Amended

2011 ELECTION CYCLE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
SECRETARY OF STATE

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JAN 10 2012
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Secretary of State
Capitol Office

Name of Candidate Michael Watson
Address PO BOX 964, Pascagoula, MS 39568 County Jackson
Telephone 228 769 0501 Fax 228 767 0502
Office Sought State Senate, District 51 Political Party R
Email Address ~~[illegible]~~ michael.watson@orion-eng.com

X Check here if above is different from previous report

___ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) ____ Mandatory
___ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) ____ Mandatory
___ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) ____ Mandatory
___ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) ____ Primary Candidates
___ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) ____ Runoff Candidates Only
___ **October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) ____ Mandatory
___ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) ____ Mandatory
___ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) ____ Runoff Candidates Only
✓ **January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) ____ Mandatory
___ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

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	$ 18 550	+$	900	$	19450	$ 53 000
Total amount of disbursements	$ 5082.73	+$	659	$	15741.73	$ 49 770.51
Total amount of cash on hand				$	76,524.67	

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

Signature of Candidate

Date 1/10/12

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Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
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. §§ 23-15-8-11 (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 county wide and county district offices should return forms to their county Circuit Clerk.

SOS 07-11

Name of Candidate or Committee: Michael Watson

Reporting period: 10/1 through 12/31

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify):	11/1/11	$ 500
Full name: Comcast	/ /	$
Mailing Address: 5915 I-55	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500
B. Source: [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify): LLC	11/1/11	$ 500
Full name: Tellus Operating Group	/ /	$
Mailing Address: 602 Crescent Place, Ste 100	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500
C. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify):	12/30/11	$ 1,000
Full name: Tim Williams	/ /	$
Mailing Address: 1505 Jackson Ave	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required): Lockard & Williams	Aggregate year-to-date	$ 1000
Occupation (Required): Insurance		
D. Source: [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify):	12/5/11	$ 250
Full name: Ashley Courcler	/ /	$
Mailing Address: 609 Rue Marpesant	/ /	$
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Name of Employer (Required): N/A	Aggregate year-to-date	$ 250
Occupation (Required):		

Name of Candidate or Committee: Michael Watson

Reporting period: 10/1 through 12/31/11

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf States Toyota	11/1/11	$ 250
Mailing Address: 1375 Enclave Pkwy	/ /	$
City, State, Zip Code: Houston, TX 77077	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250

B. Source: [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Managment Co.	11/1/11	$ 500
Mailing Address: Centene Corp Rd	/ /	$
City, State, Zip Code: St Louis, MO 63105	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

C. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Labs	11/1/11	$ 300
Mailing Address: 100 Abbott Park Rd	/ /	$
City, State, Zip Code: Abbott Park, IL 60064	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Merck	11/1/11	$ 500
Mailing Address: One Merck Dr	/ /	$
City, State, Zip Code: Whitehouse Station, NJ 08889	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Michael Watson

Reporting period: 10-1-11 through 12-31-11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SMS	12 / 28 / 11	$ 750.00
Mailing Address: 2525 Telephone Rd	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 750

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☒ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Josh Danos	12 / 28 / 11	$ 500.00
Mailing Address: 734 Delmas Ave	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required): Wilkinson, Williams	/ /	$
Occupation (Required): Atty	Aggregate year-to-date	$ 500

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glynn Mallette	12 / 19 / 11	$ 3,000.00
Mailing Address: 3708 Hwy 90	/ /	$
City, State, Zip Code: Gautier, MS 39553	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 3000

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jackie Grimes	12 / 19 / 11	$ 1,000.00
Mailing Address: 1804 Boswell St	/ /	$
City, State, Zip Code: Pascagoula, MS 39581	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000

Name of Candidate or Committee: Michael Watson

Reporting period: 10/1 through 12/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ray Williams	12/19/11	$ 1,000
Mailing Address: 734 Delmas Ave	/ /	$
City, State, Zip Code: Pascagoula MS 39567	/ /	$
Name of Employer (Required): Williams, Williams	/ /	$
Occupation (Required): Atty	Aggregate year-to-date	$ 1,000

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ed Speights	12/19/11	$ 5,000
Mailing Address: 203 Hunsight Rd	/ /	$
City, State, Zip Code: Carson MS 39427	/ /	$
Name of Employer (Required): self-employed	/ /	$
Occupation (Required): contractor	Aggregate year-to-date	$ 5,000

