2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State

DATE STAMP

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election
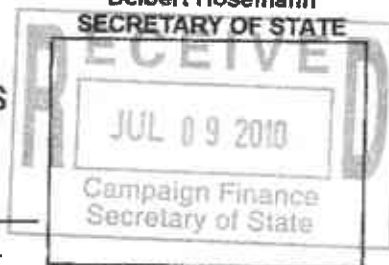
Name of Candidate _John Shirley_

Address _PO 4324 Brandon 39047_ County _Rankin_

Telephone Work _601 992 8589_ Home _____ Fax _____

Contact Name _John Shirley_ Email Address _____

Office Sought _Circuit Judge District 20_

☐ Check here if above is different from previous report

_____ **May 10, 2010 Periodic Report** (January 1, 2010, through April 30, 2010)..Mandatory

_____ **June 10, 2010 Periodic Report** (May 1, 2010, through May 31, 2010)..Mandatory

___✓__ **July 9, 2010 Periodic Report** (June 1, 2010, through June 30, 2010)... Mandatory

_____ **October 10, 2009 Periodic Report** (July 1, 2010, through September 30, 2010)..................................Mandatory

_____ **October 26, 2010 Pre-Election Report** (October 1, 2010, through October 23, 2010)..........................Mandatory

_____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).........Runoff Candidates

_____ **January 10, 2011 Periodic Report** (October 1, 2010, through December 31, 2010).............................Mandatory

_____ **Termination Report** (Candidate will no longer accept contributions or make   **Required to terminate reporting**
campaign expenditures and has no outstanding campaign debt obligation)   **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	$ 0 +$ 0	$ 0	$ 0
Total amount of disbursements	$ 1228.83 +$ 0	$ 1228.83	$ 1428.83
Total amount of cash on hand		$ 0	

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

John Shirley   _7/9/10_
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 601-359-1499 or 601-576-2810.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-18

Name of Candidate or Committee ___John Shirley___

Reporting period ___6/1/10_____ through ___6/31/10_____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Dallas Printing		
Mailing Address		
104 Cypress Cove	6/2/10	$ 608.83
City, State, Zip Code		
Flowood Ms 39232	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 608.83

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mc Cormom Store		
Mailing Address		
PO 596	6/7/10	$ 620.00
City, State, Zip Code		
Jeffersonville IL 47131	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 620.00

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	$