

RECEIVED MAY 28 2013 *Per*

Delbert Hosemann  
SECRETARY OF STATE

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

Name William "Billy" Skellic  
 Address 20122 Pineville Rd, Long Beach County Harrison  
 Telephone 229 324 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	\$ 500.00 + \$ 200.00	\$ 700.00	\$ 6,800.00
Total amount of disbursements	\$ 0 + \$ 200.00	\$ 200.00	\$ 1,247.56
<b>Total amount of cash on hand</b>		<b>\$ 8,124.45</b>	

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

William Skellic  
Signature of Candidate

5/29/13  
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, Mutil-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" Skellie  
 Reporting period April 28, 2013 through May 25, 2013

## ITEMIZED RECEIPTS

A. Source: <input checked="" 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>Neil-Schaeffer</u>	<u>05/24/13</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 22625</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, MS 39225-2625</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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) _____		
Full name	__/__/__	\$
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
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) _____		
Full name	__/__/__	\$
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
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) _____		
Full name	__/__/__	\$
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$