2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011
Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Michael Watson

Address PO Box 964

Telephone 228 769 0501 Fax 228 769 0502

Contact Name Alice Lachaussee Email Michael.watson@orion-eng.com

Office Sought State Senate, District 51 Political Party Republican

☑ Check here if above is different from previous report

TYPE OF REPORT

____ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010).....**Mandatory**

____ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).....**Runoff Candidates**

____ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010).....**All Candidates**

____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....**Runoff Candidates**

✓ **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010).....**All Candidates and Political Committees**

____ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

(1) **Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.**

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

(3) **The 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	$55,207 +$ 2,150.00	$ 57,357	$ 57,357.00
Total amount of disbursements	$ 6,388.17 +$ 734.38	$ 7,122.55	$ 7,122.55
Total amount of cash on hand		$ 73,096.24	

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

Michael Watson
Signature of Candidate

1/31/11
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.

SOS 01-10

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. David McClendon, Jr.	12/9/10	$ 1,000.00
Mailing Address: 1309 Porter Avenue	__/__/__	$
City, State, Zip Code: Ocean Springs, MS 39564	__/__/__	$
Name of Employer (Required): SRHS	__/__/__	$
Occupation (Required): Doctor	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: G. Marshall Smith	12/9/10	$ 1,000.00
Mailing Address: 1613 Fairhaven Dr.	__/__/__	$
City, State, Zip Code: Gautier, MS 39553	__/__/__	$
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: Dr. Darrell G. Finlay	12/8/10	$ 1,000.00
Mailing Address: 5507 Chloe Place	__/__/__	$
City, State, Zip Code: Ocean Springs, MS 39564	__/__/__	$
Name of Employer (Required): Self-Employed	__/__/__	$
Occupation (Required): Doctor	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jerry St. Pe'	12/9/10	$ 1,000.00
Mailing Address: 806 Powells Point Dr.	__/__/__	$
City, State, Zip Code: Gautier, MS 39553	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/2010 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W. Ed Trehern	12/9/10	$ 1,000.00
Mailing Address: 2415 Beach Blvd	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required): Self Employed	__/__/__	$
Occupation (Required): Investor	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roy C. Williams	12/9/10	$ 1,000.00
Mailing Address: 734 Delmas Ave.	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required): Wilkinson + Williams, PLLC	__/__/__	$
Occupation (Required): Attorney	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: El Paso Energy Service Co.	11/5/10	$ 1,000.00
Mailing Address: 1001 Louisiana St.	__/__/__	$
City, State, Zip Code: Houston, TX 77002	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Intervest Construction Co., Inc.	12/9/10	$ 1,000.00
Mailing Address: PO Box 12791	__/__/__	$
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Ind. RX PAC	11/15/10	$ 500.00
Mailing Address: 4209 Lakeland Dr., Ste. 399	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: FBS	11/17/10	$ 500.00
Mailing Address: PO BOX 441887	/ /	$
City, State, Zip Code: Houston, TX 77244	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: F.M. Hood + Associates	11/9/10	$ 1,000.00
Mailing Address: 742 N. 5th St.	/ /	$
City, State, Zip Code: Baton Rouge, LA 70802	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pascagoula Bar Pilots Assn, LLC	11/18/10	$ 1,000.00
Mailing Address: PO BOX 2156	/ /	$
City, State, Zip Code: Pascagoula, MS 39569	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles McVea, Jr.	11/28/10	$ 1,000.00
Mailing Address: PO Box 340	/ /	$
City, State, Zip Code: Pascagoula, MS 39568	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Bart J. Edmiston	11/15/10	$ 1,000.00
Mailing Address: 1816 Shelby Lane	/ /	$
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Name of Employer (Required): SELF Employed	/ /	$
Occupation (Required): Doctor	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ACYPL	11/19/10	$ 207.00
Mailing Address: 1717 K. Street NW, Ste. 500	/ /	$
City, State, Zip Code: Washington, DC 20036	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 207.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Greg Cronin	12/9/10	$ 1,000.00
Mailing Address: 105 Surgeres Pl.	/ /	$
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Name of Employer (Required): Charter Bank	/ /	$
Occupation (Required): Management	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: General Electric Company	10/25/10	$ 500.00
Mailing Address: PO Box 9544	/ /	$
City, State, Zip Code: Fort Myers, FL 33906	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Alfred Dantzler, III	10/24/10	$ 5,000.00
Mailing Address: PO Box 969	/ /	$
City, State, Zip Code: Pascagoula, MS 39568	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Fund Management	Aggregate year-to-date	$ 5,000.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MADA AUTOPAC	11/23/10	$ 500.00
Mailing Address: 800 Woodland Pkwy, Ste. 100	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT+T MS PAC	11/10/10	$ 500.00
Mailing Address: 175 E. Capital St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ron W. Schnoor	12/9/10	$ 500.00
Mailing Address: 3614 Perryman Rd.	__/__/__	$
