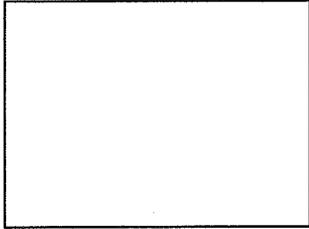


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Delbert Hosemann
SECRETARY OF STATE

**Municipal Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Election**



Name William "Billy" Skellie
Address 20122 Pineville Rd, Long Beach County Harrison
Telephone 228-324-3611 Fax 228-865-0822
Office Sought Mayor Email Address mayor@cityoflongbeachms.com

Check here if above is different from previous report

- April 30, 2013 Primary Pre-Election Report** (January 1, 2013, through April 27, 2013) **Mandatory**
Primary Candidates Only
- May 14, 2013 Primary Pre-Runoff Report** (April 28, 2013, through May 11, 2013)..... **Mandatory**
Primary Runoff Candidates Only
- May 28, 2013 General Pre-Election Report** **Mandatory**
(Primary Election Winners report April 28, 2013, through May 25, 2013) All Candidates
(Independent Candidates report January 1, 2013, through May 25, 2013) must report
- January 31, 2014 Annual Report** (January 1, 2013 through December 31, 2013)..... **Mandatory**
All Candidates must report unless terminated
- 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	\$ 3100.00 + \$ 3000.00	\$ 6,100.00	\$ 6,100.00
Total amount of disbursements	\$ 822.56 + \$ 225.00	\$ 1,047.56	\$ 1,047.56
Total amount of cash on hand		\$ 7,224.45	

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

William Skellie
Signature of Candidate

4/30/13
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 their Municipal Clerk.

Name of Candidate or Committee William "Billy" SkelliejaReporting period Jan. 1, 2013 through April 27, 2013

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 Gulf Breeze Properties LLC	<u>04</u> / <u>16</u> / <u>13</u>	\$ <u>500.00</u>
Mailing Address 14110 Airport Road	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Gulfport, MS 39503	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. 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 JKR INC	<u>03</u> / <u>21</u> / <u>13</u>	\$ <u>300.00</u>
Mailing Address 3125 25th Avenue	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Gulfport, MS 39501	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name James Levens	<u>03</u> / <u>18</u> / <u>13</u>	\$ <u>300.00</u>
Mailing Address 125 Jeff Davis Avenue	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Long Beach, MS 39560	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) contractor	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input 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 Coastal Waste	<u>04</u> / <u>08</u> / <u>13</u>	\$ <u>1000.00</u>
Mailing Address 142 West Howze Beach Blvd	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Slidell, LA 70458	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee William "Billy" SkellieReporting period Jan. 1, 2013 through April 27, 2013

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Coastal Waterworks</u>	<u>04 / 08 / 13</u>	\$ <u>1000.00</u>
Mailing Address <u>2786 Pass Road</u>	<u> / / </u>	\$ _____
City, State, Zip Code <u>Biloxi, MS 39531</u>	<u> / / </u>	\$ _____
Name of Employer (Required) _____	<u> / / </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> / / </u>	\$ _____
Mailing Address _____	<u> / / </u>	\$ _____
City, State, Zip Code _____	<u> / / </u>	\$ _____
Name of Employer (Required) _____	<u> / / </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> / / </u>	\$ _____
Mailing Address _____	<u> / / </u>	\$ _____
City, State, Zip Code _____	<u> / / </u>	\$ _____
Name of Employer (Required) _____	<u> / / </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> / / </u>	\$ _____
Mailing Address _____	<u> / / </u>	\$ _____
City, State, Zip Code _____	<u> / / </u>	\$ _____
Name of Employer (Required) _____	<u> / / </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____