

2011 ELECTION CYCLE

  
**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2011 Elections**

Delbert Hosemann  
 SECRETARY OF STATE  
  
 NOV 01 2011  
 DATE STAMP OF  
 Secretary of State

Name of Candidate COMMITTEE TO ELECT CHARLES JIM BECKETT  
 Address P.O. BOX 722 BRUCE MS County CALHOON  
 Telephone 662-983-7358 Fax 662-983-1303  
 Treasurer JOE CARNABO Email Address JIM@BECKETTOL.COM

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 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)

**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.

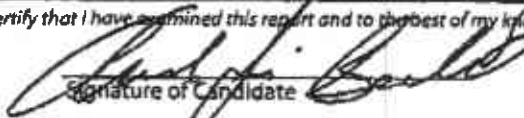
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).

(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**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	11,800. + \$ 750. =	\$ 12,550. =	\$ 45,400. =
Total amount of disbursements \$	49,210. + \$ 213. =	\$ 49,453. =	\$ 481,576
Total amount of cash on hand	\$ 25,735.73		

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 11/1/11

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 601-359-1499.  
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee CHARLES JIM BECKETT  
 Reporting period OCT 1, 2011 through OCT 29, 2011

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>LONDON MCCRARY</u>	<u>10.3.11</u>	\$ <u>5000</u>
Mailing Address <u>103 JOEY CIRCLE</u>		
City, State, Zip Code <u>OWENS CROSS RDS AL 35763</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>TV AD</u>	Aggregate Year-to-date	\$ <u>5000</u>
B. Full name <u>WD7BN</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>403 W CALHOUN ST BOX 580</u>	<u>10.4.11</u>	\$ <u>240</u>
City, State, Zip Code <u>BRUCE MS 38915</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>TV AD</u>	Aggregate Year-to-date	\$ <u>330</u>
C. Full name <u>BALDWIN &amp; ASSOCIATES INC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>333 COURT STREET</u>	<u>10.24.11</u>	\$ <u>35000</u>
City, State, Zip Code <u>TUPELO MS 38804</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>TV AD</u>	Aggregate Year-to-date	\$ <u>35000</u>
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	\$

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

Reporting period October 1, 2011 through October 23, 2011

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Philip Gunn</u>	<u>10/13/11</u>	\$ <u>2,000.00</u>
Mailing Address	<u>101 Ancharon Lane</u>	<u>     </u>	\$ <u>     </u>
City, State, Zip Code	<u>Clinton Ms 39056</u>	<u>     </u>	\$ <u>     </u>
Name of Employer (Required)	<u>Wells Mable &amp; Hurst</u>	<u>     </u>	\$ <u>     </u>
Occupation (Required)	<u>Attorney / State Rep</u>	Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Electric Power Association of MS PAC</u>	<u>10/17/11</u>	\$ <u>500.00</u>
Mailing Address	<u>P.O. Box 3300</u>	<u>     </u>	\$ <u>     </u>
City, State, Zip Code	<u>Ridgeland, MS 39158</u>	<u>     </u>	\$ <u>     </u>
Name of Employer (Required)		<u>     </u>	\$ <u>     </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Candidate Committee</u>			
Full name	<u>Committee to Re-elect L. Scott Bonds</u>	<u>10/18/11</u>	\$ <u>500.00</u>
Mailing Address	<u>P.O. Box 512</u>	<u>     </u>	\$ <u>     </u>
City, State, Zip Code	<u>Philadelphia, Ms 39350</u>	<u>     </u>	\$ <u>     </u>
Name of Employer (Required)		<u>     </u>	\$ <u>     </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Alleman USA, Inc.</u>	<u>10/10/11</u>	\$ <u>1,000.00</u>
Mailing Address	<u>2525 Dupont Drive</u>	<u>     </u>	\$ <u>     </u>
City, State, Zip Code	<u>Irvin, TX 75012</u>	<u>     </u>	\$ <u>     </u>
Name of Employer (Required)		<u>     </u>	\$ <u>     </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee In Elect Charles Jim Becker State Rep.

Reporting period October 1, 2011 through October 23, 2011

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>James L. Barksdale</u>		<u>10/12/11</u>	\$ <u>1,000.00</u>
Mailing Address <u>800 Woodlands Parkway, Suite 118</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Ridgedale Ms 39157</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>AFET PAC</u>		<u>10/14/11</u>	\$ <u>500.00</u>
Mailing Address <u>175 E Capital St. Landmark Center, Room 203</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Jackson, Ms 39201</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 checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>RAE Services Company</u>		<u>10/17/11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 464</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Winston-Salem, NC</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 type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Hugh Cannon</u>		<u>10/17/11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 740</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Burce Ms 38915</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Self Employer</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Oil &amp; Gas Lease Broker</u>		Aggregate year-to-date	\$ <u>500.00</u>

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

Reporting period October 1, 2011 through October 23, 2011

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Georgia - Pacific</u>	<u>10/17/11</u>	\$ <u>750.00</u>
Mailing Address <u>P.O. Box 61270</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Phoenix, AZ 85082</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>750.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Spectra Energy Corp PAC</u>	<u>10/15/11</u>	\$ <u>300.00</u>
Mailing Address <u>9400 Westheimer Court</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Houston, TX 77056</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>SUN PAC</u>	<u>10/12/11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 13589</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39236</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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Realtors PAC</u>	<u>10/30/11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 321000</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Plaquemine, 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>1,500.00</u>



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

Reporting period October 1, 2011 through October 23, 2011

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Haley PAC</u>		<u>10/21/11</u>	\$ <u>11,000.00</u>
Mailing Address <u>P.O. Box 1186</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, Ms 39215</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>11,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Toules States Toyota, Inc</u>		<u>10/21/11</u>	\$ <u>500.00</u>
Mailing Address <u>1375 Enclave Parkway</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Houston, Tx 77077</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Centex Management Company LLC</u>		<u>10/21/11</u>	\$ <u>500.00</u>
Mailing Address <u>111 E. Capital St. Suite 500</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Mrs Primary Health Care Assoc. Inc. PAC</u>		<u>10/21/11</u>	\$ <u>250.00</u>
Mailing Address <u>6400 Laticane Rd. Ste A</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, Ms. 39213</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

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

Reporting period October 1, 2011 through October 23, 2011

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Ms. Barbara Association PAC</u>		<u>10/22/11</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>P.O. Box 37</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>3,000<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

5804-05