2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

RECEIVED
MAY 03 2011
ELECTIONS DIVISION

Name of Candidate James Benefield

Address 470 CR 540, Ripley MS, 38663 County Tippah

Telephone Work 662-512-8970 Home 662-993-8877 Fax

Contact Name James Benefield Email Address jimmy.benefield@us.army.mil

Office Sought Representative D#4 Political Party Republican

☐ Check here if above is different from previous report

X 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 24, 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 30, 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) — 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	$ 300.00 +$	$ 300.00	$ 300.00
Total amount of disbursements	$ 1201.72 +$	$ 1201.72	$ 1201.72
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.

James E Benefield — Signature of Candidate

30 APR 2011 — 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, mutli-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 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page _____ of _____

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stephen Bookie	4/29/11	$ 200.00
Mailing Address: 2931A	__/__/__	$
City, State, Zip Code: Walnut, MS. 38683	__/__/__	$
Name of Employer (Required): Circle B Enterprise	__/__/__	$
Occupation (Required): Self Employed	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Barney Morris	4/21/11	$ 100.00
Mailing Address: Campsite 32	__/__/__	$
City, State, Zip Code: Camp Shelby, MS. 39407	__/__/__	$
Name of Employer (Required): MPRI	__/__/__	$
Occupation (Required): Contractor	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 James E. Benefield

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
H+M Printing	1/8/11	$ 535.00
Mailing Address: 20920 Hwy 15		
City, State, Zip Code: Falkner, MS. 38629	/ /	$
Purpose of Disbursement (Optional): Signs	Aggregate Year-to-date	$
B. Full name McMillin Graphics	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 19301 Hwy 4 E.	1/8/11	$ 160.50
City, State, Zip Code: Ripley, MS. 38663	/ /	$
Purpose of Disbursement (Optional): Cards	Aggregate Year-to-date	$
C. Full name Southern Sentinel	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: Hwy 15 N	1/14/11	$ 200.00
City, State, Zip Code: Ripley, MS. 38663	/ /	$
Purpose of Disbursement (Optional): Advertisement	Aggregate Year-to-date	$
D. Full name H+M Printing	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 20920 Hwy 15	1/22/11	$ 156.22
City, State, Zip Code: Falkner, MS. 38629	/ /	$
Purpose of Disbursement (Optional): Sign	Aggregate Year-to-date	$
E. Full name Falkner Park	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	4/1/11	$ 150.00
City, State, Zip Code: Falkner, MS. 38629	/ /	$
Purpose of Disbursement (Optional): Ball team sponsor	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	$