# Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

SECRETARY OF STATE
OF OF MISSE
IS US A CONTROL OF
Secretary of State

Name of Committee ELECT CHARLES JIM BECKETT STATE REP	
Address P. O, BOX 122 BRUCE MS County CALHOUN Secretary of S	tate
Telephone <u>862-983-8577</u>	
Treasurer JOE OARNASSIO Email Address JIM @ DeckerToll.Com	
Check here if above is different from previous report	
January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016)	a judicial
Termination Report (Committee will no longer accept contributions or make expenditures, has no outstanding debt obligation and zero cash on hand balance)  Required to terminate report obligations	ling
<ul> <li>(1) Annual Reports are mandatory even if no contributions or expenditures have occurred during the preceding calend In such case, the committee shall file a report indicating "0" (zero) for total amount of contributions and expenditure the reporting period.</li> <li>(2) Until a political committee files a Termination Report, all campaign finance disclosure reports must be filed in according with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).</li> <li>(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the defalls on a weekend or a legal holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the working day before the deadline. Reports may be faxed or emailed.</li> </ul>	es for rdance
	first
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	first
REPORTED CONTRIBUTIONS AND DISBURSEMENTS  Itemized + Non-itemized = This Period Calendar Year-To-Date	first
Itemized + Non-itemized = This Period Calendar	first
Itemized + Non-itemized = This Period Calendar Year-To-Date	first
Itemized + Non-itemized = This Period Calendar Year-To-Date  Total amount of contributions \$ 6650.00+\$ 200 \$ 6850, - \$ 6850, -	first
Itemized + Non-itemized =This PeriodCalendar Year-To-DateTotal amount of contributions $$6650.00^{+\$}$ $$200$ $$6850$ $$6850$ Total amount of disbursements $$5092.49^{\$}$ $$975$ $$6067.49$ $$6067.49$	ete.

#### SEND TO:

Political Committees supporting or opposing Statewide, State-District and/or Legislative candidates file this form with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.

Political Committees supporting or opposing county and/or county district candidates or local (county) option elections file this form with the Circuit Clerk's Office.

Political Committees supporting or opposing municipal candidates or local (municipal) option elections file this form with the Municipal Clerk's Office.

Page	$\Gamma 7$	οf	3
1 450	- 1	U	- Parcel

Name of Candidat	e or Committee	to elect Charl	es Jim Becket	t State Rep.	
Reporting period	January 1, 2016		through	December 31, 2016	

# ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Dete	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)   Full name	(,, ,,	this period
1 16 St-ta. T. t. T.	8 130176	\$ 500,00
Mailing Address  To yota, INC.		, , , , , , , , , , , , , , , , , , , ,
	<u>                                   </u>	\$
135 Enclave Parkway City, State, Zip Code		**************************************
		\$
Houston, TX 77077  Name of Employer (Required)	Property Common Names	
		\$
Clare Hegter Occupation (Required)	Aggregate	
LOUVERMENT Rolations	year-to-date	\$ 500, 00
B. Source: Corporation PAC Individual Loan		Amount of each
MANAGED AND CONTRACTOR AND CONTRACTO	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	10,10,16	6
Mise'ssippi Power Co. PAC	1001110	\$ 1,000.00
Mailing Address / '		processing the second s
P.O. Box 4079		\$
City, State, Zip Code		
60/Fport, MS 39502		\$
Name of Employer (Required)		
1sitford Orms		\$
Occupation (Required)	Aggregate	¢
Confirment Relations	year-to-date	\$ 1,000
C. Source Corporation PAC Individual Loan		Amount of each
	Date (Mo. Day Year)	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Advance Anerica		receipt
Other (please specify)  Full name  Alerica  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Alvance Anerica  Mailing Address  (35 N Church St	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Advance Anerica  Mailing Address  (35 N Church St  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  Avance Averica  Mailing Address  (35 N Church St  City, State, Zip Code  Spartinburg SC 29306	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Avance Averica  Mailing Address  (35 N Church St  City, State, Zip Code  Spartinburg SC 29306  Name of Employer (Required)	(Mo., Day, Year)	receipt this period  \$ \int 50 \inf  \$
Other (please specify)  Full name  Alvance Alverica  Mailing Address  (35 N Church St  City, State, Zip Code  Spartinburg SC 29306  Name of Employer (Required)  Six Nex Allen	(Mo., Day, Year)	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  Avance Averica  Mailing Address  (35 N Church St  City, State, Zip Code  Santinburg S 29306  Name of Employer (Required)  S, LNE Allen  Occupation (Required)	(Mo., Day, Year)    VO   VU   VO    I   I   I      I   I      Aggregate	receipt this period  \$ \begin{align*} 250 \\ \$ \end{align*}  \$ \end{align*}
Other (please specify)  Full name  Avance Arrica  Mailing Address  (35 N Church St  City, State, Zip Code  Sartinburg S 29306  Name of Employer (Required)  Six Nex Allen  Occupation (Required)  Lowannest Relations	(Mo., Day, Year)	receipt this period  \$ \int 250 \inf   \$ \int 250 \int
Other (please specify)  Full name  Avance Averica  Mailing Address  (35 N Church St  City, State, Zip Code  Santinburg S 29306  Name of Employer (Required)  S, LNE Allen  Occupation (Required)	(Mo., Day, Year)  Aggregate year-to-date  Date	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  Avance Arrica  Mailing Address  (35 N Church St  City, State, Zip Code  Sartinburg S 29306  Name of Employer (Required)  Six Nex Allen  Occupation (Required)  Lowannest Relations	(Mo., Day, Year)  Aggregate year-to-date	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  Advance Anxi ca  Mailing Address  (35 N Church St  City, State, Zip Code  Spartinburg S 29306  Name of Employer (Required)  Six Nex Allen  Occupation (Required)  Local Manda Relations  D. Source: Corporation PAC Individual Loan	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 250° \$ \$  Amount of each receipt this period
Other (please specify)  Full name  Advance Alerica  Mailing Address  (35 N Church St  City, State, Zip Code  Spatiaburg SC 29306  Name of Employer (Required)  Sizine Allen  Occupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Other (please specify)	(Mo., Day, Year)  Aggregate year-to-date  Date	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  Alance Alance  Mailing Address  (35 N Church St  City, State, Zip Code  Spart Novg S 29306  Name of Employer (Required)  Size Per Allen  Occupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Other (please specify)  Full name	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \int 250 \infty \$ \int 250 \infty  Amount of each receipt this period  \$ \int \int \infty \
Other (please specify)  Full name  Avance Avance  Mailing Address  (35 N Church St  City, State, Zip Code  Santinburg S 29306  Name of Employer (Required)  Six Nex Allen  Occupation (Required)  Comment Relations  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  AT # Missispi NAC  Mailing Address  /// Capital STE 6030	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 250° \$ \$  Amount of each receipt this period
Other (please specify)  Full name  Advance Anerica  Mailing Address  (35 N Church St  City, State, Zip Code  Spatiably Sq 29306  Name of Employer (Required)  S, Vive Allen  Occupation (Required)  Cocupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  AT F Missispi, IAC  Mailing Address  /// Capital STF 6030  City, State, Zip Code	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  Advance Anerica  Mailing Address  (35 N Church St  City, State, Zip Code  Spatiaburg S 29306  Name of Employer (Required)  S; 2 Nex Allen  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  AT F Missippi MAC  Mailing Address  /// Capital STE 6030  City, State, Zip Code  Tackson, MS 3920/	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \int 250 \infty \$ \int 250 \infty  Amount of each receipt this period  \$ \int \int \infty \
Other (please specify)  Full name  Advance Alexica  Mailing Address  (35 N Church St  City, State, Zip Code  Sparting State, Zip Code  Size Allen  Occupation (Required)  Covernment Relations  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  AT F Missispi IAC  Mailing Address  III Capital STF 6030  City, State, Zip Code  Tack SM MS 3920/  Name of Employer (Required)	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  Advance Aperica  Mailing Address  (35 N Church St  City, State, Zip Code  Sactimburg SQ 9306  Name of Employer (Required)  Since Aller  Occupation (Required)  Corporation PAC Individual Loan  Other (please specify)  Full name  AT # Missippi PAC  Mailing Address  III Capital STF 6030  City, State, Zip Code  Tack Soly MS 39201  Name of Employer (Required)  Randy Russell	(Mo., Day, Year)  VO 1 V4 1 V6  I 1 I I  Aggregate year-to-date  Date (Mo., Day, Year)  IR 1 25 1 66  I 1 I I  I I I  I I I  I I I  I I I  I I I  I I I  I I I  I I I  I I I  I I I I  I I I I  I I I I  I I I I  I I I I  I I I I  I I I I  I I I I  I I I I I I  I I I I I I  I I I I I I  I I I I I I I  I I I I I I I  I I I I I I I  I I I I I I I I  I I I I I I I I  I I I I I I I I I  I I I I I I I I I I I  I	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  Advance Alexica  Mailing Address  (35 N Church St  City, State, Zip Code  Sparting State, Zip Code  Size Allen  Occupation (Required)  Covernment Relations  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  AT F Missispi IAC  Mailing Address  III Capital STF 6030  City, State, Zip Code  Tack SM MS 3920/  Name of Employer (Required)	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Name of Candidate	or Committee	to elect Charle	s Jim Becket	t State Rep.
Reporting period Ja	anuary 1. 2016		through	December 31, 2016

#### ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each
OAS /- I	(Mo., Day, Year)	receipt
Other (please specify)   Full name		this period
Cable PAC MCTA	10 126116	\$ 1,000
Mailing Address	proces process	<u> </u>
P.O. Box 55867		\$
City, State, Zip Code		<del></del>
Jackson, MS 39296	1 1 1	\$
Name of Employer (Required)	parameter principles philosophier,	
Lisa Shoemaker		\$
Occupation (Required)	Aggregate	
Director Head of MCTA	year-to-date	\$ 1,000
B. Source: Corporation PAC Individual Loan		Amount of each
	Date (Mac Day Year)	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	10 107116	4 1
Kirby Mayfield Mailing Address	10071110	\$ 400,0
Mailing Address		
130 Marfield & Road		\$
130 Marfield & Road City, State, Zip Code		
Collins, MS 39428		\$
Name of Employer (Required)	printer printer printer	
		\$
Occupation (Required)	Aggregate	\$ 403
Heart of MK Ruel Water	year-to-date	\$ 400
C. Source Corporation PAC Individual Loan		
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan  Other (please specify)		Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)  Full name	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ENAC Mississiff	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ENAC M. SS SS, PP	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ENAC M. SS SS, PP	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  ENTAC Mississippi  Mailing Address  R. O. Gox 1640  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \int_{\ell} \column{O} \c
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ENAC Mississiff  Mailing Address  R. O. Box 1640  City, State, Zip Code  TackSow, Ms. 392/5	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ENTAC Mississ, pri  Mailing Address  P. O. Gox 1640  City, State, Zip Code  Tackson, Ms 3925  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \int_{I} \color{\circinfin}\color{\color{\color{\circinfin}\circinf{\circ
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ENAC M. SSS, PP  Mailing Address  R. O. BOX 1640  City, State, Zip Code  The KSON, MS 392/5  Name of Employer (Required)  RUSSELL BANNETT	Date (Mo., Day, Year)  1 7 1 6  1 1 1 1	Amount of each receipt this period  \$ \[ \int_{\ell} \column{O} \c
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ENAC Missis, fp  Mailing Address  R. O. Gox 1640  City, State, Zip Code  Tile (Son, MS 392/5)  Name of Employer (Required)  Russell Bewillt  Occupation (Required)	Date (Mo., Day, Year)  // / / / / / /  // / / / / /  // / / / /  Aggregate	Amount of each receipt this period  \$\[ \begin{align*} \ I_i \ O O O \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   ENFAC   Mississiff    Mailing Address   R. O. GOX   G 4D    City, State, Zip Code   392  G    Name of Employer (Required)    Russe   Bennett    Occupation (Required)    Lovernment   Relations	Date (Mo., Day, Year)  1 7 1 6  1 1 1 1	Amount of each receipt this period  \$ \[ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ENAC Missis, fp  Mailing Address  R. O. Gox 1640  City, State, Zip Code  Tile (Son, MS 392/5)  Name of Employer (Required)  Russell Bewillt  Occupation (Required)	Date (Mo., Day, Year)  // / / / / / /  // / / / / /  // / / / /  Aggregate	Amount of each receipt this period  \$ \[ \int_{\int_{0}} \color{\infty} \]  \$ \[ \int_{\int_{0}} \color{\infty} \]  Amount of each
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   ENFAC   Mississiff    Mailing Address   R. O. GOX   G 4D    City, State, Zip Code   392/9    Name of Employer (Required)    Russell Bennott    Occupation (Required)    Loan   Loan    D. Source:   Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)  // / // / //  // / // //  // / //  Aggregate year-to-date	Amount of each receipt this period  \$ \[ \int_{\int_{0}} \color{\infty} \]  \$ \[ \int_{\int_{0}} \color{\infty} \]  Amount of each receipt
