

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Committee ELECT CHARLES JIM BECKETT STATE REP
 Address P.O. BOX 722 BRUCE MS 38915 County CALHOUN
 Telephone 662-983-8577 Fax 662-983-1303
 Treasurer JOE CARNABO Email Address JIM@BECKETTOL.COM



☐ Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All Political Committees, excluding those which supported or opposed a judicial
 candidate on the November 2016 General Election ballot.

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 reporting
 obligations

IMPORTANT

- (1) Annual Reports are mandatory even if no contributions or expenditures have occurred during the preceding calendar year. In such case, the committee shall file a report indicating "0" (zero) for total amount of contributions and expenditures for the reporting period.
- (2) Until a political committee files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by 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 legal 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. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-Itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|---------------------------|-------------|--------------------------|
| Total amount of contributions | \$ 6650.00 + \$ 200. - | \$ 6850. - | \$ 6850. - |
| Total amount of disbursements | \$ 5092.49 + \$ 975. - | \$ 6067.49 | \$ 6067.49 |
| Total amount of cash on hand | | \$ 76301.38 | |

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

Joe Carnabo
 Signature of Director or Treasurer

1/6/17
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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.

Name of Candidate or Committee to elect Charles Jim Beckett State Rep.Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>Gulf States Toyota, Inc.</u> | | <u>8/13/16</u> | \$ <u>500.00</u> |
| Mailing Address <u>135 Enclave Parkway</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Houston, TX 77077</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Clare Hester</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Government Relations</u> | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Mississippi Power Co. PAC</u> | | <u>10/10/16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P.O. Box 4079</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Gulfport, MS 39502</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Bitford Arms</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Government Relations</u> | | Aggregate year-to-date | \$ <u>1,000.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Advance America</u> | | <u>10/14/16</u> | \$ <u>250.00</u> |
| Mailing Address <u>135 N Church St</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Spartanburg, SC 29306</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Sidney Allen</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Government Relations</u> | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>AT&T Mississippi PAC</u> | | <u>12/25/16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>111 Capitol STE 6030</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39201</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Randy Russell</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Government Relations</u> | | Aggregate year-to-date | \$ <u>1,000.00</u> |

Name of Candidate or Committee to elect Charles Jim Beckett State Rep.Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>Cable PAC MCTA</u> | | <u>10/26/16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P.O. Box 55867</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39296</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Lisa Shoemaker</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Director Head of MCTA</u> | | Aggregate year-to-date | \$ <u>1,000.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Kirby Mayfield</u> | | <u>10/27/16</u> | \$ <u>400.00</u> |
| Mailing Address <u>130 Mayfield Dr Road</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Collins, MS 39428</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) _____ | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Head of MS Ruel Water</u> | | Aggregate year-to-date | \$ <u>400.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>ENFAC Mississippi</u> | | <u>11/7/16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P.O. Box 1640</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39219</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Russell Bennett</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Government Relations</u> | | Aggregate year-to-date | \$ <u>1,000.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Anhaeuser Bush Company</u> | | <u>11/14/16</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 217</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39209</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Beth Clay</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Government Relations</u> | | Aggregate year-to-date | \$ _____ |

Name of Candidate or Committee to elect Charles Jim Beckett State Rep.Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>Denbery</u> | | <u>12/20/16</u> | \$ <u>500.00</u> |
| Mailing Address <u>5320 Legacy Drive</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Plano, TX 75024</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Top Sims</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Gov. Relations</u> | | Aggregate year-to-date | \$ _____ |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | | |
| Full name <u>MAE-PAL</u> | | <u>12/30/16</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 16490</u> | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39236</u> | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) <u>Ted Thompson</u> | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) <u>Gov. Relations</u> | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | | |
| Full name _____ | | <u>1/1/16</u> | \$ _____ |
| Mailing Address _____ | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code _____ | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) _____ | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ _____ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | | |
| Full name _____ | | <u>1/1/16</u> | \$ _____ |
| Mailing Address _____ | | <u>1/1/16</u> | \$ _____ |
| City, State, Zip Code _____ | | <u>1/1/16</u> | \$ _____ |
| Name of Employer (Required) _____ | | <u>1/1/16</u> | \$ _____ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ _____ |

Name of Candidate or Committee elect Charles Jim Beckett State Rep.Reporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

| | | |
|---|---|--|
| A. Full name <u>CALHOUN COUNTY JOURNAL</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. BOX 278</u> | <u>4/30/16</u> | \$ <u>68.32</u> |
| City, State, Zip Code <u>BRUCE MS 38915</u> | <u>9/30/16</u> | \$ <u>530.-</u> |
| Purpose of Disbursement (Optional) <u>ADVERTISING</u> | Aggregate Year-to-date | \$ <u>598.32</u> |
| B. Full name <u>FORWARD MS PAC</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u></u> | <u>3/14/16</u> | \$ <u>3000.-</u> |
| City, State, Zip Code <u></u> | <u>1/1/16</u> | \$ <u></u> |
| Purpose of Disbursement (Optional) <u></u> | Aggregate Year-to-date | \$ <u>3000.-</u> |
| C. Full name <u>CHARLES JIM BECKETT</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. BOX 722</u> | <u>12/8/16</u> | \$ <u>530.-</u> |
| City, State, Zip Code <u>BRUCE MS 38916</u> | <u>1/1/16</u> | \$ <u></u> |
| Purpose of Disbursement (Optional) <u>POSTAGE</u> | Aggregate Year-to-date | \$ <u>530.-</u> |
| D. Full name <u>CALHOUN COUNTY REPUBLICAN PARTY</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>541 Oak Hwy 8W</u> | <u>9/20/16</u> | \$ <u>400.-</u> |
| City, State, Zip Code <u>Calhoun City, MS 38916</u> | <u>1/1/16</u> | \$ <u></u> |
| Purpose of Disbursement (Optional) <u></u> | Aggregate Year-to-date | \$ <u>4000</u> |
| E. Full name <u>DEPT OF HEALTH & HUMAN SERVICES</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u></u> | <u>9/27/16</u> | \$ <u>300.-</u> |
| City, State, Zip Code <u>PITTSBORO MS 38951</u> | <u>1/1/16</u> | \$ <u></u> |
| Purpose of Disbursement (Optional) <u>CHRISTMAS PRESENTS CHILDREN</u> | Aggregate Year-to-date | \$ <u>300.-</u> |
| F. Full name <u>REBECCA KING</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>P.O. BOX 487</u> | <u>11/30/16</u> | \$ <u>264.17</u> |
| City, State, Zip Code <u>BRUCE MS 38915</u> | <u>1/1/16</u> | \$ <u></u> |
| Purpose of Disbursement (Optional) <u>CHRISTMAS CARD</u> | Aggregate Year-to-date | \$ <u>264.17</u> |