

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 2011 Elections

Delbert Hosemann
 SECRETARY OF STATE
RECEIVED
 OCT 04 2011
 Secretary of State
 DATESTAMP

Name of Committee Committee to elect Charles Jim Bickett
 Address P.O. Box 722 Bruce, MS County Calhoun
 Telephone 662-983-7358 Fax 662-983-1303
 Treasurer Joe Cornaggio Email Address jim@bickettmail.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 23, 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	\$ <u>21950</u> - + \$ <u>1600</u> -	\$ <u>23550.</u> -	\$ <u>32850</u> -
Total amount of disbursements	\$ <u>4524.65</u> + \$ <u>111.</u> -	\$ <u>4635.65</u>	\$ <u>7662.76</u>
Total amount of cash on hand		\$ <u>53638.73</u>	

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

Joe Cornaggio
 Signature of Director or Treasurer

10/3/11
 Date

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 JULY 24, 2011 through SEPT 30, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
CHARLES JIM BECKETT	8/29/11	\$ 830. -
Mailing Address P.O. BOX 722		
City, State, Zip Code BRUCE MS 38915	__1__1__	\$
Purpose of Disbursement (Optional) AUTO REIMBURSEMENT	Aggregate Year-to-date	\$ 830. -
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
CHARLES JIM BECKETT	8/8/11	\$ 250. -
Mailing Address P.O. BOX 722		
City, State, Zip Code BRUCE MS 38915	__1__1__	\$
Purpose of Disbursement (Optional) MAILING	Aggregate Year-to-date	\$ 250. -
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SERVICE PRINTERS INC	8/30/11	\$ 300. -
Mailing Address 1014 N FLOWOOD DR		
City, State, Zip Code FLOWOOD MS 39232	8/8/11	\$ 344.65
Purpose of Disbursement (Optional) SIGNS	Aggregate Year-to-date	\$ 644.65
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MS REPUBLICAN PARTY	9/19/11	\$ 1900. -
Mailing Address P.O. BOX 60		
City, State, Zip Code JACKSON MS 39205-0060	__1__1__	\$
Purpose of Disbursement (Optional) TELEPHONE POLL	Aggregate Year-to-date	\$ 1900. -
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BOOSTERS INC	9/27/11	\$ 1200. -
Mailing Address P.O. BOX 70156		
City, State, Zip Code MONTGOMERY ALA 36107	__1__1__	\$
Purpose of Disbursement (Optional) SIGNS	Aggregate Year-to-date	\$ 1200. -
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	__1__1__	\$
Mailing Address		
City, State, Zip Code	__1__1__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee To elect Charles Tom BeckettReporting period July 24, 2011 through September 30, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Independent Insurance Agents of Ms. PAC</u>	<u>7/25/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>124 Riverview</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, Ms 39232</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" 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>Optometry for Progress</u>	<u>7/29/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>141 Executive Drive, Suite 5</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk Western Railroad Co.</u>	<u>7/29/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 5025</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Troy Mich. 48007</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250⁰⁰</u>
D. Source: <input checked="" 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>Advance America</u>	<u>7/29/11</u>	\$ <u>250⁰⁰</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>250⁰⁰</u>

Name of Candidate or Committee Federal Charles Tom Barrett
 Reporting period 7/24/11 through 9/30/11

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>Tim Ford</u>	<u>7/29/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 22587</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson Ms. 39225</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Balch & Bingham</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250⁰⁰</u>
B. Source: <input checked="" 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>Mark Baker Campaign Account</u>		
Full name <u>Mark Baker Campaign Account</u>	<u>7/29/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 947</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Brandon, Ms. 39046</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>St. Ms</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>State Rep.</u>	Aggregate year-to-date	\$ <u>250⁰⁰</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>Ms Paul Agents Assoc</u>	<u>7/29/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>413 S. President St. Suite 111</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, Ms. 39201</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>250⁰⁰</u>
D. 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>Weyhauase Company</u>	<u>7/30/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 9719</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Federal Way, WA. 98063</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>500⁰⁰</u>

Name of Candidate or Committee to elect Judge Jim Beckett
 Reporting period 7/24/11 through 9/30/11

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>Ms. Physicians PAC</u>	<u>8/18/11</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>404 W. Parkway Place</u>	□/□/□	\$ _____
City, State, Zip Code <u>Rockland, Ms 39157</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</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>Ameristar</u>	<u>8/18/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>4116 Washington St.</u>	□/□/□	\$ _____
City, State, Zip Code <u>Vicksburg, MS</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</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 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>Cellarsouth</u>	<u>8/18/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>1018 Highland Colony Pkwy, Suite 330</u>	□/□/□	\$ _____
City, State, Zip Code <u>Rockland Ms 39157</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee to elect Charles Jim Beckett
 Reporting period 7/24/11 through 9/30/11

