2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 04 2010
ELECTIONS DIVISION
SECRETARY OF STATE
DATE STAMP

Name of Committee: Committee to Elect Dawn Beam

Address: PO Drawer 15099, Hattiesburg, MS 39404

Telephone: (601) 264-3519 Fax: (601) 264-3642

Treasurer: Richard Topp Email: richard@nicholsandcpas.com

☐ Check here if above is different from previous report

TYPE OF REPORT

____	May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
____	June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
____	July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	Mandatory
X	October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)	Mandatory
____	October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	Mandatory
____	November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	Runoff Candidates
____	January 10, 2011 Periodic Report (October 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	$ 34,999.99	$ 34,999.99	$ 34,999.99
Total amount of disbursements	$ 23,397.97	$ 23,397.97	$ 23,397.97
Total amount of cash on hand		$ 11,602.02	

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

[signature] Date 10/1/10

Signature of Director or Treasurer

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.

ENTERED

SOS 01-10

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Professional Limited Liab. Co.	7/27/10	$ 500.00
Full name: Richard L. Douglas, PLLC	/ /	$
Mailing Address: 915 High Sea Avenue	/ /	$
City, State, Zip Code: Columbia, MS 39429	/ /	$
Name of Employer (Required): Richard L. Douglas, PLLC	Aggregate year-to-date	$ 500.00
Occupation (Required): Attorney		

	Date (Mo., Day, Year)	Amount of each receipt this period
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	7/27/10	$ 500.00
Full name: Percy W. Watson Re-election Campaign Fund	/ /	$
Mailing Address: PO Box 1767	/ /	$
City, State, Zip Code: Hattiesburg, MS 39403	/ /	$
Name of Employer (Required): Percy W. Watson, Attorney	Aggregate year-to-date	$ 500.00
Occupation (Required): Attorney, State Representative		

	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	7/27/10	$ 500.00
Full name: Tucker Buchanan, PA	/ /	$
Mailing Address: PO Box 4326	/ /	$
City, State, Zip Code: Laurel, MS 39441	/ /	$
Name of Employer (Required): Tucker Buchanan, PA	Aggregate year-to-date	$ 500.00
Occupation (Required): Attorney		

	Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	8/10/10	$ 100.00
Full name: William Harold Jones Attorney at Law	/ /	$
Mailing Address: 849 US Hwy 11	/ /	$
City, State, Zip Code: Petal, MS 39465	/ /	$
Name of Employer (Required): William Harold Jones, Attorney at Law	Aggregate year-to-date	$ 100.00
Occupation (Required): Attorney		

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	8/10/10	$ 250.00
Full name: Billie J. Graham, Attorney at Law	/ /	$
Mailing Address: PO Box 683	/ /	$
City, State, Zip Code: Laurel, MS 39441	/ /	$
Name of Employer (Required): Billie J. Graham, Attorney at Law	Aggregate year-to-date	$ 250.00
Occupation (Required): Attorney		
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	8/10/10	$ 500.00
Full name: Lanell Greer	/ /	$
Mailing Address: 77 Timberland Drive	/ /	$
City, State, Zip Code: Purvis, MS 39475	/ /	$
Name of Employer (Required)	Aggregate year-to-date	$ 500.00
Occupation (Required)		
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	8/10/10	$ 10,000.00
Full name: Dawn H. Beam	/ /	$
Mailing Address: 6565 US Highway 98, Ste 130	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Dawn H. Beam, Attorney at Law	Aggregate year-to-date	$ 10,000.00
Occupation (Required): Attorney		
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	8/23/10	$ 50.00
Full name: Margaret Holmes	/ /	$
Mailing Address: 601 Highway 42	/ /	$
City, State, Zip Code: Petal, MS 39465	/ /	$
Name of Employer (Required): Holmes Law Firm, P.A.	Aggregate year-to-date	$ 50.00
Occupation (Required): Attorney		

loan

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	8/23/10	$ 50.00
Full name: William E. McLeod	/ /	$
Mailing Address: 10 Professional Parkway	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): McLeod & Associates, PA	Aggregate year-to-date	$ 50.00
Occupation (Required): Attorney		
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	8/23/10	$ 200.00
Full name: Howard M. Strong	/ /	$
Mailing Address: 48 Liberty Place #2	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Howard M. Strong, Attorney	Aggregate year-to-date	$ 200.00
Occupation (Required): Attorney		
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) PLLC	8/23/10	$ 500.00
Full name: Jolly Matthews	/ /	$
Mailing Address: 48 Liberty Place, Ste 2	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Jolly W. Matthews, PLLC	Aggregate year-to-date	$ 500.00
Occupation (Required): Attorney		
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	8/23/10	$ 150.00
Full name: Steve Headrick	/ /	$
Mailing Address: 849 Highway 11	/ /	$
City, State, Zip Code: Petal, MS 39465	/ /	$
Name of Employer (Required): Steve Headrick Attorney at Law PC	Aggregate year-to-date	$ 150.00
Occupation (Required): Attorney		