City, State, Zip Code: Ocean Springs, MS 39564	__/__/__	$
Name of Employer (Required): Signal Int'l	__/__/__	$
Occupation (Required): Management	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Watson Power Services	12/9/10	$ 500.00
Mailing Address: 9341 Meadowview Circle	__/__/__	$
City, State, Zip Code: Ocean Springs, MS 39564	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George Malraney	12/9/10	$ 500.00
Mailing Address: 2889 Mc Goffee Rd	__/__/__	$
City, State, Zip Code: Clinton, MS 39056	__/__/__	$
Name of Employer (Required): USES	__/__/__	$
Occupation (Required): Management	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Good Gov't PAC	12/13/10	$ 1,000.00
Mailing Address: PO Box 4019	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Chris Karcher	12/17/10	$ 500.00
Mailing Address: 609 Rue Maupesant	/ /	$
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Name of Employer (Required): Self-Employed	/ /	$
Occupation (Required): Doctor	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: Gary Hanning Equip. & Construction	12/23/10	$ 1,000.00
Mailing Address: 9612 Saracennia Rd	/ /	$
City, State, Zip Code: Moss Point, MS 39562	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific	12/17/10	$ 500.00
Mailing Address: PO Box 61270	/ /	$
City, State, Zip Code: Phoenix, AZ 85082	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bail Agents Assn.	12/3/10	$ 500.00
Mailing Address: 413 S. President St., Ste. 111	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Paul Moore, Jr.	12/21/10	$ 1,000.00
Mailing Address: 1214 Farnsworth Ave.	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required): SRHS	/ /	$
Occupation (Required): Doctor	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cheyenne Properties, LLC	12/22/10	$ 1,000.00
Mailing Address: PO Box 641	/ /	$
City, State, Zip Code: Ocean Springs, MS 39566	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entertainment Software Assn.	9/27/10	$ 500.00
Mailing Address: 575 7th St., NW	/ /	$
City, State, Zip Code: Washington, D.C. 20004	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC MS	11/8/10	$ 500.00
Mailing Address: PO Box 1640	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jim Williams	11/5/10	$ 500.00
Mailing Address: 1506 Buena Vista St.	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required): Cockrell + Williams	/ /	$
Occupation (Required): Accountant	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: Grant Fox	11/5/10	$ 500.00
Mailing Address: PO Box 310	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
Name of Employer (Required): Fox Law Group, PA	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Richard W. Awtrey, Jr.	11/11/10	$ 1,000.00
Mailing Address: 9321 Alcove Ln.	/ /	$
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Name of Employer (Required): SRHS	/ /	$
Occupation (Required): Doctor	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glynn A. Mallette	11/8/10	$ 1,000.00
Mailing Address: 3708 Hwy 90	/ /	$
City, State, Zip Code: Gautier, MS 39553	/ /	$
Name of Employer (Required): Self-employed	/ /	$
Occupation (Required): Construction	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cifra Construction Co., LLC	12/8/10	$ 1,000.00
Mailing Address: PO Box 2099	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39569	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Atmos Energy	10/15/10	$ 500.00
Mailing Address: 790 Liberty Rd	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Keith Ray	12/7/10	$ 1,000.00
Mailing Address: PO Box 193	__/__/__	$
City, State, Zip Code: Hurley, MS 39555	__/__/__	$
Name of Employer (Required): Self-Employed	__/__/__	$
Occupation (Required): Construction/Fabrication	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cynthia Baber Strunk	12/1/10	$ 1,000
Mailing Address: 3001 Beach Blvd	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required): Baber's Leasing	__/__/__	$
Occupation (Required): Management	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chevron	7/26/10	$ 1,000.00
Mailing Address 250 Industrial Rd	/ /	$
City, State, Zip Code Pascagoula, MS 39581	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Centene Management Company, LLC	8/31/10	$ 500.00
Mailing Address Centene Corporation	/ /	$
City, State, Zip Code St. Louis, MO 63105	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental PAC	8/17/10	$ 500.00
Mailing Address 2630 Ridgewood Rd.	/ /	$
City, State, Zip Code Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Coca-Cola Bottling Co. Consolidated	10/22/10	$ 500.00
Mailing Address PO Box 31371	/ /	$
City, State, Zip Code Charlotte, NC 28231	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tower Loan	10/21/10	$ 1,000.00
Mailing Address PO Box 320001	__/__/__	$
City, State, Zip Code Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Check into Cash of MS	9/14/10	$ 500.00
Mailing Address PO Box 550	__/__/__	$
City, State, Zip Code Cleveland, TN 37364	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr. Julius & Mrs. Donna Bosco	10/24/10	$ 1,000.00
Mailing Address 1205 Beach Blvd	__/__/__	$
City, State, Zip Code Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required) Self-Employed	__/__/__	$
Occupation (Required) Doctor	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE-PAC	8/27/10	$ 500.00
Mailing Address PO Box 2663	7/8/10	$ 500.00
City, State, Zip Code Tuscaloosa, AL 35403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: General Insulation, Inc.	12/9/10	$ 1,000.00
Mailing Address: 5906 Old Mobile Hwy	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39581	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CRA Investments, LLC	12/9/10	$ 1,000.00