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: New Gulf Coast Surgery Center	12/19/11	$ 250
Mailing Address: 3902 Bienville Blvd	/ /	$
City, State, Zip Code: Ocean Springs MS 39564	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: M-W Consulting	12/19/11	$ 1,000
Mailing Address: PO Box 1665	/ /	$
City, State, Zip Code: Pascagoula MS 39567	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000

Name of Candidate or Committee: Michael Watson

Reporting period: 10/1/11 through 12/1/31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Caroline Wicker	11/3/11	$ 250
Mailing Address: PO Box 6010	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Consultant	Aggregate year-to-date	$ 250

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PCI Assoc	11/3/11	$ 500
Mailing Address: 2600 S River Rd	/ /	$
City, State, Zip Code: Des Plaines IL	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf Gov't PAC	11/3/11	$ 1,000
Mailing Address: PO Box 4019	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$ 1,000
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: Sidney Allen	11/3/11	$ 250
Mailing Address: PO Box 6010	/ /	$
City, State, Zip Code: Ridgeland MS 39158	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Consultant	Aggregate year-to-date	$ 250

Name of Candidate or Committee: Michael Watson

Reporting period: 1/1 through 12/31

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Medco Health Solutions	12/15/11	$ 250
Mailing Address: 100 Parsons Pond Dr.	/ /	$
City, State, Zip Code: Franklin Lakes, NJ 07417	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250

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: Michael Watson

Reporting period: 10/1 through 12/31

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: MS Honor Flight Mailing Address: 516 Bandi Lane City, State, Zip Code: Gulf, MS 39507 Purpose of Disbursement (Optional): Sponsor	11/15/11	$ 500
	/ /	$
	Aggregate Year-to-date	$ 500
B. Full name: Amex Mailing Address: 2965 W. Corp Lake Blvd City, State, Zip Code: Weston, FL 33331 Purpose of Disbursement (Optional): ALEC / Campaign Expenses	10/20/11	$ 1,249.13
	12/5/11	$ 633.60
	Aggregate Year-to-date	$ 4690.07
C. Full name: The River Mailing Address: 15910 Hwy 63 City, State, Zip Code: Moss Point, MS 39562 Purpose of Disbursement (Optional): Golf Tourney Sponsor	12/5/11	$ 500
	/ /	$
	Aggregate Year-to-date	$ 500
D. Full name: Jxn Co Multi-Sport Club Mailing Address: Po Box 1695 City, State, Zip Code: Hurley, MS 39555 Purpose of Disbursement (Optional): 5K Sponsor	/ /	$
	/ /	$
	Aggregate Year-to-date	$
E. Full name: Bible Team Tingle Photography Mailing Address: City, State, Zip Code: Pascagoula, MS 39567 Purpose of Disbursement (Optional): New Years Card photos	12/23/11	$ 350
	/ /	$
	Aggregate Year-to-date	$ 350
F. Full name: Jackson Co. Rep Club Mailing Address: Po Box 6213 City, State, Zip Code: Gulfport, MS 39507 Purpose of Disbursement (Optional): Sponsor	12/12/11	$ 250.00
	/ /	$
	Aggregate Year-to-date	$

SS04-06

Name of Candidate or Committee Michael Watts

Reporting period 6/1 through 12/31

ITEMIZED DISBURSEMENTS

A. Full name Keith Plunkett	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 155	10/15/11	$ 500
City, State, Zip Code Flora, MS 39071	__/__/__	$
Purpose of Disbursement (Optional) Web work	Aggregate Year-to-date	$ 500
B. Full name Murphy Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 296	11/1/11	$ 5,000
City, State, Zip Code Austin, TX 78767	12/1/11	$ 5,000
Purpose of Disbursement (Optional) Consulting / Delayed Bonus	Aggregate Year-to-date	$ 10,000
C. Full name Friends of Josh Hurkins	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 320374	10/5/11	$ 500
City, State, Zip Code Flowood MS 39232	__/__/__	$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	$ 500
D. Full name Ross Merrell Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4252 Columbus Ave	10/5/12	$ 350
City, State, Zip Code Louisville, MS 39339	__/__/__	$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	$ 350
E. Full name Doug McLeod Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/7/12	$ 250
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250
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	$