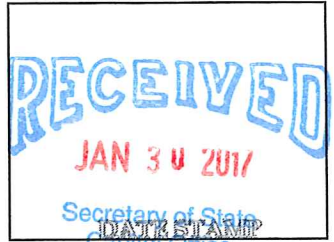




Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate David L. Jordan
Address P.O. Box 8173, Greenwood, MS 38935-8173 County Leflore
Telephone 662-453-5361 Fax 662-453-5361
Office Sought State Senator Email Address dJordan@senate.MS.gov

Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, 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. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate 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 office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report 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 | \$ +\$ | \$ 400 ⁰⁰ | \$ 3,324.87 |
| Total amount of disbursements | \$ 900 ⁰⁰ +\$ | \$ | \$ |
| Total amount of cash on hand | | \$ 3,324.87 | |

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

1/30/17
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 statutes 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:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee David L. Jordan

Reporting period Dec. 2016 through Jan. 2017

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Baker Donelson Caldwell and Berkowitz</u> | <u>12</u> / <u>21</u> / <u>16</u> | \$ <u>200⁰⁰</u> |
| Mailing Address <u>4268 I 55 North, Meadowbrook office Park</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Jackson, Mississippi 39211</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |
| B. 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 <u>AT+T. Mississippi Political Action Committee</u> | <u>10</u> / <u>10</u> / <u>16</u> | \$ <u>200⁰⁰</u> |
| Mailing Address <u>111 E. Capitol St STE 6030</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39201</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>400⁰⁰</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 _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Mailing Address _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| 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 _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Mailing Address _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |

Name of Candidate or Committee David L. Jordan
 Reporting period Dec. 31, 2016 through Jan. 1, 2017

ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|----------------------------------|--|
| <u>Fannie Lou Hamer Cancer Foundation</u> | <u> </u> <u> </u> <u> </u> | \$ <u>500⁰⁰</u> |
| Mailing Address <u>121 Swan Drive % Freddie White Johnson, Founder</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Greenwood, MS 38930</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Purpose of Disbursement (Optional) <u>Aid Against Cancer</u> | Aggregate Year-to-date | \$ |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Rev. Calvin Collins</u> | <u>2</u> <u>8</u> <u>16</u> | \$ <u>100⁰⁰</u> |
| Mailing Address <u>207 South Blvd.</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Greenwood, MS 38930</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Purpose of Disbursement (Optional) <u>Pastor Aide</u> | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Samatha Milton</u> | <u>6</u> <u>10</u> <u>16</u> | \$ <u>100⁰⁰</u> |
| Mailing Address <u>1105 1/2 River Road</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Greenwood, MS 38930</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Purpose of Disbursement (Optional) <u>Cancer Patient</u> | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Miranda Hodge</u> | <u>5</u> <u>127</u> <u>16</u> | \$ <u>100⁰⁰</u> |
| Mailing Address <u>122 Country Club Dr</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Greenwood, MS 38930</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Purpose of Disbursement (Optional) <u>Autism Program</u> | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Jerome Cooley</u> | <u>5</u> <u>130</u> <u>16</u> | \$ <u>100⁰⁰</u> |
| Mailing Address <u>1000 1/2 South Blvd</u> | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code <u>Greenwood, MS 38930</u> | <u> </u> <u> </u> <u> </u> | \$ |
| Purpose of Disbursement (Optional) <u>Church Anniversary</u> | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> </u> <u> </u> <u> </u> | \$ |
| City, State, Zip Code | <u> </u> <u> </u> <u> </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |