2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 28 2014
Campaign Finance
Secretary of State
DATE STAMP

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Judicial Election

Name of Candidate SHIRLEY C. BYERS

Address P. O. BOX 5008 **County** MARSHALL

Telephone (Work) 662-252-6530 **(Home)** 662-252-2188 **(Fax)** N.A.

Contact Name BRENDA J. GIPSON **Email Address** brenda.gipson@bellsouth.net

Office Sought CIRCUIT COURT JUDGE, THIRD DISTRICT, PLACE 2

☐ **Check here if above is different from previous report**

TYPE OF REPORT

____ **May 9, 2014 Periodic Report** (January 1, 2014, through April 30, 2014) ..... **Mandatory**

____ **June 10, 2014 Periodic Report** (May 1, 2014, through May 31, 2014) ..... **Mandatory**

____ **July 10, 2014 Periodic Report** (June 1, 2014, through June 30, 2014) ..... **Mandatory**

____ **October 10, 2014 Periodic Report** (July 1, 2014, through September 30, 2014) ..... **Mandatory**

X **October 28, 2014 Pre-Election Report** (October 1, 2014, through October 25, 2014) ..... **Mandatory**

____ **November 18, 2014 Pre-Runoff Report** (October 26, 2014, through November 15, 2014) ..... **Runoff Candidates**

____ **January 9, 2015 Periodic Report** (October 1, 2014, through December 31, 2014) ..... **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 Secretary of State 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	$ 3,597.59	$ 5,097.59
Total amount of disbursements	$ 1,776.42	$ 3,150.82
Total amount of cash on hand	$ 1,946.77	

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

Shirley C. Byers
Signature of Candidate

OCTOBER 28, 2014
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 SHIRLEY C. BYERS

Reporting period OCTOBER 1. 2014 through OCTOBER 28. 2014

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CASSANDRA B. MASON	10 / 27 / 14	$ 250.00
Mailing Address: 5543 HARVEY HILL DR.	10 / 01 / 14	$ 113.59
City, State, Zip Code: MEMPHIS, TN 38141	/ /	$
Name of Employer (Required): MEMPHIS CITY SCHOOLS	/ /	$
Occupation (Required): TEACHER	Aggregate year-to-date	$ 363.59

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LOUISE L. SMITH	10 / 27 / 14	$ 200.00
Mailing Address: 939 CHELSTON RD.	/ /	$
City, State, Zip Code: SOUTH EUCLID, OH 44121-3433	/ /	$
Name of Employer (Required): N.A.	/ /	$
Occupation (Required): RETIRED	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: WILLIAM F. SCHNELLER	10 / 08 / 14	$ 250.00
Mailing Address: P. O. BOX 417	/ /	$
City, State, Zip Code: HOLLY SPRINGS, MS 38635	/ /	$
Name of Employer (Required): JONES & SCHNELLER	/ /	$
Occupation (Required): ATTORNEY	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: WESLEY E. JONES	10 / 08 / 14	$ 500.00
Mailing Address: 535 Sweetbriar Rd.	/ /	$
City, State, Zip Code: MEMPHIS, TN 38120	/ /	$
Name of Employer (Required): TRI-STATE GASTROENOLOGY	/ /	$
Occupation (Required): PHYSICIAN	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee SHIRLEY C. BYERS

Reporting period OCTOBER 1. 2014 through OCTOBER 28. 2014

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KENNETH WILLIAMS	10 / 08 / 14	$ 500.00
Mailing Address: 1938 CRESCENT MEADOW DR.	/ /	$
City, State, Zip Code: HOLLY SPRINGS, MS 38635	/ /	$
Name of Employer (Required): WILLIAMS MEDICAL CLINIC, P.A.	/ /	$
Occupation (Required): PHYSICIAN	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	/ /	$
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 SHIRLEY C. BYERS

Reporting period OCTOBER 1, 2014 through OCTOBER 28, 2014

ITEMIZED DISBURSEMENTS

A. Full name TUBELITE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3111 BELLBROOK DRIVE	09 / 12 / 14	$ 170.43
City, State, Zip Code MEMPHIS, TN 38116	10 / 17 / 14	$ 113.59
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 284.02

B. Full name THE SOUTH REPORTER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 157M S. CENTER STREET/P. O. BOX 278	10 / 13 / 14	$ 106.20
City, State, Zip Code HOLLY SPRINGS, MS 38635-0278	10 / 27 / 14	$ 106.20
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 347.40

C. Full name POLITICAL SYSTEMS & SOLUTIONS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 516 TENNESSEE ST., SUITE 412	10 / 10 / 14	$ 820.00
City, State, Zip Code MEMPHIS, TN 38103	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 820.00

D. Full name WKRA RADIO STATION	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address HWY 4 NORTH	10 / 18 / 14	$ 25.00
City, State, Zip Code HOLLY SPRINGS, MS 38635	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 315.00

E. Full name LAVERN ZINN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 875 RISING STAR ROAD	10 / 09 / 14	$ 100.00
City, State, Zip Code HOLLY SPRINGS, MS 38635	10 / 01 / 14	$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00

F. Full name DELIA REID	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 280 MAYES RD.	10 / 09 / 14	$ 100.00
City, State, Zip Code HOLLY SPRINGS, MS 38635	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00