2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Committee Committee to Elect Charles Jim Beckett, State Rep. District 23

Address P. O. Box 722, Bruce MS 38915 **County** Calhoun

Telephone 662-983-8577 **Fax** 662-983-1303

Treasurer Joe Carnaggio **Email Address** jim@beckettoil.com

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

TYPE OF REPORT

X	**May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015)	**Mandatory**
____	**June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015)	**Mandatory**
____	**July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015)	**Mandatory**
____	**July 28, 2015 Pre-Election Report** (July 1, 2015, through July 25, 2015)	**Mandatory** *All Primary Candidates and Political Committees*
____	**August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015)	**Runoff Candidates Only** *All Primary Candidates and Political Committees in a Runoff Election*
____	**October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015)	**Mandatory**
____	**October 27, 2015 Pre-Election Report** (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	**Mandatory** *All Candidates and Political Committees*
____	**November 17, 2015 Pre-Runoff Report** (October 25, 2015, through November 14, 2015)	**Runoff Candidates Only** *All Candidates and Political Committees in a Runoff Election*
____	**January 8, 2016 Periodic Report** (October 1, 2015, through December 31, 2015)	**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	$ 12,000.—	+ $ 0	$ 12,000.—	$ 12,000.—
Total amount of disbursements	$ 18,603.50	+ $ 100.—	$ 18,703.50	$ 18,703.50
Total amount of cash on hand			$ 66,744.17	

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

Joe Carnaggio Treasurer — **Signature of Director or Treasurer**

5/5/15 — **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***

SOS 09-14

Name of Candidate or Committee: Committee o Elect Charles Jim Beckett ,State Rep.

Reporting period: 1/1/2015 through 4/30/2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Rock Companies Public Sector LLC Mailing Address: 450 Laurel ST. Suite 1420 City, State, Zip Code: Baton Rouge, LA 70801 Name of Employer (Required): George Ouzts Occupation (Required):	Date (Mo., Day, Year): 1/2/15 Aggregate year-to-date	Amount of each receipt this period: $ 500.00 $ 500.00
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Congressional Comm. Full name: Nunnelee for Congress Mailing Address: P.O. Box 7092 City, State, Zip Code: Tupelo, MS 38803 Name of Employer (Required): Occupation (Required):	Date (Mo., Day, Year): 2/15/15 Aggregate year-to-date	Amount of each receipt this period: $ 500.00 $ 500.00
C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify): Full name: Cable PAC MCTA Mailing Address: P.O Box 55867 City, State, Zip Code: Jackson, MS 39296 Name of Employer (Required): Occupation (Required):	Date (Mo., Day, Year): 1/11/15 Aggregate year-to-date	Amount of each receipt this period: $ 1000.00 $
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify): Full name: Charles Jim Beckett Mailing Address: P.O. Box 722 City, State, Zip Code: Bruce, MS 38915 Name of Employer (Required): Occupation (Required): Commodate loan repay	Date (Mo., Day, Year): 2/1/15 Aggregate year-to-date	Amount of each receipt this period: $ 10,000.00 $ 10,000.00

Name of Candidate or Committee Committee to Elect Charles Jim Beckett State Rep. District 23

Reporting period 1/1/2015 **through** 4/30/2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
THE CALHOUN COUNTY JOURNAL		
Mailing Address P.O. BOX 278	1/12/15	$ 103.50
City, State, Zip Code BRUCE MS 38915	2/1/15	$ 200.—
Purpose of Disbursement (Optional) ADVERTISING	Aggregate Year-to-date	$ 303.50
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
CHARLES JIM BECKETT		
Mailing Address P.O. BOX 722	1/16/15	$ 300.—
City, State, Zip Code BRUCE MS 38915	2/1/15	$ 10,000.—
Purpose of Disbursement (Optional) POSTAGE + LOAN	Aggregate Year-to-date	$ 10300.—
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
CHARLES JIM BECKETT		
Mailing Address P.O. BOX 722	3/3/15	$ 3000.—
City, State, Zip Code BRUCE MS 38915	__/__/__	$
Purpose of Disbursement (Optional) AUTO	Aggregate Year-to-date	$ 13300.—
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
BALDWYN & ASSOCIATES		
Mailing Address P.O. BOX 905	3/3/15	$ 5000.—
City, State, Zip Code TUPELO MS 38802	__/__/__	$
Purpose of Disbursement (Optional) CAMPAIGN	Aggregate Year-to-date	$ 5000.—
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	$