2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 28 2011
Campaign Finance
Secretary of State

Name of Candidate David Norquist

Address P.O. Box 1209, Cleveland, MS 38732

Telephone 662-843-6171 Fax 662-843-6176

Contact Name Julia Stallings Email jstallings@jacksadams.norquist.com

Office Sought House of Representatives District 28 Political Party Democrat

☐ 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	$8700.00 + $1,675.00	$10,375.00	$10,375.00
Total amount of disbursements	$998.98 + $7,778.00	$8,776.98	$8,776.98
Total amount of cash on hand		$1,949.32	

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 Candidate

Date 1-28-11

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 601-576-2019.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee David Norquist

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Bail Agents Association	12/3/10	$ 250.00
Mailing Address: 413 S. President St, Suite 111	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Atmos Energy PAC	12/15/10	$ 500.00
Mailing Address: 790 Liberty Road	/ /	$
City, State, Zip Code: Flowood, MS 39232-9321	/ /	$
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: Anheuser-Busch Cos., Inc.	11/10/10	$ 500.00
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: Mississippi Agents + Employee PAC	11/15/10	$ 500.00
Mailing Address: PO Box 39	1/27/10	$ 500.00
City, State, Zip Code: Olive Branch, MS 38654	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee David Norquist

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Independent Pharmacies, Assoc. PAC	11/16/10	$ 500.00
Mailing Address: 4209 Lakeland Dr., Suite 399	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David A. Dallas	5/14/10	$ 500.00
Mailing Address: 1403 Lamar	__/__/__	$
City, State, Zip Code: Cleveland, MS 38732	__/__/__	$
Name of Employer (Required): Delta Regional Medical Center	__/__/__	$
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: Baxter Healthcare Corporation	7/30/10	$ 500.00
Mailing Address: One Baxter Parkway	__/__/__	$
City, State, Zip Code: Deerfield, IL 60015	__/__/__	$
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: Advance America	10/13/10	$ 500.00
Mailing Address: 135 N. Church Street	__/__/__	$
City, State, Zip Code: Spartanburg, SC 29306	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee David Norquist

Reporting period Jan 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Altria Client Services, Inc.	10/18/10	$ 500.00
Mailing Address: 6601 W. Broad Street	__/__/__	$
City, State, Zip Code: Richmond, VA 23230	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT+T Mississippi PAC	10/25/10	$ 500.00
Mailing Address: 175 E. Capital St, Landmark Ctr, Rm 703	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
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: WB Consolidated	12/14/10	$ 250.00
Mailing Address: 770 N.W. Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
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: Richard Brown	12/14/10	$ 250.00
Mailing Address: PO Box 1132	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee David Norquist

Reporting period Jan 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ENPAC Mississippi	12/14/10	$ 250.00
Mailing Address PO Box 1640	__/__/__	$
City, State, Zip Code Jackson, MS 39215-1640	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Point One Strategies, LLC	12/14/10	$ 250.00
Mailing Address PO Box 3015	__/__/__	$
City, State, Zip Code Jackson, MS 39207-3015	__/__/__	$
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 Jonathan M. Eichelberger	12/14/10	$ 250.00
Mailing Address 120 N. Congress, Apt #1202	__/__/__	$
City, State, Zip Code Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Beverage Association of MS	12/14/10	$ 400.00
Mailing Address 3000 N. State St.	__/__/__	$
City, State, Zip Code Jackson, MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee David Norquist

Reporting period Jan 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jerry D. Stogner	12/14/10	$ 500.00
Mailing Address: PO Box 1683	__/__/__	$
City, State, Zip Code: McComb, MS 39649	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental PAC	12/14/10	$ 500.00
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: Reynolds American	3/8/10	$ 300.00
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: Altria	3/8/10	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee David Norquist

Reporting period Jan 1, 2010 through Dec. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name Julia K. Stallings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 808 University	12/15/10	$ 750.00
City, State, Zip Code Cleveland, MS 38732	__/__/__	$
Purpose of Disbursement (Optional) Kroger	Aggregate Year-to-date	$ 750.00
B. Full name 602 N. Davis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Cleveland, MS 38732	12/23/10	$ 248.98
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 248.98
C. 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	$
D. 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	$
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	$