2008 ELECTION CYCLE
CPR – SS 08-01(b)

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Campaign Finance
Secretary of State

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate David Norquist

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

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Contact Name Julia Stallings Email Address jstallings@jacksadamsnorquist.com

Office Sought MS House of Representatives District 28 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___	October 28, 2008	Pre-Election Report (January 1, 2008, through October 25, 2008)	Mandatory
___	November 18, 2008	Pre-Runoff Report (October 26, 2008, through November 15, 2008)	Runoff Candidates
X	January 31, 2009	Annual Report (January 1, 2008, through December 31, 2008)	Mandatory
___	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.)		Required to terminate reporting obligations

IMPORTANT

(1) Periodic 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 appropriate office 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 6:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

(4) Contributions in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions	$9,450.00 + $11,505.94	$20,955.94	$20,955.94
Total amount of disbursements	$4,506.77 + $2,737.74	$7,244.51	$7,244.51
Total amount of cash on hand		$14,949.79	

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) 1/12/09

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 Delbert Hosemann, 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.

Name of Candidate or Committee David Norquist

Reporting period Jan 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bellsouth Employees' MS PAC	3/17/08	$ 300.00
Mailing Address: 175 E. Capital St. Landmark Center, Rm 703	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

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	6/30/08	$ 300.00
Mailing Address: 175 E. Capital St. Landmark Center, Rm 703	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental PAC	9/10/08	$ 500.00
Mailing Address: 2630 Ridgewood Road, Ste. C	__/__/__	$
City, State, Zip Code: Jackson, MS 39216-4920	__/__/__	$
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: Pfizer, Inc	10/27/08	$ 500.00
Mailing Address: 412 Main St., Ste 201B	__/__/__	$
City, State, Zip Code: Franklin, TN 37064	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee David Norquist

Reporting period Jan 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entertainment Software Association	10/27/08	$ 500.00
Mailing Address: 575 7th Street, NW, Suite 300	__/__/__	$
City, State, Zip Code: Washington, D.C. 20004	__/__/__	$
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: Scott Coopwood	10/27/08	$ 500.00
Mailing Address: P.O. Box 117	__/__/__	$
City, State, Zip Code: Cleveland, MS 38732	__/__/__	$
Name of Employer (Required): Coopwood Communications	__/__/__	$
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: Jantran, Inc.	10/29/08	$ 500.00
Mailing Address: PO Box 397	__/__/__	$
City, State, Zip Code: Rosedale, MS 38769	__/__/__	$
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: Cleveland Family Medicine	10/29/08	$ 500.00
Mailing Address: 907 E. Sunflower, Rd, Ste 104	__/__/__	$
City, State, Zip Code: Cleveland, MS 38732	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee David Norquist

Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rural Insurance Agency	10/29/08	$ 500.00
Mailing Address: P.O. BOX 1972	__/__/__	$
City, State, Zip Code: Jackson, MS 39215-1972	__/__/__	$
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: Michael and Elizabeth Belenchia	10/29/08	$ 250.00
Mailing Address: 1002 Deering	__/__/__	$
City, State, Zip Code: Cleveland, MS 38732	__/__/__	$
Name of Employer (Required): Cleveland School District	__/__/__	$
Occupation (Required): teacher	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GCORP, LLC	10/29/08	$ 1,000.00
Mailing Address: 1004 County Road 833	__/__/__	$
City, State, Zip Code: Guntown, MS 38848	__/__/__	$
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: Mississippi Independent RX PAC	10/29/08	$ 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

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Anheuser-Busch, Inc.	10/29/08	$ 500.00
Mailing Address: 106 East College Ave., Ste 700	__/__/__	$
City, State, Zip Code: Tallahassee, Fl 32301	__/__/__	$
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: Arant Acres	11/4/08	$ 250.00
Mailing Address: 3731 Highway 8	__/__/__	$
City, State, Zip Code: Ruleville, MS 38773	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roy Collins Construction Co., Inc.	10/31/08	$ 1,000.00
Mailing Address: PO Box 1008	__/__/__	$
City, State, Zip Code: Cleveland, MS 38732	__/__/__	$
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: Westerfield, Janoush + Bell, P.A.	11/3/08	$ 300.00
Mailing Address: PO Box 1448	__/__/__	$
City, State, Zip Code: Cleveland, MS 38732	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Laboratories Employee PAC	11/4/08	$ 300.00
Mailing Address: 100 Abbott Park Road	__/__/__	$
City, State, Zip Code: Abbott Park, IL 60064-6028	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Advance America	11/14/08	$ 500.00
Mailing Address: 135 N. Church Street	__/__/__	$
City, State, Zip Code: Spartenburg, SC 29306	__/__/__	$
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: Penn National Gaming, Inc.	11/24/08	$ 250.00
Mailing Address: 825 Berkshire Blvd.	__/__/__	$
City, State, Zip Code: Wyomissing, PA 19610	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brian Cooper	12/19/08	$ 500.00
Mailing Address: 916 Lily Creek Resort Road	__/__/__	$
City, State, Zip Code: Jamestown, KY 42629	__/__/__	$
Name of Employer (Required): Tantus Tobacco Company	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Reporting period Jan 1, 2008 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Juka Stallings	10/28/08	$ 500.00
Mailing Address: 808 University	12/22/08	$ 300.00
City, State, Zip Code: Cleveland, MS 38732	Aggregate Year-to-date	$ 800.00
Purpose of Disbursement (Optional): Clencal work		
B. Full name: Jacks, Adams + Norquist, PA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 1209	12/11/08	$ 403.49
City, State, Zip Code: Cleveland, MS 38732	__/__/__	$
Purpose of Disbursement (Optional): reimbursement - plane ticket to D.C.	Aggregate Year-to-date	$ 403.49
C. Full name: MS Lung Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/31/08	$ 250.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): contribution	Aggregate Year-to-date	$ 250.00
D. Full name: NCGLS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/9/08	$ 435.00
City, State, Zip Code: registration + hotel for conference.	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 435.00
E. Full name: Pay Pal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/9/08	$ 839.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Southwest Airline ticket for Conference	Aggregate Year-to-date	$ 839.00
F. Full name: Best Buy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3/1/08	$ 320.99
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Computer equipment	Aggregate Year-to-date	$ 320.99

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Norquist	3/17/08	$ 350.00
Mailing Address PO Box 1209		
City, State, Zip Code Cleveland, MS 38732	__/__/__	$
Purpose of Disbursement (Optional) reimbursement for page week	Aggregate Year-to-date	$ 350.00
B. Full name Committee to Elect Cameron Jelks	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10/31/08	$ 500.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name National Council of Troy	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	12/15/08	$ 375.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 375.00
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	$