

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

RECEIVED

JAN 17 2011

Secretary of State
Capitol Office STAMP

Name of Committee CHARLES JIM BECKETT
Address P. O. BOX 722 BRUCE, MS 38915
Telephone 662-983-7358 Fax 662-983-1303
Treasurer JOE CARNABGIO Email JIM@BECKETT014.COM

Check here if above is different from previous report

TYPE OF REPORT

- ____ January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011).....Mandatory
____ January 25, 2011 Pre-Election Report (January 2, 2010 through January 22, 2010).....Runoff Candidates only
X January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....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	\$11,500.-+\$ 3625,-	\$ 15125,-	\$ 15125,-
Total amount of disbursements	\$ 949.-+\$ 6,-	\$ 955,-	\$ 955,-
Total amount of cash on hand		\$28,451.49	

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
Signature of Director or Treasurer

1/4/11
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 601-359-1499 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 Tom Beckwith, Stat. Rep.
 Reporting period 1/1/10 through 12/31/10

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>Allergen USA, Inc</u>	<u>11/7/10</u>	\$ <u>500.00</u>
Mailing Address <u>2525 Dupont Drive</u>	__-__-__	\$
City, State, Zip Code <u>Irvine, CA 92612</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 checked="" 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>Robert Willis</u>	<u>7/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 160</u>	__-__-__	\$
City, State, Zip Code <u>Grenada Ms 38902</u>	__-__-__	\$
Name of Employer (Required) <u>Willis Engineering</u>	__-__-__	\$
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>M. E. Chrestman</u>	<u>7/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>104 CR 129</u>	__-__-__	\$
City, State, Zip Code <u>Burre, Ms 38915</u>	__-__-__	\$
Name of Employer (Required) <u>retired</u>	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>John & Sonia Brasher</u>	<u>7/22/10</u>	\$ <u>250.00</u>
Mailing Address <u>35 CR 221</u>	__-__-__	\$
City, State, Zip Code <u>Burre, MS 38915</u>	__-__-__	\$
Name of Employer (Required) <u>Brasher Hardware</u>	__-__-__	\$
Occupation (Required) <u>Owners</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee to elect Charles Jim Beckett, State Rep.
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Rose Wells</u>	<u>7/25/10</u>	\$ <u>500.00</u>
Mailing Address <u>135 Easley Ave.</u>	__-__-__	\$
City, State, Zip Code <u>Bay, Ms 38915</u>	__-__-__	\$
Name of Employer (Required) <u>Homemaker</u>	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. 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>Nucor Steel Recyclers of Ms PAC</u>	<u>7/26/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>3630 4th St.</u>	__-__-__	\$
City, State, Zip Code <u>Flowood, Ms 39232</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>William R. James</u>	<u>7/26/10</u>	\$ <u>500.00</u>
Mailing Address <u>217 W. Capital St. Ste. 201</u>	__-__-__	\$
City, State, Zip Code <u>Jackson, Ms. 39201</u>	__-__-__	\$
Name of Employer (Required) <u>Purcell Oil</u>	__-__-__	\$
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>John E. Schwartz, III</u>	<u>7/30/10</u>	\$ <u>250.00</u>
Mailing Address <u>219 Arkwood, Dr.</u>	__-__-__	\$
City, State, Zip Code <u>Petal, Ms. 39465</u>	__-__-__	\$
Name of Employer (Required) <u>Self Employed</u>	__-__-__	\$
Occupation (Required) <u>Landman</u>	Aggregate year-to-date	\$ <u>250.00</u>