Other (please specify)  Full name  ENTAC Mississ, pp  Mailing Address  R.O. GOX 1640  City, State, Zip Code  Tackson, Ms 3925  Name of Employer (Required)  Russell Bennatt  Occupation (Required)  Loan  Other (please specify)  Other (please specify)	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \int \coo \coo \coo \coo \coo \coo \coo \co
Other (please specify)  Full name  ENAC M. SSS, PP  Mailing Address  R. O. BOX 1640  City, State, Zip Code  Jackson, Ms 392/9  Name of Employer (Required)  Russell Bennett  Occupation (Required)  Loan  Other (please specify)  Full name	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /	Amount of each receipt this period  \$ \[ \int_{\infty} \colon \co
Other (please specify)  Full name  ENAC Missis, p  Mailing Address  R.O. Gox 1640  City, State, Zip Code  Jackson, Ms 392/9  Name of Employer (Required)  Russe ( Bennatt  Occupation (Required)  Loan  Other (please specify)  Full name  An hacuser Bush Cempany	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \int_{\infty} \color{\infty} \]  \$ \[ \int_{\infty} \color{\infty} \]  Amount of each receipt this period  \$ \[ \int_{\infty} \color{\infty} \]
Other (please specify)  Full name  ENAC M. SS. S. Jp.  Mailing Address  R. O. Box 1640  City, State, Zip Code  Jackson, Ms 392/9  Name of Employer (Required)  Russell Bennatt  Occupation (Required)  Jonerment Relations  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  An hacuser Bush Campany  Mailing Address	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \int_{\infty} \colon \co
Other (please specify)  Full name  ENAC Missis, p  Mailing Address  R.O. Gox 1640  City, State, Zip Code  Jackson, Ms 392/9  Name of Employer (Required)  Russe ( Bennatt  Occupation (Required)  Loan  Other (please specify)  Full name  An hacuser Bush Cempany	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \begin{align*} \int \int \int \int \int \int \int \int
Other (please specify)  Full name  ENAC Mississippi  Mailing Address  R. O. POX 1640  City, State, Zip Code  Taken Required)  Russell Bennett  Occupation (Required)  Rosen Relations  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  An Macuser Bush Campany  Mailing Address  P. Box 217  City, State, Zip Code	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000 \$  \$ Amount of each receipt this period  \$ 500
Other (please specify)  Full name  ENAC Mississippi  Mailing Address  R. O. POX 1640  City, State, Zip Code  Tackson, Ms 3925  Name of Employer (Required)  Russell Bennott  Occupation (Required)  Lovernment Relations  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  An Macuser Bush Company  Mailing Address  P. Box 217  City, State, Zip Code	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \lambda_i \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  ENAC Mississifp  Mailing Address  Roy Gox 1640  City, State, Zip Code  The Koon Me 3926  Name of Employer (Required)  Russell Bennett  Occupation (Required)  Loan Devenment Relations  Other (please specify)  Full name  An hacuser Bush Company  Mailing Address  Position State, Zip Code  Tackson, MS 39305	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \begin{align*} \int \int \int \int \int \int \int \int
Other (please specify)  Full name  ENAC Missis, p  Mailing Address  P. O. Gox 1640  City, State, Zip Code  Jackson, Ms 392/9  Name of Employer (Required)  PAC Individual Loan  Other (please specify)  Full name  Anhaeser Bush Company  Mailing Address  P. O. Source: Source: Source Sush Company  Mailing Address  P. O. State, Zip Code  Jackson, Ms 39209  Name of Employer (Required)	Date (Mo., Day, Year)  // / / / / / /  // / / / /  // / / /  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Page 3	$\overline{3}$ of	3
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Name of Candidat	e or Committee	to elect Charles Jim Becket	t State Rep.
Reporting period	January 1, 2016	through	December 31, 2016

# ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)   Full name	(,,	this period
Denbery	12120116	\$ 5000
Mailing Address		and the second terms of th
5320 Legacy Drive	<u> </u>	\$
City, State, Zip Code /	, , , , , , , , , , , , , , , , , , ,	
Plano, TX 75024		\$
Name of Employer (Required)		\$
Joe SiM 5 Occupation (Required)	<u> </u>	<b>Y</b> J
GOV. Relations	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
MAE-PAC	1/2/1/30/1/6	\$ 500
Mailing Address		A 100-000-000-000-000-000-000-000-000-000
P.O. Box 16490	<u> </u>	\$
City, State, Zip Code		*
Tackson, MS 39236	<u> </u>	\$
Name of Employer (Required)		\$
Ted Thompson Occupation (Required)	<u> </u>	Ψ
Occupation (Required)	Aggregate	\$ 5000
Lov. Relations	year-to-date	\$ 500
C. Source Corporation PAC Individual Loan	5.4.	Amount of each
	Date	
Other (please specify)	(Mo., Day, Year)	receipt this period
	(Mo., Day, Year)	this period
Full name	(Mo., Day, Year)	
Full name	(Mo., Day, Year)	this period
Full name  Mailing Address	(Mo., Day, Year)	this period  \$
Full name  Mailing Address	(Mo., Day, Year)	this period
Full name  Mailing Address  City, State, Zip Code	(Mo., Day, Year)	this period  \$
Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)	(Mo., Day, Year)	this period  \$
Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)	(Mo., Day, Year)  // // // /  Aggregate year-to-date	this period  \$
Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)	I I I I I I I I I I I I I I I I I I I	this period  \$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan		this period  \$
Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)		this period  \$
Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)		this period  \$
Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)		this period  \$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address		this period  \$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address		this period  \$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code		this period  \$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code		this period  \$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan		this period  \$

