2013 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Annual Report

RECEIVED
JAN 30 2014
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Capitol Office

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FEB 19 2014
Secretary of State
Capitol Office

Name of Candidate William Shirley

Address 911 CR 140 County Clarke

Telephone (Work) 601-644-3628 (Home) 601-776-3428 (Fax)

Contact Name Email Address

Office Sought

☐ Check here if above is different from previous report

✓ January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013).....Mandatory

____ 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	$10,895.00 + $	0.00	$ 10,895.00	$ 10,895.00
Total amount of disbursements	$ 6174.65 + $	693.15	$ 6867.80	$ 6867.80
Total amount of cash on hand			$ 10,007.41	

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

William Shirley
Signature of Candidate

1-29-14
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 Shirley

Reporting period 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cable PAC MCTA	12 / 4 / 13	$ 250.00
Mailing Address: P.O. Box 55867	11 / 6 / 13	$ 200.00
City, State, Zip Code: Jackson, MS 39296	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 450.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Ind. Rx PAC	12 / 4 / 13	$ 500.00
Mailing Address: 4209 Lakeland Dr. Ste 399	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Koch Ind.	12 / 4 / 13	$ 250.00
Mailing Address: 4111 E. 37th St. N	10 / 18 / 13	$ 250.00
City, State, Zip Code: Wichita, KS 67220	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Dennis Miller	12 / 4 / 13	$ 200.00
Mailing Address: 190 E. Capitol St. Ste 800	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee William Shirley

Reporting period 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Co.	12 / 14 / 13	$ 500.00
Mailing Address: Unknown	12 / 17 / 13	$ 500.00
City, State, Zip Code: St. Louis, MO 63105	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS ASW for homecare	12 / 17 / 13	$ 300.00
Mailing Address: 134 Fairmont St. Ste B	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Comcast Corp	12 / 14 / 13	$ 250.00
Mailing Address: One Comcast Center 1701 JFK Blvd	12 / 31 / 13	$ 250.00
City, State, Zip Code: Philadelphia, PA 19103	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Pioneer Credit Co.	12 / 27 / 13	$ 250.00
Mailing Address: 1870 Executive Park Dr. NW	/ /	$
City, State, Zip Code: Cleveland, TN 37311	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: William Shirley

Reporting period: 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Buddy Mellen & Associates	4 / 27 / 13	$ 200.00
Mailing Address: P.O. Box 24687	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 200.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joans Inc.	5 / 16 / 13	$ 250.00
Mailing Address: P.O. Box 983	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Billy Carroll	5 / 15 / 13	$ 250.00
Mailing Address: P.O. Box 391	/ /	$
City, State, Zip Code: Meridian, MS 39202	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	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: Dwayne Tucker	5 / 15 / 13	$ 300.00
Mailing Address: P.O. Box 159	/ /	$
City, State, Zip Code: Quitman, MS 39355	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Dentist	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: William Shirley

Reporting period: 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dunn Roadbuilders	5 / 15 / 13	$ 250.00
Mailing Address: P.O. Box 6560	/ /	$
City, State, Zip Code: Laurel, MS 39441	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: MTPA PAC	5 / 19 / 13	$ 250.00
Mailing Address: 345 Hwy 6 W	/ /	$
City, State, Zip Code: Batesville, MS 38606	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Glenn Cochran	5 / 19 / 13	$ 500.00
Mailing Address: 303 S. Archusa Ave	/ /	$
City, State, Zip Code: Quitman, MS 39355	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Optometrist	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: TelAflex	5 / 19 / 13	$ 250.00
Mailing Address: 1018 Highland Colony Pkwy Ste 700	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee William Shirley

Reporting period 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Majure	5 / 22 / 13	$ 295.00
Mailing Address: P.O. Box 5105	/ /	$
City, State, Zip Code: Meridian, MS 39302	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	Aggregate year-to-date	$ 295.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wallace Strickland	5 / 22 / 13	$ 500.00
Mailing Address: 8219 Sycamore Creek	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): Rush Hospital	/ /	$
Occupation (Required): CEO	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: Fred Rogers	5 / 22 / 13	$ 250.00
Mailing Address: 8225 Sycamore Creek	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): Rush Hospital	/ /	$
Occupation (Required): Unknown	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: Tony McDaniel	5 / 28 / 13	$ 250.00
Mailing Address: 2811 Old Wire Rd	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: William Shirley

Reporting period: 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Business Group	5 / 28 / 13	$ 250.00
Mailing Address: 2210 13th St.	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Donald Smith	7 / 6 / 13	$ 250.00
Mailing Address: 800 Northwood Commons	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): Rush Hospital	/ /	$
Occupation (Required): Unknown	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: Terral Insurance LLC	9 / 3 / 13	$ 250.00
Mailing Address: 119 Main St.	/ /	$
City, State, Zip Code: Quitman, MS 39355	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Electric Power Assn PAC	9 / 3 / 13	$ 500.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee William Shirley

Reporting period 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Randal Russell	9 / 25 / 13	$ 200.00
Mailing Address: 133 Lakeshore Ct	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): AT&T	/ /	$
Occupation (Required): lobbyist	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T	9 / 25 / 13	$ 200.00
Mailing Address: 111 E. Capitol St. Ste 600	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 200.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Deloitte	10 / 18 / 13	$ 500.00
Mailing Address: 5320 Legacy Drive	/ /	$
City, State, Zip Code: Plano, TX 75024-3121	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: ENPAC	10 / 18 / 13	$ 250.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: Jackson, MS 39215-1640	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee William Shirley

Reporting period 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Advance America	10 / 28 / 13	$ 250.00
Mailing Address: 135 N. Church St.	/ /	$
City, State, Zip Code: Spartanburg, SC 29306	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: MS. Dental PAC	10 / 29 / 13	$ 200.00
Mailing Address: unknown	/ /	$
City, State, Zip Code: Unknown	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 200.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Clay Firm	12 / 4 / 13	$ 300.00
Mailing Address: P.O. Box 217	/ /	$
City, State, Zip Code: Jackson, MS 39205-0217	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee for Clean Environment	12 / 23 / 13	$ 200.00
Mailing Address: 300 N. State St.	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee William Shirley

Reporting period 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Association for Homecare	12 / 23 / 13	$ 300.00
Mailing Address: 134 Fairmont St. Ste B	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300.00

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 Shirley

Reporting period 1-1-13 through 12-31-13

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Clarke County 4H		
Mailing Address P.O. Box 109	3/15/13	$ 668.65
City, State, Zip Code Quitman, MS 39355	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 668.65
B. Full name USPS	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	4/17/13	$ 322.00
City, State, Zip Code Quitman, MS 39355	10/28/13	$ 184.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 506.00
C. Full name William Shirley	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 911 Q140	7/29/13	$ 5000.00
City, State, Zip Code Quitman, MS 39355	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5000.00
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	$