2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Annual Report

Name of Candidate David Baria

Address 544 Main St., Bay St. Louis, MS 39520 County Hancock

Telephone 228.466.3346 Fax

Office Sought Representative Email Address

☐ Check here if above is different from previous report

X January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014)... ..Mandatory
All Candidates and Political Committees that received funds or made expenditures in Mississippi during the year 2014. Excludes Judicial Candidates

..... 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	$ 22,920.31	+$	$ 22,920.31	$ 22,920.31
Total amount of disbursements	$ 3,154.14	+$ 2,203.02	$ 5,357.16	$ 5,357.16
Total amount of cash on hand			$ 29,010.69	

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 1/25/2015 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 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.*

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Secretary of State
Capitol Office

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name Rejoice - WMEJ	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	02 / 01 / 14	$ 225.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 225.00

B. Full name PRCC Hancock Co. Alum	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	02 / 24 / 14	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00

C. Full name Childers For Senate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 07 / 14	$ 1,000.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00

D. Full name Sorg Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 09 / 14	$ 620.60
City, State, Zip Code	08 / 15 / 14	$ 286.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 906.60

E. Full name Waveland Fire Department	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06 / 17 / 14	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00

F. Full name Bay BridgeFest	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 / 05 / 14	$ 500.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 500.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name Jenny Bell DBA Ad Lib	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 / 15 / 14	$ 1,137.50
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,137.50
B. Full name Marcie Baria	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	08 / 25 / 14	$ 392.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Postage for Sliver Slipper Casino Fund Raising Reception Invites	Aggregate Year-to-date	$ 392.00
C. Full name Brad Morris	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	08 / 29 / 14	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
D. Full name ABC Rental	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	09 / 19 / 14	$ 909.50
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Tent for Golf Tournament Fund Raiser	Aggregate Year-to-date	$ 909.50
E. Full name Takiyah Perkins	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	09 / 19 / 14	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Campaign Contribution	Aggregate Year-to-date	$ 200.00
F. Full name Lightning Quick Signs	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	09 / 25 / 14	$ 395.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Signs for Golf Tournament Fund Raiser	Aggregate Year-to-date	$ 395.00

Name of Candidate or Committee David Bara

Reporting period 01/01/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name Diana Normand	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1205 Waverly Dr.	07 / 15 / 14	$ 500.00
City, State, Zip Code Bay St. Louis, MS 39520	08 / 27 / 14	$ 500.00
Purpose of Disbursement (Optional) Golf Tournament Fund Raiser	Aggregate Year-to-date	$ 1,000.00
B. Full name Diana Normand	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1205 Waverly Dr.	09 / 25 / 14	$ 500.00
City, State, Zip Code Bay St. Louis, MS 39520	10 / 22 / 14	$ 188.00
Purpose of Disbursement (Optional) Golf Tournament Fund Raiser	Aggregate Year-to-date	$ 1,688.00
C. Full name Diamondhead Pro Shop	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 23 / 14	$ 461.28
City, State, Zip Code	09 / 25 / 14	$ 800.00
Purpose of Disbursement (Optional) Golf Tournament Fund Raiser	Aggregate Year-to-date	$ 1,261.28
D. Full name Diamondhead Pro Shop	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 25 / 14	$ 102.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Golf Tournament Fund Raiser	Aggregate Year-to-date	$ 1,363.28
E. Full name The Deli, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 29 / 14	$ 521.63
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Catering for Golf Tournament Fund Raiser	Aggregate Year-to-date	$ 521.63
F. Full name Coastal Conservation Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 30 / 14	$ 500.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 500.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name Sorg Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 08 / 14	$ 20.02
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 926.62
B. Full name United	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06 / 06 / 14	$ 661.50
City, State, Zip Code	08 / 08 / 14	$ 480.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1141.5
C. Full name Priceline Rental	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 17 / 14	$ 275.76
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 275.76
D. Full name Hilton Hotels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 / 25 / 14	$ 720.24
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 720.24
E. Full name United States Postal Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 / 14 / 14	$ 392.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Golf Tournament Fund Raiser	Aggregate Year-to-date	$ 392.00
F. Full name Seacoast Echo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 02 / 14	$ 205.54
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 205.54

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name United Policyholders	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 22 / 14	$ 500.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
B. Full name ActBlue	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	03 / 31 / 14	$ 100.00
City, State, Zip Code	07 / 28 / 14	$ 15.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 115.00
C. Full name ActBlue	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 / 27 / 14	$ 15.00
City, State, Zip Code	09 / 29 / 14	$ 15.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 145.00
D. Full name ActBlue	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 27 / 14	$ 15.00
City, State, Zip Code	11 / 28 / 14	$ 15.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 175.00
E. Full name ActBlue	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 29 / 14	$ 15.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
F. Full name Hotel Union Square	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 15 / 14	$ 360.84
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 360.84

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name Constantcontact.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01 / 04 / 14	$ 50.00
City, State, Zip Code	02 / 04 / 14	$ 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 100.00
B. Full name Constantcontact.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	03 / 04 / 14	$ 50.00
City, State, Zip Code	04 / 04 / 14	$ 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
C. Full name Constantcontact.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 / 04 / 14	$ 50.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00
D. Full name Constantcontact.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 04 / 14	$ 100.00
City, State, Zip Code	08 / 04 / 14	$ 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 400.00
E. Full name Constantcontact.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 04 / 14	$ 50.00
City, State, Zip Code	10 / 04 / 14	$ 55.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 505.00
F. Full name Constantcontact.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 / 04 / 14	$ 55.00
City, State, Zip Code	12 / 04 / 14	$ 55.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 615.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name Main St. Legal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 544 Main St.	02 / 01 / 14	$ 69.51
City, State, Zip Code Bay St. Louis, MS 39520	02 / 05 / 14	$ 68.22
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 137.73
B. Full name Main St. Legal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 544 Main St.	04 / 25 / 14	$ 158.37
City, State, Zip Code Bay St. Louis, MS 39520	06 / 30 / 14	$ 105.19
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 401.29
C. Full name Main St. Legal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 544 Main St.	08 / 05 / 14	$ 52.60
City, State, Zip Code Bay St. Louis, MS 39520	08 / 28 / 14	$ 102.26
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 556.15
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	$

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leo Seal III	08 / 26 / 14	$ 500.00
Mailing Address: 116 Ulman St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
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: Jeremiah J. O'Keefe	08 / 15 / 14	$ 500.00
Mailing Address: 510 Beach Blvd.	/ /	$
City, State, Zip Code: Biloxi, MS 39530	/ /	$
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: Dr. Cherie Labat	08 / 07 / 14	$ 500.00
Mailing Address: 8212 Ridgewood Dr.	/ /	$
City, State, Zip Code: Kiln, MS 39556	/ /	$
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: Robert J. Occhi	08 / 04 / 14	$ 400.00
Mailing Address: 67 Shoreline Lane	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael D. Richardson	08 / 26 / 14	$ 200.00
Mailing Address: 326 Julia St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J. E. Roberts Jr.	08 / 11 / 14	$ 250.00
Mailing Address: 410 South President St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
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: William F. Ryan	08 / 10 / 14	$ 200.00
Mailing Address: 1347 Exposition Blvd.	/ /	$
City, State, Zip Code: New Orleans, LA 70118	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David E. Sallis	08 / 29 / 14	$ 200.00
Mailing Address: 330 DeMontluzin Ave.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: David Baria

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: T. A. Velardi	08 / 20 / 14	$ 200.00
Mailing Address: 335 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Beth M. Weidlich	08 / 10 / 14	$ 50.00
Mailing Address: 338 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 50.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James G. Wyly, III	08 / 12 / 14	$ 200.00
Mailing Address: 216 North Beach Blvd.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A. Norris Hopkins, Jr.	09 / 02 / 14	$ 200.00
Mailing Address: 2701 24th Ave.	/ /	$
City, State, Zip Code: Gulfport, MS 39501	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee 08

