2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Annual Report

Name of Candidate William E. Shirley Jr.

Address 911 CR 140, Quitman, MS 39355 County Clarke

Telephone 601 513 9428 Fax

Office Sought House District 84 Email Address WShirley@house.ms.gov

☐ Check here if above is different from previous report

✓ **January 30, 2015 Annual Report** (January 1, 2014 through December 31, 2014).....**Mandatory**
All Candidates and Political Committees that received funds or made expenditures in Mississippi during the year 2014. Excludes Judicial Candidates.

____ **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	$ 16,150.00 + $ 4425.00	$ 20575.00	$ 20575.00
Total amount of disbursements	$ 2412.50 + $ 361.12	$ 2773.62	$ 2773.62
Total amount of cash on hand		$ 27808.79	

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

William E. Shirley Jr. 1-25-15
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) 576-2545***
2. ***Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk.***
3. ***Candidates for Municipal office should return forms to the Municipal Clerk.***

Name of Candidate or Committee William E. Shirley Jr.

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Diane Davidson	5 / 21 / 14	$ 250.00
Mailing Address: P.O. Box 665	/ /	$
City, State, Zip Code: Marion MS 39342	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Billy Carroll	5 / 21 / 14	$ 250.00
Mailing Address: 7644 King Rd	/ /	$
City, State, Zip Code: Meridian MS 39305	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bruce Martin	5 / 21 / 14	$ 250.00
Mailing Address: P.O. Box 1729	/ /	$
City, State, Zip Code: Meridian MS 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wayne Henson	5 / 21 / 14	$ 250.00
Mailing Address: 9162 Hwy 145N	/ /	$
City, State, Zip Code: Quitman MS 39355	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: William E Shirley Jr

Reporting period: 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Bussiness Group	5 / 21 / 14	$ 250.00
Mailing Address: 2210 13th St.	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Greg Snowden	5 / 21 / 14	$ 300.00
Mailing Address: P.O. Box 3807	/ /	$
City, State, Zip Code: Meridian MS 39303	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wallace Strickland	5 / 21 / 14	$ 1000.00
Mailing Address: 8219 Sycamore Creek Dr.	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ray Humphrey'v	5 / 21 / 14	$ 500.00
Mailing Address: 2124 14th St.	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee William E. Shirley II.

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Clay Firm	5 / 21 / 14	$ 250.00
Mailing Address: P.O. Box 217	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Barry, Thaggard, May & Bailey	5 / 21 / 14	$ 300.00
Mailing Address: P.O. Box 2009	/ /	$
City, State, Zip Code: Meridian MS 39302	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glen Cochran	5 / 21 / 14	$ 250.00
Mailing Address: 303 S. Archusa Ave	/ /	$
City, State, Zip Code: Quitman, MS 39355	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Loans Inc.	5 / 21 / 14	$ 250.00
Mailing Address: P.O. Box 983	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee William E. Shirley Jr.

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: First State BANK	5 / 21 / 14	$ 500.00
Mailing Address: P.O. Box 506	/ /	$
City, State, Zip Code: Waynesboro, MS 39367	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dudley Maples	5 / 21 / 14	$ 250.00
Mailing Address: 3816 Oakdale Ave	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jimmy & Ann Alexander	6 / 1 / 14	$ 500.00
Mailing Address: P.O. Box 1265	/ /	$
City, State, Zip Code: Meridian MS 39301	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Inc. RX PAC	6 / 6 / 14	$ 500.00
Mailing Address: 4209 Lakeland Dr. STE 399	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee William E. Shirley Jr.

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT+T PAC	7 / 22 / 14	$ 400.00
Mailing Address: 111 E. Capitol St. STE 6030	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 400.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Terral Insurance	8 / 6 / 14	$ 250.00
Mailing Address: 119 Main St.	/ /	$
City, State, Zip Code: Quitman, MS 39355	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Co.	8 / 6 / 14	$ 500.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Dental PAC	8 / 8 / 14	$ 400.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee William E. Shirley Jr.

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Denbury	10 / 14 / 14	$ 500.00
Mailing Address: 5320 Legacy Drive	/ /	$
City, State, Zip Code: Plano, TX 75024-3121	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: North American Col. PAC	10 / 21 / 14	$ 500.00
Mailing Address: 5340 Legacy Drive STE 300	/ /	$
City, State, Zip Code: Plano TX 75024-3141	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EPA of MS PAC	11 / 7 / 14	$ 500.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland MS 39158	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EDPAC MS	11 / 7 / 14	$ 250.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee William E. Shirley Jr.

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Comcast Corp PAC.	11 / 24 / 14	$ 250.00
Mailing Address: One Comcast Center 1701 JFK Blvd	/ /	$
City, State, Zip Code: Philadelphia, PA 19103	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ronnie Shows	12 / 7 / 14	$ 500.00
Mailing Address: 20 Golf Club Pl.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dennis LLC	12 / 5 / 14	$ 1000.00
Mailing Address: P.O. Box 320579	/ /	$
City, State, Zip Code: Flowood, MS 39232-0579	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Koch Industries Inc.	12 / 18 / 14	$ 250.00
Mailing Address: 4111 E. 37th St. North	/ /	$
City, State, Zip Code: Wichita KS 67220	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee William E Shirley Sr

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Shirley	12 / 18 / 14	$ 5000.00
Mailing Address: 811 CR 140	/ /	$
City, State, Zip Code: Quitman MS 39355	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee William E. Shirley Sr

Reporting period 1-1-14 through 12-31-14

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Clarke County 4-H	3/27/14	$ 412.50
Mailing Address P.O. Box 109		
City, State, Zip Code Quitman, MS 39355	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 412.50

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Family Fish Camp	5/20/14	$ 2000.00
Mailing Address 5381 Vimville Causeyville Rd		
City, State, Zip Code Meridian MS 39301	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2000.00

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	$