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brad A. Touchstone	8/23/10	$ 500.00
Mailing Address: PO Box 18768	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39404	__/__/__	$
Name of Employer (Required): Bryan Nelson PA	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sherry E Hewitt	8/23/10	$ 100.00
Mailing Address: 536 W. 4th St.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 100.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jeff Bowman	9/1/10	$ 175.00
Mailing Address: 120 Monell Circle	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Jackson Bowman & Blumentritt	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 175.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Vickie Leggett	9/1/10	$ 200.00
Mailing Address: PO Box 15848	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39404	__/__/__	$
Name of Employer (Required): Zachary & Leggett, PLLC	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Committee to Elect David Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/13/10	$ 100.00
Full name: Fred Tatum	__/__/__	$
Mailing Address: 157 Timberton Drive	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required): NA	Aggregate year-to-date	$ 100.00
Occupation (Required): NA		
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/13/10	$ 100.00
Full name: Chris H. Benson	__/__/__	$
Mailing Address: 14 Grand Bayou Circle	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg Clinic, PA	Aggregate year-to-date	$ 100.00
Occupation (Required): Physician		
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/13/10	$ 50.00
Full name: Sue & Ron Hegwood	__/__/__	$
Mailing Address: 27 Honors Cove	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required):	Aggregate year-to-date	$ 50.00
Occupation (Required):		
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/13/10	$ 100.00
Full name: Eugene D. Carothers	__/__/__	$
Mailing Address: 71 Tidewater Road	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required):	Aggregate year-to-date	$ 100.00
Occupation (Required):		

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Pavitt	9/13/10	$ 25.00
Mailing Address: 7 Crossroad Dr	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Mississippi Power Co.	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 25.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gayle Galey	9/13/10	$ 250.00
Mailing Address: 207 Southampton Road	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Clifton S. Goddis	9/13/10	$ 200.00
Mailing Address:	__/__/__	$
City, State, Zip Code:	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Susan Goddis	9/13/10	$ 200.00
Mailing Address: 565 Baker Road	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39475	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Susan Carruth	9/13/10	$ 50.00
Mailing Address: 73 Shady Lane	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Jewelry maker	Aggregate year-to-date	$ 50.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lisa Dolease	9/20/10	$ 150.00
Mailing Address: 207 Tidewater Rd	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 150.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grace Whitacre	9/20/10	$ 200.00
Mailing Address: 104 Darsy Road	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Physician	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dannie Kisodeaux	9/20/10	$ 500.00
Mailing Address: PO Box 2152	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): United Way	__/__/__	$
Occupation (Required): Fund Raiser	Aggregate year-to-date	$ 500.00

Committee to Elect

Name of Candidate or Committee Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chuck Blackwell	9/20/10	$ 200.00
Mailing Address: 50 Blackwell Loop	__/__/__	$
City, State, Zip Code: Ellisville, MS 39437	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William P. Osborn	9/20/10	$ 1,000.00
Mailing Address: 4816 Old Highway 11	__/__/__	$
City, State, Zip Code: Purvis MS 39475	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Byron Dufer	9/20/10	$ 100.00
Mailing Address: 5194 Hwy 495.	__/__/__	$
City, State, Zip Code: Hattiesburg MS 39401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Gaither	9/20/10	$ 100.00
Mailing Address: 107 Millsaps Dr	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): ENT & Facial Plastic Surgery PA	__/__/__	$
Occupation (Required): Physician	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee Committee to Elect Aaron Bean

