

# Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS



Candidate's Name CHARLES JIM BECKETT

Full Address P.O. BOX 722 BRUCE, MS 38915

Telephone 662-983-7358 (Fax) 662-983-1303

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Office Sought STATE REPRESENTATIVE Political Party REPUBLICAN

Check here if above is different from previous report

### TYPE OF REPORT

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

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 municipal clerk 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	3350.- + 400.-	\$ 3750.-	\$ 3750.-
Total amount of disbursements	388.50 + 132.-	\$ 520.50	\$ 520.50
Total amount of cash on hand		\$ 14281.49	

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

1/26/10

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 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee to Elect Charles Jim Beckett

Reporting period 01/01/2009 through 12/31/2009

# 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>QC Holdings, Inc</u>	<u>5/4/09</u>	\$ <u>250.00</u>
Mailing Address	<u>9401 Indian Creek Pkwy, Suite 1500</u>	<u>__-__-__</u>	\$
City, State, Zip Code	<u>Overland Park, KS 66210</u>	<u>__-__-__</u>	\$
Name of Employer (Required)		<u>__-__-__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. 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>Worthland Gov. Fund</u>	<u>7/7/09</u>	\$ <u>250</u>
Mailing Address	<u>1000 Jim Starr Road</u>	<u>__-__-__</u>	\$
City, State, Zip Code	<u>Neman GA. 30263</u>	<u>__-__-__</u>	\$
Name of Employer (Required)		<u>__-__-__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. 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>Bayer</u>	<u>9/18/09</u>	\$ <u>300.00</u>
Mailing Address	<u>100 Bayer</u>	<u>__-__-__</u>	\$
City, State, Zip Code	<u>Pittsborough PA 15205-9741</u>	<u>__-__-__</u>	\$
Name of Employer (Required)		<u>__-__-__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Jim Beckett</u>	<u>8/9/09</u>	\$ <u>300.00</u>
Mailing Address	<u>P.O. Box 722</u>	<u>__-__-__</u>	\$
City, State, Zip Code	<u>Bayer MS 38915</u>	<u>__-__-__</u>	\$
Name of Employer (Required)		<u>__-__-__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

SS06-03 (B)

Name of Candidate or Committee to Elect Charles Jim Bedatt  
 Reporting period 01/01/2009 through 12/31/2009

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>AT &amp; T</u>	<u>11/16/09</u>	\$ <u>500.00</u>
Mailing Address	<u>175 E. Capital St. Suite 702</u>	<u>__-__-__</u>	\$
City, State, Zip Code	<u>Jackson, Ms. 39201</u>	<u>__-__-__</u>	\$
Name of Employer (Required)		<u>__-__-__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. 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>Georgia Pacific</u>	<u>12/1/09</u>	\$ <u>250.00</u>
Mailing Address	<u>Suite 1420, 450 Laurel St</u>	<u>__-__-__</u>	\$
City, State, Zip Code	<u>Baton Rouge, LA 70801</u>	<u>__-__-__</u>	\$
Name of Employer (Required)		<u>__-__-__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. 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>Newhouse Company</u>	<u>12/21/09</u>	\$ <u>500.00</u>
Mailing Address	<u>5810 Hwy 1 Bypass</u>	<u>__-__-__</u>	\$
City, State, Zip Code	<u>Natchitoches, LA 71457</u>	<u>__-__-__</u>	\$
Name of Employer (Required)		<u>__-__-__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>MAE-PAC</u>	<u>12/21/09</u>	\$ <u>1,000.00</u>
Mailing Address	<u>P.O. Box 638</u>	<u>__-__-__</u>	\$
City, State, Zip Code	<u>Baker, Ms 38915</u>	<u>__-__-__</u>	\$
Name of Employer (Required)		<u>__-__-__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>

SS06-03 (B)

Name of Candidate or Committee CHARLES JIM BECKETT  
 Reporting period 1/1/09 through 12/31/09

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SUSAN BECKETT</u>		
Mailing Address <u>PO BOX 722</u>	<u>12/22/09</u>	\$ <u>388.50</u>
City, State, Zip Code <u>BRUCE MS 38915</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>250 CELEBRATION POPS</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$