>	<u>\$ 1,407.16</u>
City, State, Zip Code <u>Biloxi, MS 39531</u>	<u>11/5/11</u>	<u>\$ 8,231.03</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>16,907.01</u>
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	\$