elect Charles Jim Beckett State Rep.

Reporting period January 1, 2016

through December 31, 2016

### ITEMIZED DISBURSEMENTS

Amount of each disbursement (his period mailing Address   Li Bill   Sano.    Furpose of Disbursement (Optional)   Aggregate (Mo., Day, Year)    Anount of each disbursement (Optional)   Aggregate (Mo., Day, Year)    Anount of each disbursement (Optional)   Aggregate (Mo., Day, Year)    Furpose of Disbursement (Optional)   Aggregate (Mo., Day, Year)    Anount of each disbursement (Optional)   Aggregate (Mo., Day, Year)    Anount of each disbursement (Dptional)   Aggregate (Mo., Day, Year)    Anount of each disbursement (Dptional)   Aggregate (Mo., Day, Year)    Anount of each disbursement (Dptional)   Aggregate (Mo., Day, Year)    Aggregate (Mo., Day, Year)   Aggregate (Mo., Day, Ye	A. Full name		
BRICE   1845   41016   5 630,	waning Address	4130116	\$ 68,32
Purpose of Disbursement (Optional)		9130116	\$ 630 -
B. Full name C. Full name B. Fu	DIKICE (117 9891)		000,
Amount of each disbursement this period	ADVERTISING		\$ 598,32
Mailing Address   2   14   16   \$ 3   \$ 3   \$   \$			
City, State, Zip Code  -/_/_ \$  Purpose of Disbursement (Optional)  Aggregate Year-to-date  Date (Mo., Day, Year)  Aggregate Year-to-date  City, State, Zip Code  BRUCE SBRICE SB	Mailing Address		
Purpose of Disbursement (Optional)	City, State, Zip Code		
C. Full name  C. HARLEY JIM BECKETT  Mailing Address  P. D. BOX 17.7  City, State, Zip Code  Purpose of Disbursement (Optional)  Fundament  City, State, Zip Code  City, State, Zip Code  Fundament  Aggregate  Subult  Aggregate  Subult  Amount of each  disbursement this period  Amount of each  disbursement this period  Amount of each  disbursement this period  City, State, Zip Code  Fundament  And City, State, Zip Code  Fundament  City, State, Zip Code  Fundament  City, State, Zip Code  City, Sta		//	\$
Comparison of the companies of the com			\$ 3000. —
Mo, Day, Year   disbursement this period   Mailing Address   L   B	The state of the s	Date	Amount of each
	Malling Address		
SRUCE   S 389/6		1218/16	\$ 530, -
POSTABLE D. Full name  Chi HOLL ALL CONNETT REPUBLICAN PARTY  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  CHBIST MAS PRESENTS (HILDREN)  Aggregate Year-to-date  SOO. —  Amount of each disbursement this period  Aggregate Year-to-date  SOO. —  City, State, Zip Code  (Mo., Day, Year)  Aggregate SOO. —  City, State, Zip Code  Purpose of Disbursement (Optional)  CHBIST MAS PRESENTS (HILDREN)  Aggregate (Mo., Day, Year)  City, State, Zip Code  Purpose of Disbursement (Optional)  City, State, Zip Code  Purpose of Disbursement (Optional)  Aggregate SOO. —  SOO. —  Amount of each disbursement this period		//	\$
D. Full name  CANHOUN COUNTY REPUBLICAN PARTY  Mailing Address  Gity, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  City, State, Zip Code  Purpose of Disbursement (Optional)  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  City, State, Zip Code  Purpose of Disbursement (Optional)  City, State, Zip Code  Purpose of Disbursement (Optional)  CHRISTMAS PRESENTS CHINDREN  Purpose of Disbursement (Optional)  City, State, Zip Code  Purpose of Disbursement (Optional)  CHRISTMAS PRESENTS CHINDREN  Date  (Mo., Day, Year)  Amount of each disbursement this period  Amount of each disbursement (Optional)  CHRISTMAS PRESENTS CHINDREN  Purpose of Disbursement (Optional)  Amount of each disbursement this period	Purpose of Disbursement (Optional)		\$ 530 -
College   Coll	10211100	I GUI TO GUILO	/
State   Stat	D. Full name		
Purpose of Disbursement (Optional)  E. Full name  PLFT OF HEALTH Y HUMAN SERVICES  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  CHRISTMAS PRESENTS CHILDREN  F. Full name  REBECCA KING  Mailing Address  L. D. BOX 1837  City, State, Zip Code			
Purpose of Disbursement (Optional)  E. Full name    Date   Amount of each disbursement this period	Mailing Address 541 Blan Huy 8W	(Mo., Day, Year)	disbursement this period