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert W. Breeden, Jr.	08 / 18 / 14	$ 100.00
Mailing Address: 1002 Breeden Pl.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John M. Anderson	08 / 26 / 14	$ 200.00
Mailing Address: 208 Citizen St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paula H. Bilbo	08 / 26 / 14	$ 75.00
Mailing Address: 204 Union St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 75.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Perre M. Cabell	08 / 08 / 14	$ 500.00
Mailing Address: 21431 Bob's Rd.	/ /	$
City, State, Zip Code: Long Beach, MS 39560	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bruce Cabell	08 / 18 / 14	$ 200.00
Mailing Address: 125 Bienville Dr.	/ /	$
City, State, Zip Code: Waveland, MS 39576	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roy D. Campbell, III	07 / 28 / 14	$ 200.00
Mailing Address: 835 Avondale St.	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael D. Cure	08 / 25 / 14	$ 1,000.00
Mailing Address: 210 Hwy. 90, Ste. E	/ /	$
City, State, Zip Code: Waveland, MS 39576	/ /	$
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: John Corlew	08 / 26 / 14	$ 500.00
Mailing Address: 2124 Eastover Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: David Baria

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George Dale	08 / 06 / 14	$ 100.00
Mailing Address: 110 Trace Ridge	/ /	$
City, State, Zip Code: Clinton, MS39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John N. Ferucci	08 / 25 / 14	$ 200.00
Mailing Address: 27280 Bradley Rd.	/ /	$
City, State, Zip Code: Pass Christian, MS 39571	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Christopher Frigo	08 / 26 / 14	$ 500.00
Mailing Address: 131 Acadian Bay Lane	/ /	$
City, State, Zip Code: Waveland, MS 39576	/ /	$
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: Russell B. Guerin	08 / 14 / 14	$ 200.00
Mailing Address: 2948 Grand Route St. John	/ /	$
City, State, Zip Code: New Orleans, LA 70119	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: David Baria

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leslie Henderson	08 / 26 / 14	$ 500.00
Mailing Address: 15006 Pawnee Pl.	/ /	$
City, State, Zip Code: Kiln, MS 39556	/ /	$
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: Alan G. Jensen	08 / 22 / 14	$ 200.00
Mailing Address: 502 Jeff Davis Ave.	/ /	$
City, State, Zip Code: Waveland, MS 39576	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lisa Eveleigh	08 / 26 / 14	$ 200.00
Mailing Address: 320 Carroll Ave.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. William A. Lewis	08 / 08 / 14	$ 100.00
Mailing Address: P.O. Box 5090	/ /	$
City, State, Zip Code: Poplarville, MS 39470	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee David Barla

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sandra H. Maggio	08 / 06 / 14	$ 200.00
Mailing Address: 410 Carroll Ave.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jenise McCardell	08 / 21 / 14	$ 100.00
Mailing Address: 220 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carole McKellar	08 / 26 / 14	$ 200.00
Mailing Address: 307 Carroll Ave.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Point One Strategies, LLC	08 / 26 / 14	$ 200.00
Mailing Address: P.O. Box 3015	/ /	$
City, State, Zip Code: Jackson, MS 39207	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee David Barla

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EMS Management	08 / 19 / 14	$ 500.00
Mailing Address: 12020 Intraplex Parkway	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
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: Crane Builders, LLC	08 / 07 / 14	$ 200.00
Mailing Address: 426 South Beach Blvd.	/ /	$
City, State, Zip Code: Waveland, MS 39576	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Specialty Contractors & Associates, Inc.	08 / 26 / 14	$ 200.00
Mailing Address: P.O. Box 7001	/ /	$
City, State, Zip Code: Gulfport, MS 39506	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: G.M.R. Construction Co. Inc.	08 / 26 / 14	$ 500.00
Mailing Address: P.O. Box 2579	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39521	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee 26

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R & J Group, Inc.	08 / 24 / 14	$ 1,000.00
Mailing Address: 5266 Old Hwy. 11, Ste. 70-349	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hancock Bank	08 / 29 / 14	$ 1,000.00
Mailing Address: 601 Hwy. 90	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brehm T. Bell, PLLC	08 / 26 / 14	$ 150.00
Mailing Address: 544 Main St.	08 / 25 / 14	$ 212.50
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 362.50