ITEMIZED RECEIPTS

A. 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>Anheuser Bush</u>	<u>8/10/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 217</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>500⁰⁰</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>Ms Health Care Assn. PAC</u>	<u>8/10/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>1076 Highland Colony Pkwy Ste 125</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Birmingham, Ms 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. 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>Lee Pedew</u>	<u>8/10/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 1135</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Baxx, Ms 38915</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>County Manager</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>Mississippi House Republican Conference</u>	<u>8/11/11</u>	\$ <u>2,000⁰⁰</u>
Mailing Address <u>P.O. Box 947</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Brandon, Ms 39043</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>2,000⁰⁰</u>

Name of Candidate or Committee Fordet Charles Tom Berloff
 Reporting period 7/24/11 through 9/30/11

ITEMIZED RECEIPTS

A. 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>Art Smalley</u>	<u>8/11/11</u>	\$ <u>375⁰⁰</u>
Mailing Address <u>2480 Sandridge Dr.</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Butler Snow</u>	□/□/□	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>375⁰⁰</u>
B. 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>Ryan Berloff</u>	<u>8/11/11</u>	\$ <u>375⁰⁰</u>
Mailing Address <u>4166 Dorswood Dr.</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Butler Snow</u>	□/□/□	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>375⁰⁰</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>AT & T MS PAC</u>	<u>8/21/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>175 East Capital St. Landmark Center</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson MS 39201</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</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>MS Power Company PAC</u>	<u>8/21/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 4079</u>	□/□/□	\$ _____
City, State, Zip Code <u>Gulfport MS 39502</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee To elect Charles Tom Beckett
 Reporting period 7/24/11 through 9/30/11

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>Wal PAC</u>	<u>8/18/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>702 SW 8th Street</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Bentonville AR 72716</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>250⁰⁰</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>Home Builders Assn. of MS PAC</u>	<u>8/30/11</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>P.O. box 3356</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39207</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>1000⁰⁰</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>MS Poultry Assn. PAC</u>	<u>9/12/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>110 Airport Rd. Suite C.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Pearl, MS 39208</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>500⁰⁰</u>
D. 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>Motorola Solutions</u>	<u>9/12/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 68429</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Rockingham, TN 37088</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>250⁰⁰</u>

Name of Candidate or Committee to elect/ thanks Jim Bartlett
 Reporting period 7/24/11 through 9/30/11

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) <u>Council</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>American Chemistry Council</u>	<u>9/2/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>700 Grand St. NE</u>	□/□/□	\$
City, State, Zip Code <u>Washington, DC 20002</u>	□/□/□	\$
Name of Employer (Required)	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</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>MS Manufacturers Assoc PAC</u>	<u>9/2/11</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>702 N. President St.</u>	□/□/□	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	□/□/□	\$
Name of Employer (Required)	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000⁰⁰</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>Moore and Moore PA.</u>	<u>9/9/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 230</u>	□/□/□	\$
City, State, Zip Code <u>Collierville, MS 38916</u>	□/□/□	\$
Name of Employer (Required)	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</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>MHA PAC</u>	<u>9/13/11</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>P.O. Box 1909</u>	□/□/□	\$
City, State, Zip Code <u>Madison, MS 39130</u>	□/□/□	\$
Name of Employer (Required)	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000⁰⁰</u>

Name of Candidate or Committee To elect Charles Tim Bechtelt
 Reporting period 7/24/11 through 9/30/11

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>Huntington Ingalls Industries</u>	<u>9/19/11</u>	\$ <u>7000⁰⁰</u>
Mailing Address <u>P.O. Box 149</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Pascagoula, Ms 39508</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	\$ _____
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>Ms. Independent RX PAC</u>	<u>9/21/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>4209 Kateford Drive, Suite 399</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flowood, Ms 39232</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>500⁰⁰</u>
C. 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>David Shelton</u>	<u>9/21/11</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>1602 Forest Hill Dr.</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Columbus, Ms - 39701</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>NONE</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>retired.</u>	Aggregate year-to-date	\$ <u>300⁰⁰</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>BLP Enterprises</u>	<u>9/21/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 51</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Calhoun City, Ms 38916</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>500⁰⁰</u>

Name of Candidate or Committee to elect Charles Tim Beahm
 Reporting period 9/24/11 through 9/30/11

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>MS. Medreal PAC-State</u>	<u>9/23/11</u>	\$ <u>2000⁰⁰</u>
Mailing Address <u>P.O. Box 2548</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Bridgeton MS 39158</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>2000⁰⁰</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>MS Matt Beverage Assoc. Sec. PAC</u>	<u>9/23/11</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>P.O. Box 1132</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>300⁰⁰</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>Plum Creek</u>	<u>9/23/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 1990</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Columbus Falls MT 59912</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</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>MPM and USA PAC</u>	<u>9/23/11</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>P.O. Drawer 38959</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39207</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>300⁰⁰</u>

Name of Candidate or Committee HO Dept Charles Tim Beckwith
 Reporting period 7/24/11 through 9/30/11

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>MS Concrete Industries Assn. PAC</u>	<u>9/17/11</u>	\$ <u>300.00</u>
Mailing Address <u>16700 Old Canton Rd Suite H</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</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>MS Concrete Assn. PAC State Fund</u>	<u>9/17/11</u>	\$ <u>2000.00</u>
Mailing Address <u>P.O. Box 1091</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>2000.00</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	\$ _____