

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 18 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Kanda JenningsAddress 1535 Sherwood Lane, Southaven, MS. 38671Telephone 662-349-3673 Fax 662-349-8390Contact Name Kanda Jennings Email tljennings@yahoo.comOffice Sought MS State Representative Dist. 7 Political Party Republican
☐ 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	\$ 1850.04\$ 0	\$ 1850.00	\$ 1850.00
Total amount of disbursements	\$ 2359.72\$ -0	\$ 2359.72	\$ 2359.72
Total amount of cash on hand		\$ 4,966.44	

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

Kanda Jennings
Signature of Candidate

Jan. 18, 2011
Date

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 138, Jackson, MS 39205 or fax to 601-369-1499 or 601-876-2819.

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

Name of Candidate or Committee

Kandas Jennings

Reporting period

Jan. 1, 2010

through

Dec. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MS. Rep. Party</u>		
Mailing Address	<u>1/26/10</u>	\$ <u>120.00</u>
<u>Harbor St.</u>		
City, State, Zip Code	<u>1 1 1</u>	\$
<u>Jackson, MS. 39205</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>120.00</u>
<u>membership</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Olive Branch Chamber of Commerce</u>		
Mailing Address	<u>10/4/10</u>	\$ <u>523.87</u>
<u>Olive Branch, MS.</u>		
City, State, Zip Code	<u>1 1 1</u>	\$
<u>Olive Branch, MS.</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>523.87</u>
<u>delegation luncheon</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southaven Chamber of Commerce</u>		
Mailing Address	<u>9/24/10</u>	\$ <u>865.00</u>
<u>Southaven City Hall</u>		
City, State, Zip Code	<u>1 1 1</u>	\$
<u>Southaven, MS. 38671</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>865.00</u>
<u>ad. membership, luncheon</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Haley's PAC</u>		
Mailing Address	<u>10/25/10</u>	\$ <u>250.00</u>
<u>P.O. Box 100</u>		
<u>Jackson, MS. 39205</u>		
City, State, Zip Code	<u>1 1 1</u>	\$
<u>Jackson, MS. 39205</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MS. Rep. Party</u>		
Mailing Address	<u>10/26/10</u>	\$ <u>120.00</u>
<u>Harbor St.</u>		
City, State, Zip Code	<u>10/26/10</u>	\$
<u>Jackson, MS. 39205</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>240.00</u>
<u>2011 membership</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Fed Ex Office Supplies</u>		
Mailing Address	<u>1 1 1</u>	\$ <u>230.85</u>
<u>24 Goodman Rd.</u>		
City, State, Zip Code	<u>1 1 1</u>	\$
<u>Southaven, MS. 38671</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>230.85</u>

Name of Candidate or Committee

Handa Jennings

Reporting period

Jan. 1, 2010

through

Dec. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Phil Bryant for Gov.</u>	<u>12/14/10</u>	\$ <u>250.00</u>
Mailing Address		\$
City, State, Zip Code	<u>1/1/</u>	\$
<u>Jackson, MS. 39205</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Kanda Jennings
 Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railway Co.</u>		<u>9/2/10</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Law Menke Dr. P.O.B. 3</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Fort Worth, Tex. 76131</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>10/25/10</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church St.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Spartanburg S.C. 29309</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T NIS PAC</u>		<u>10/29/10</u>	\$ <u>400.00</u>
Mailing Address <u>175 East Capitol St. Landmark Ctr.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson MS. 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy PAC</u>		<u>11/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O.B. 650205</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Wallas Tx. 75265-205</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Nanda JenningsReporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nanda Jennings MS. Agents & Employees PAC</u>		<u>11/19/10</u>	\$ <u>200.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>Jackson MS.</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>La Pacific Financial Mgmt. LLC</u>		<u>12/29/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. B. 61270</u>		____/____/____	\$
City, State, Zip Code <u>Phoenix, AZ, 85082-1270</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</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) _____		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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$