

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

RECEIVED
JAN 09 2012
Secretary of State
Capitol Office

Name of Candidate William E Shirley Jr.
Address 911 CR 140, Quitman County CLAY
Telephone 601-776-3428 Fax _____
Office Sought _____ Political Party _____
Email Address _____

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	\$ 6000.00	+	\$ 0	=	\$ 6000	\$ 12995.00
Total amount of disbursements	\$ 1593.65	+	\$ 79.20	=	\$ 1672.85	\$ 6344.85
Total amount of cash on hand	\$ 6650.15					

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.
Signature of Candidate

12-31-11
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. §§ 23-15-8-11 (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 601-576-2545.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee William E. Sharkey Jr.
 Reporting period Oct. 1, 11 through Dec. 31, 11

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 Health Care Assn.</u>	<u>11/12/11</u>	\$ <u>500.00</u>
Mailing Address <u>1076 Highland Colony Pkwy STE 125</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Rollingwood, MS 39157</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
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"/>		
Other (please specify) _____		
Full name <u>Committee for U.S. ENRICHMENT</u>	<u>11/15/11</u>	\$ <u>500.00</u>
Mailing Address <u>3000 N. State St.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>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) _____		
Full name <u>MS ASSOCIATION OF REALTORS</u>	<u>12/19/11</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 321000</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</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) _____		
Full name <u>MHA PAC</u>	<u>12/28/11</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1509</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Madison MS 39130</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee William E. Shirley Sr.
 Reporting period Oct. 1, 2011 through Dec. 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>Clarke County Tribune</u>	Date (Mo., Day, Year) <u>11/15/11</u>	Amount of each disbursement this period \$ <u>42.00</u>
Mailing Address <u>101 Main St.</u>		
City, State, Zip Code <u>Portman, MS 39355</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	\$ <u>450.50</u>
B. Full name <u>Reds Quick Service</u>	Date (Mo., Day, Year) <u>11/1/11</u>	Amount of each disbursement this period \$ <u>551.65</u>
Mailing Address <u>N. Archway Ave</u>		
City, State, Zip Code <u>Portman, MS 39355</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>551.65</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	\$