Mailing Address: PO Box 633	__/__/__	$
City, State, Zip Code: Dexter, MO 63841	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EMS Management, LLC	11/17/10	$ 500.00
Mailing Address: 6200 S Syracuse Way, Ste 200	__/__/__	$
City, State, Zip Code: Greenwood Village, CO 80111	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Maxwell - Walker	11/29/10	$ 500.00
Mailing Address: PO Box 1665	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39568	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Crowley Contractors, Inc.	11/2/10	$ 1,000.00
Mailing Address: PO Box 326	__/__/__	$
City, State, Zip Code: Dexter, MO 63841	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A-B, Inc.	8/26/10	$ 500.00
Mailing Address: 1 Busch Place	__/__/__	$
City, State, Zip Code: St. Louis, MO 63118	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Northrop Grumman	10/19/10	$ 1,000.00
Mailing Address: PO Box 149	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39568	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J. Barry Snyder	11/3/10	$ 1,000.00
Mailing Address: 3802 Port River Road	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required): Colle Maritime	__/__/__	$
Occupation (Required): Management	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Orion Engineering	12/21/10	$ 1,000.00
Mailing Address: 502 Delmas Ave.	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PhRMA	12/3/10	$ 500.00
Mailing Address: 950 F St., NW	__/__/__	$
City, State, Zip Code: Washington, DC 20004	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sirius Technical Services	__/__/__	$ 1,000.00
Mailing Address: 6215 Rangeline Rd, Ste 102	__/__/__	$
City, State, Zip Code: Theodore, AL 36582	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dogan + Wilkinson, PLLC	12/22/10	$ 1,500.00
Mailing Address: PO Box 1618	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,500.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Shannon Strunk	12/1/10	$ 1,000.00
Mailing Address: 3001 Beach Blvd	__/__/__	$
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Name of Employer (Required): Self Employed	__/__/__	$
Occupation (Required): Investor	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WAL * PAC	10/26/10	$ 1,000.00
Mailing Address: 702 SW 8th St.	__/__/__	$
City, State, Zip Code: Bentonville, AR 72716	__/__/__	$
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: Len PAC	12/3/10	$ 500.00
Mailing Address: 3 Lakeland CR, Ste 201	__/__/__	$
City, State, Zip Code: Jackson, MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Power Co. PAC	11/10/10	$ 500.00
Mailing Address: PO Box 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer Corporation	5/10/10	$ 500.00
Mailing Address: 36 Columbia Rd	__/__/__	$
City, State, Zip Code: Morristown, NJ 07962	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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 Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name Pascagoula Youth Baseball	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 539	1/29/10	$ 350.00
City, State, Zip Code Pascagoula, MS 39568	/ /	$
Purpose of Disbursement (Optional) Team Sponsor	Aggregate Year-to-date	$ 350.00
B. Full name Frontier Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 13292	3/24/10	$ 1,144.38
City, State, Zip Code Jackson, MS 39236	12/13/10	$ 455.87
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	$ 1,600.25
C. Full name Pascagoula Junior Aux	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 209	5/11/10	$ 500.00
City, State, Zip Code Pascagoula, MS 39568	/ /	$
Purpose of Disbursement (Optional) Charity Ball Sponsor	Aggregate Year-to-date	$ 500.00
D. Full name ECHS Senior Escape Night	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 21700 Slider Road	5/15/10	$ 250.00
City, State, Zip Code Hurley, MS 39555	/ /	$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	$ 250.00
E. Full name American Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2965 West Corporate Lakes Blvd	7/15/10	$ 250.00
City, State, Zip Code Weston, FL 33331	/ /	$
Purpose of Disbursement (Optional) Campaign Expenses	Aggregate Year-to-date	$ 250.00
F. Full name Palazzo For Congress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 4634	8/30/10	$ 1,000.00
City, State, Zip Code Biloxi, MS 39535	/ /	$
Purpose of Disbursement (Optional) Event Sponsor	Aggregate Year-to-date	$ 1,000.00

Name of Candidate or Committee Michael Watson

Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name Michael Watson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 964	11/15/10	$ 563.18
City, State, Zip Code Pascagoula, MS 39568	11/10/10	$ 324.74
Purpose of Disbursement (Optional) Campaign Expenses	Aggregate Year-to-date	$ 887.92
B. Full name Jackson County Multi-Sport Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1085	11/2/10	$ 250.00
City, State, Zip Code Hurley, MS 39555	__/__/__	$
Purpose of Disbursement (Optional) Hurley Hustle Sponsor	Aggregate Year-to-date	$ 250.00
C. Full name Haygoods Engravers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2114 Chico Rd	12/9/10	$ 1050.00
City, State, Zip Code Pascagoula, MS 39581	__/__/__	$
Purpose of Disbursement (Optional) Campaign T-Shirts	Aggregate Year-to-date	$ 1050.00
D. Full name Lynn Trulove	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3515 Montgomery Lane	12/20/10	$ 250.00
City, State, Zip Code Pascagoula, MS 39567	__/__/__	$
Purpose of Disbursement (Optional) Fundraiser Expenses	Aggregate Year-to-date	$ 250.00
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	$