2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Judicial Election

Name of Committee Gordon for Re-Election

Address 408 Bank St., Union, MS 39365 County Newton

Telephone 601-774-8231 (Fax) _____

Treasurer Ralph Gordon Email gordonrexjrattorney@bellso.net

☐ Check here if above is different from previous report

TYPE OF REPORT

____	**May 9, 2014 Periodic Report** (January 1, 2014, through April 30, 2014)	Mandatory
____	**June 10, 2014 Periodic Report** (May 1, 2014, through May 31, 2014)	Mandatory
____	**July 10, 2014 Periodic Report** (June 1, 2014, through June 30, 2014)	Mandatory
____	**October 10, 2014 Periodic Report** (July 1, 2014, through September 30, 2014)	Mandatory
X	**October 28, 2014 Pre-Election Report** (October 1, 2014, through October 25, 2014)	Mandatory
____	**November 18, 2014 Pre-Runoff Report** (October 26, 2014, through November 15, 2014)	Runoff Candidates
____	**January 9, 2015 Periodic Report** (October 1, 2014, through December 31, 2014)	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 Secretary of State 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	$ 5,115.00	$ 22,765.00
Total amount of disbursements	$ 5,678.33	$ 22,105.51
Total amount of cash on hand	$ 659.49	

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

Signature of Director or Treasurer _____ Date 10/27/14

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 601-576-2545.*
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.
3. Candidates for Municipal office should return forms to the Municipal Clerk.

Name of Candidate or Committee Gordon for Re-election

Reporting period 10/1/14 through 10/25/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ross Barnett, Jr.	10/22/14	$ 300.00
Mailing Address: 501 South State Street	/ /	$
City, State, Zip Code: Jackson, MS. 39201	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 850.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marcus D, Gordon	10/ /14	$ 4,815.00
Mailing Address: P. O. Box 121	/ /	$
City, State, Zip Code: Union, MS 39365	/ /	$
Name of Employer (Required): State of Ms.	/ /	$
Occupation (Required): Circuit Judge	Aggregate year-to-date	$ 20,544.00

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 Gordon for Re-Election

Reporting period 10/1/14 through 10/25/14

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jack Tannehill	10/__/14	$ 4,500.00
Mailing Address: 701 E. Jackson Street	__/__/__	$
City, State, Zip Code: Union, MS 39365	Aggregate Year-to-date	$ 4,500.00
Purpose of Disbursement (Optional)		

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nelson Printing	10/15/14	$ $208.65
Mailing Address: 308 N. Main St.	10/24/14	$ 104.68
City, State, Zip Code: Newton, MS. 39345	Aggregate Year-to-date	$ 14,039.22
Purpose of Disbursement (Optional)		

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Republic Group	10/15/14	$ 385.00
Mailing Address: 1737 Winchester Street	__/__/__	$
City, State, Zip Code: Jackson, MS	Aggregate Year-to-date	$ 596.00
Purpose of Disbursement (Optional)		

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Scott County Times	10/21/14	$ 165.00
Mailing Address: P. O. Box 89	__/__/__	$
City, State, Zip Code: Forest, MS. 39074	Aggregate Year-to-date	$ 993.00
Purpose of Disbursement (Optional)		

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Carthaginian	10/21/14	$ 315.00
Mailing Address: P. O. Box 457	__/__/__	$
City, State, Zip Code: Carthage, MS 39051	Aggregate Year-to-date	$ 715.00
Purpose of Disbursement (Optional)		

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	$