Date (Mo., Day, Year)  Mailing Address  City, State, Zip Code  PITT BORD MS 3995/  Purpose of Disbursement (Optional)  REBECCA KING  Mailing Address  Purpose of Disbursement (Mo., Day, Year)  Aggregate Year-to-date  REBECCA KING  Mailing Address  Mailing Addres	CANHOUN COUNTY REPUBLICAN PARTY Mailing Address  54/ Blan Huy 8 W  City, State, Zip Code  Calhoun City, M5 38916	(Mo., Day, Year) 9 120 1 16	s 400, -
City, State, Zip Code    1779   S   S   S   S   S   S   S   S   S	Mailing Address  54/ Bland Huy 8 W  City, State, Zip Code  Purpose of Disbursement (Optional)	(Mo., Day, Year) // Aggregate	\$ 400, -
Purpose of Disbursement (Optional)	CALHOUN COUNTY REPUBLICAN PARTY  Mailing Address  54/ 800 800  City, State, Zip Code  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  PEPT OF HEALTH & HUMAN SERVICES	(Mo., Day, Year) //	s 400, -  \$ 4000  Amount of each
CHRISTMAS PRESENTS CHILDREN  F. Full name  REBECCA KING  Mailing Address  L. J. DOX 48 - L.	CALHOUN COUNTY REPUBLICAN PARTY  Mailing Address  SHI AND 8 W  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  PEPT OF HEALTH & HUMAN SERVICES  Mailing Address	(Mo., Day, Year) <u>Q   ZO   16</u> / /  Aggregate Year-to-date  Date (Mo., Day, Year)	s 400.  \$ 400.  \$ Amount of each disbursement this period
REBECCA KING  Mailing Address  F. O. B. O. X. 48 7.  City, State, Zip Code  DRUCE MS 38915  Purpose of Disbursement (Optional)  Aggregate  Amount of each disbursement this period  L. 13016  \$ 164.17	Mailing Address  54 Bb Hay 8 W  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  PEPT OF HEALTH & HUMAN SERVICES  Mailing Address  City, State, Zip Code	(Mo., Day, Year) <u>Q   ZO   16</u> / /  Aggregate Year-to-date  Date (Mo., Day, Year)	s 400  \$  \$ 4000  Amount of each disbursement this period  \$ 300
S. O. B. O. X. 48 7       II. 130 1 16       \$ 364,17         City, State, Zip Code       II. 130 1 16       \$ 164,17         DR J. C. M. S. 389,15       II. 130 1 16       \$ 164,17         Purpose of Disbursement (Optional)       Aggregate       \$ 144,10	CALHOUN COUNTY REPUBLICAN PARTY  Mailing Address  5H Bar May 8 W  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  PEPT OF HEALTH & HUMAN SERVICES  Mailing Address  City, State, Zip Code  PITTSBORD MS 3995/  Purpose of Disbursement (Optional)  CHRISTMAS PRESENTS CHILDREN	(Mo., Day, Year) //	disbursement this period  \$ 400, - \$ \$ 4000  Amount of each disbursement this period  \$ 300, - \$
Purpose of Disbursement (Optional)  Aggregate	CALIFOLD COUNTY REPUBLICAN PARTY  Mailing Address  SH BB HBY 8 CV  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  PEPT OF HEALTH & HUMAN SERVICES  Mailing Address  City, State, Zip Code  PITTS BORD MS 3995/  Purpose of Disbursement (Optional)  CHRIST MAS PRESENTS CHILDREN  F. Full name	(Mo., Day, Year)  9120116  Aggregate Year-to-date  Date (Mo., Day, Year)  912116  Aggregate Year-to-date  Date	s 400, -  \$ 4000  Amount of each disbursement this period  \$ 300, -  Amount of each
	Mailing Address  SH BB HAY 8 W  City, State, Zip Code  Purpose of Disbursement (Optional)  E. Full name  PEPT OF HEALTH & HUMAN SERVICES  Mailing Address  City, State, Zip Code  PITTS BORD MS 3995/  Purpose of Disbursement (Optional)  CHBIST MAS PRESENTS CHILDREN  F. Full name  REBECCA KING-  Mailing Address	(Mo., Day, Year)  9120116  Aggregate Year-to-date  Date (Mo., Day, Year)  412116  Aggregate Year-to-date  Date (Mo., Day, Year)	s 400  \$  \$ 4000  Amount of each disbursement this period  \$ 300  Amount of each disbursement this period
CHRIST MAS CARD Year-to-date 267,17	Mailing Address  5 +	(Mo., Day, Year) / Aggregate Year-to-date  Date (Mo., Day, Year) / Aggregate Year-to-date  Date (Mo., Day, Year) /  Aggregate Year-to-date  Date (Mo., Day, Year) /	s 400, -  \$  \$ 4000  Amount of each disbursement this period  \$ 300, -  \$  \$ 300, -  Amount of each disbursement this period  \$ 300, -