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Rick J. Calhoun</u>	<u>7/27/10</u>	\$ <u>500.00</u>
Mailing Address <u>4211 Eastover Place</u>	__-__-__	\$
City, State, Zip Code <u>Jackson Ms 39211</u>	__-__-__	\$
Name of Employer (Required) <u>Pivot Oil</u>	__-__-__	\$
Occupation (Required) <u>Owner</u>	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>T.L. Wallace Construction, Inc.</u>	<u>7/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 523</u>	__-__-__	\$
City, State, Zip Code <u>Columbia Ms 39429</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Barry Bouchillon</u>	<u>8/9/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 284</u>	__-__-__	\$
City, State, Zip Code <u>Southaven Ms 38671</u>	__-__-__	\$
Name of Employer (Required) <u>Self employed</u>	__-__-__	\$
Occupation (Required) <u>State Farm Agent</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Breyer Healthcare, LLC</u>	<u>5/10/10</u>	\$ <u>500.00</u>
Mailing Address <u>444 Pembroke Drive</u>	__-__-__	\$
City, State, Zip Code <u>Madison, Ms. 39110</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee to elect Charles Tom Bedford State Rep
 Reporting period 1/1/10 through 12/31/10

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>MS Independent RX PAC</u>	<u>8/13/10</u>	\$ <u>250.00</u>
Mailing Address <u>4209 Lakeview Drive, Suite 399</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <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) _____		
Full name <u>Northrop Grumman</u>	<u>8/23/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>4101 Washington Ave.</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Newport News, VA 23607</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MACPAC</u>	<u>9/9/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 904</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Victor Mauer</u>	<u>9/16/10</u>	\$ <u>250.00</u>
Mailing Address <u>1630 Beach Blvd</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Biloxi, Ms 39530</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>retired</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee to elect Charles Tom Beckwith State Rep.
 Reporting period 1/1/10 through 12/31/10

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>PARMA</u>	<u>10/1/10</u>	\$ <u>250.00</u>
Mailing Address <u>950 F. Street</u>	__/__/__	\$
City, State, Zip Code <u>Washington, DC 20004</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
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>WWC Finance, Inc</u>	<u>10/19/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 567</u>	__/__/__	\$
City, State, Zip Code <u>Houston, TX 38851</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
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>Advance America</u>	<u>10/25/10</u>	\$ <u>250.00</u>
Mailing Address <u>135 N Church St.</u>	__/__/__	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</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>Wal PAC</u>	<u>10/28/10</u>	\$ <u>250.00</u>
Mailing Address <u>SW 8th Street</u>	__/__/__	\$
City, State, Zip Code <u>Bentonville, AR 72716</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

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 & T MS PAC</u>	<u>11/4/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capital St. Landmark Center</u>	__-__-__	\$
City, State, Zip Code <u>Jackson, Ms. 39201 Room 703</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. 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>ENPAC</u>	<u>12/1/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1640</u>	__-__-__	\$
City, State, Zip Code <u>Jackson, Ms 39215</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. 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>Atmos Energy PAC</u>	<u>11/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 650205</u>	__-__-__	\$
City, State, Zip Code <u>Dallas, TX 75265</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
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>12/24/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 39</u>	__-__-__	\$
City, State, Zip Code <u>Olive Branch, Ms. 38654</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee to elect Charles J. Beckett State Rep
 Reporting period 1/1/10 through 12/31/10

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>Georgia Periboc</u>	<u>12/24/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>	__/__/__	\$
City, State, Zip Code <u>Phoenix Az 85082</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms. Bail Agents Assoc.</u>	<u>12/27/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 959</u>	__/__/__	\$
City, State, Zip Code <u>Ridgeland Ms. 39158</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input 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	__/__/__	\$
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) _____	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 TO ELECT CHARLES JIM BECKETT STATE REPRESENTATIVE
 Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name <u>SUSAN BECKETT</u>	Date (Mo., Day, Year) <u>10/11/10</u>	Amount of each disbursement this period \$ <u>729.-</u>
Mailing Address <u>P. O. BOX 722</u>	<u>12/21/10</u>	\$ <u>220.-</u>
City, State, Zip Code <u>BRUCE MS 38915</u>		
Purpose of Disbursement (Optional) <u>POSTAGE</u>	Aggregate Year-to-date	\$ <u>949.-</u>
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	\$