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ralph Abraham	9/20/10	$ 100.00
Mailing Address: 181 Greenwood Place	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg Clinic, PA	__/__/__	$
Occupation (Required): Physician	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lynn McMahan	9/20/10	$ 1000.00
Mailing Address: 16 Chandeleur Point	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Southern Eye Center	__/__/__	$
Occupation (Required): Physician	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William B. Strong	9/20/10	$ 250.00
Mailing Address: 14 Bocage Road	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dorance Authard	9/20/10	$ 500.00
Mailing Address: 705 South 34th Ave	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Fred Tatum	9/22/10	$ 100.00
Mailing Address: 157 Timberton Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard Tapp	9/22/10	$ 1000.00
Mailing Address: 16 North Point	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Nicholson & Company	__/__/__	$
Occupation (Required): CPA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bix M. Johnson	9/22/10	$ 100.00
Mailing Address: 207 Wildwood Trace	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael J. Shemper, PLLC	9/22/10	$ 250.00
Mailing Address: P.O. Box 17427	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MJS Properties, LLC	9/22/10	$ 250.00
Mailing Address: P.O. Box 1727	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: London & Stelelman Brokerage Operation	9/22/10	$ 200.00
Mailing Address: 3906 Hardy St.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Katie Rose McClendon	9/22/10	$ 750.00
Mailing Address: 113 Bedford Rd.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William H. Gullung III, M.D.	9/22/10	$ 100.00
Mailing Address: 215 W. Carnebrake Blvd.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jeff & Dawn Jones	9/22/10	$ 100.00
Mailing Address: P.O. Box 1993	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. Thomas P. Montgomery	9/22/10	$ 50.00
Mailing Address: 102 Lake Estates Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): The Galey Agcy.	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 50.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Arthur D. Cromartie	9/22/10	$ 200.00
Mailing Address: 115 Bedford Rd.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fullname: Douglas W. Rouse, M.D.	9/22/10	$ 500.00
Mailing Address: 111 Bedford Rd.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Phillip D. Lovitt	9/22/10	$ 20.00
Mailing Address: 23 Cove Ln.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hank B. Lott	9/22/10	$ 250.00
Mailing Address: 5535 Poplar St.	__/__/__	$
City, State, Zip Code: Sumrall, MS 39482	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. William K. Ray	9/22/10	$ 100.00
Mailing Address: 1 North Point	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John W. Lee	9/22/10	$ 1000.00
Mailing Address: P.O. Box 1470	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gwen C. James	9/22/10	$ 750.00 ~~100.00~~
Mailing Address: 3007 Magnolia PL	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stoney Williamson	9/22/10	$ 100.00
Mailing Address: 314 Marson Trigg Rd.	__/__/__	$
City, State, Zip Code: Seminary, MS 39479	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thad F. Waites, MD	9/22/10	$ 250.00
Mailing Address: 1017 Richburg Rd	__/__/__	$
City, State, Zip Code: Hattiesburg MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg Clinic PA	__/__/__	$
Occupation (Required): physician	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Victor J. Roberts	9/22/10	$ 150.00
Mailing Address: P. O. Box 608	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 150.00

Name of Candidate or Committee Committee to Elect Dawn Bean

Reporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bob Mixon	9/22/10	$ 1000.00
Mailing Address: 1179 Old Hwy 24	__/__/__	$
City, State, Zip Code: Sumrall, MS 39482	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lamar Gillespie	9/22/10	$ 200.00
Mailing Address: 4 Bellewood Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William L. Peebles	9/22/10	$ 250.00
Mailing Address: P.O. Box 969	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joseph C. Townsend	9/22/10	$ 200.00
Mailing Address: 39 Sharmont Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Benjamin Carmichael	9/22/10	$ 100.00
Mailing Address: 106 Colonial Pl.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David M. Ott	9/22/10	$ 250.00
Mailing Address: 310 S. 22nd Ave.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steven Moore	9/22/10	$ 200.00
Mailing Address: P.O. Box 2056	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W K McCaskill	9/22/10	$ 100.00
Mailing Address: P.O. Box 662	__/__/__	$
City, State, Zip Code: Richton, MS 39476	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kennard A. McKay	9/29/10	$ 50.00
Mailing Address: 6 Cherokee Cir.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401-7061	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 50.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ideal Leasing Co.	9/29/10	$ 200.00
Mailing Address: P.O. Box 1647	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Rentals	Aggregate year-to-date	$ 200.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Timothy L. Cole	9/29/10	$ 100.00
Mailing Address: 1 Quail Hollow Road	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Physician	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marvin Shemper	9/29/10	$ 250.00
Mailing Address: P.O. Box 1049	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/29/10	$ 100.00
Full name: Randolph J. Ross, M.D.	__/__/__	$
Mailing Address: No. 2 Morgan's Landing	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg Clinic, PA	Aggregate year-to-date	$ 100.00
Occupation (Required): Physician		
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/29/10	$ 199.99
Full name: William L. Ducker	__/__/__	$
Mailing Address: P.O. Box 217	__/__/__	$
City, State, Zip Code: Purvis, MS 39475	__/__/__	$
Name of Employer (Required):	Aggregate year-to-date	$ 199.99
Occupation (Required): Attorney		
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/29/10	$ 250.00
Full name: William B. Strong	__/__/__	$
Mailing Address: 14 Bocage Rd.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg Clinic PA	Aggregate year-to-date	$ 250.00
Occupation (Required): Physician		
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/29/10	$ 2500.00
Full name: Warren Hood, Jr	__/__/__	$
Mailing Address: Po Box 682	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	Aggregate year-to-date	$ 2500.00
Occupation (Required)		

Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/29/10	$ 250.00
Full name: Richard Curtis Smith	__/__/__	$
Mailing Address: 104 Beverly Lane	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required):	Aggregate year-to-date	$ 250.00
Occupation (Required): Attorney		
	Date (Mo., Day, Year)	Amount of each receipt this period
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/29/10	$ 750.00
Full name: T. Eric Hale	__/__/__	$
Mailing Address: 7 Summit Ridge	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required):	Aggregate year-to-date	$ 750.00
Occupation (Required): Hattiesburg Clinic PA Physician		
	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	9/21/10	$ 1000.00
Full name: Carl L. Nicholson	__/__/__	$
Mailing Address: 1100 S. 34th Ave	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required):	Aggregate year-to-date	$ 1000.00
Occupation (Required): Nicholson & Co CPA		
	Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/22/10	$ 200.00
Full name: Jan Hammond	__/__/__	$
Mailing Address: 3 Queensland Dr	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required):	Aggregate year-to-date	$ 200.00
Occupation (Required): Attorney		

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Name of Candidate or Committee Committee to Elect Dawn Bean

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/22/10	$ 500.00
Full name: Larry Payne	__/__/__	$
Mailing Address: 9 Heron Cove	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	Aggregate year-to-date	$ 500.00
Occupation (Required): Retired		
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	9/22/10	$ 100.00
Full name: Michael Katliff	__/__/__	$
Mailing Address: 102 Wildwood Trace	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	Aggregate year-to-date	$ 100.00
Occupation (Required): Attorney		
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	__/__/__	$
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	Aggregate year-to-date	$
Occupation (Required)		
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	__/__/__	$
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	Aggregate year-to-date	$
Occupation (Required)		

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Name of Candidate or Committee Committee to Elect Dawn Beard

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Lamar Companies	7/28/10	$ 1500.00
Mailing Address: PO Box 96030	8/16/10	4625.00
City, State, Zip Code: Baton Rouge, LA 70896	9/20/10	$ 3700.00
	9/30/10	330.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Forrest Paper Co.	8/25/10	$ 1808.30
Mailing Address: 6555 Hwy 98 W, Suite 4	9/20/10	$ 295.55
City, State, Zip Code: Hattiesburg, MS 39402		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
My Campaign Store	9/1/10	$ 4102.50
Mailing Address: PO Box 596	9/1/10	$ 919.75
City, State, Zip Code: Jeffersonville, IN 47131		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Winning Edge	9/1/10	$ 173.02
Mailing Address: PO Box 269	9/13/10	$ 505.45
City, State, Zip Code: Alexandria, AL 36250		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Perry Co. Benefit Bulls & Barrels	9/1/10	$ 500.00
Mailing Address		
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Today's Mississippi Woman	9/1/10	$ 300.00
Mailing Address		
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

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Name of Candidate or Committee Committee to Elect Dawn Beam

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Buds & Doodlebugs Mailing Address	9/1/10	$ 300.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name: US Postage Mailing Address: 5009 Old Highway 11	9/13/10	$ 30.72
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name: MS Pecan Festival Mailing Address: PO Box 630	9/13/10	$ 500.00
City, State, Zip Code: Richton, MS 39476	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name: Kirby Bills Mailing Address	9/20/10	$ 300.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name: Jermaine Brown Mailing Address: 147 Hinton Dr	9/21/10	$ 350.00
City, State, Zip Code: Hattiesburg, MS 39401	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name: Robert Hardaway Mailing Address: 147 Hinton Dr	9/21/10	$ 350.00
City, State, Zip Code: Hattiesburg MS 39401	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee Committee to Elect David Bean

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name 27th Ave Package	Date (Mo., Day, Year) 9/21/10	Amount of each disbursement this period $ 196.95
Mailing Address 119 S. 27th Ave		
City, State, Zip Code Hattiesburg, MS 39401	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name Standard Office Supply	Date (Mo., Day, Year) 9/22/10	Amount of each disbursement this period $ 316.77
Mailing Address Po Box 950	9/30/10	438.70
City, State, Zip Code Hattiesburg, MS 39403-950	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name Nordan Smith	Date (Mo., Day, Year) 9/30/10	Amount of each disbursement this period $ 145.26
Mailing Address Po Box 1937		
City, State, Zip Code Hattiesburg, MS 39403-1937	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name Fran Grant	Date (Mo., Day, Year) 9/30/10	Amount of each disbursement this period $ 1710.00
Mailing Address Po Box 368		
City, State, Zip Code Columbia, MS 39429	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. 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	$
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	$