D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leonard Blackwell Attorney, PA	08 / 24 / 14	$ 200.00
Mailing Address: 1613 23rd Ave.	/ /	$
City, State, Zip Code: Gulfport, MS 39501	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J.P. Compretta, Attorney At Law	08 / 26 / 14	$ 200.00
Mailing Address: P.O. Box 2091	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Conaway Jr., DMD, PC	08 / 26 / 14	$ 500.00
Mailing Address: 292 Hancock Square	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
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: Scott M. Favre Public Adjuster, LLC	08 / 21 / 14	$ 500.00
Mailing Address: 7044 Stennis Airport Rd.	/ /	$
City, State, Zip Code: Kiln, MS 39556	/ /	$
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: Owen, Galloway & Myers, P.L.L.C.	08 / 06 / 14	$ 200.00
Mailing Address: P.O. Drawer 420	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carrol Warren & Parker, PLLC	08 / 18 / 14	$ 500.00
Mailing Address: P.O. Box 1005	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
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: Balch & Bingham, LLP	08 / 08 / 14	$ 200.00
Mailing Address: P.O. Box 130	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Tuminello, D.O.S., P.A.	08 / 21 / 14	$ 200.00
Mailing Address: 700 Dunbar Ave.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Edward A. Williamson, P.A.	08 / 29 / 14	$ 500.00
Mailing Address: P.O. Box 588	/ /	$
City, State, Zip Code: Philadelphia, MS 39350	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jenny Bell D.B.A. Ad Lib	08 / 26 / 14	$ 100.00
Mailing Address: 401 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dulin and Dulin. LTD.	09 / 02 / 14	$ 100.00
Mailing Address: P.O. Box 820	10 / 03 / 14	$ 200.00
City, State, Zip Code: Gulfport, MS 39502	/ /	$
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: Elizabeth E. Thomas	09 / 11 / 14	$ 250.00
Mailing Address: 630 Bay Cove Dr. #201	/ /	$
City, State, Zip Code: Biloxi, MS 39532	/ /	$
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: Lucien L. Bourgeois	09 / 09 / 14	$ 250.00
Mailing Address: 102 Fenwick Circle	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: David Baria

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Heather L. Ladner	09 / 17 / 14	$ 250.00
Mailing Address: P.O. Drawer 4248	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy C. Murphy	09 / 25 / 14	$ 50.00
Mailing Address: 13195 Chasae Ln.	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 50.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cary Trapani	09 / 25 / 14	$ 50.00
Mailing Address: 104 Timberlane Dr.	/ /	$
City, State, Zip Code: Pass Christian, MS 39571	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 50.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Willie Morris Bozeman	09 / 24 / 14	$ 212.50
Mailing Address: 770 N. West St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 212.50

Name of Candidate or Committee: David Baria

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lucien M. Gex	09 / 23 / 14	$ 100.00
Mailing Address: 73670 Diamondhead Dr. N.	/ /	$
City, State, Zip Code: Diamondhead, MS 39525	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jere B. Nash, III	08 / 25 / 14	$ 75.00
Mailing Address: P.O. Box 1488	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 75.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Vervacke	09 / 12 / 14	$ 200.00
Mailing Address: 301 Morningside Dr.	/ /	$
City, State, Zip Code: Mandeville, LA 70448	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lance Stevens	09 / 25 / 14	$ 212.50
Mailing Address: 104 Keystone Pl.	/ /	$
City, State, Zip Code: Brandon, MS 39042	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 212.50

Name of Candidate or Committee David Barla

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Silbert, Garon, Pitre & Friedman	08 / 25 / 14	$ 212.50
Mailing Address: 3506 Washington Ave., Ste. G	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 212.50

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Coast Management, LLC	09 / 09 / 14	$ 200.00
Mailing Address: 100 Waverly Dr.	09 / 22 / 14	$ 200.00
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company State PAC	08 / 13 / 14	$ 200.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Waste Management, LLC	09 / 04 / 14	$ 375.00
Mailing Address: P.O. Box 3027	/ /	$
City, State, Zip Code: Houston, TX 77253	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 375.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bubby Medlin & Associates, Inc.	09 / 15 / 14	$ 187.50
Mailing Address: P.O. Box 24087	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 187.50

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Pawnbrokers PAC	09 / 11 / 14	$ 200.00
Mailing Address: 1425 Terry Rd.	/ /	$
City, State, Zip Code: Jackson, MS 39204	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Corbitt Company, LLC	09 / 02 / 14	$ 200.00
Mailing Address: P.O. Box 14225	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: 3M Government Affairs	08 / 25 / 14	$ 750.00
Mailing Address: 3M Center, Bldg. 0225-01-S-15	/ /	$
City, State, Zip Code: St. Paul, MN 55144	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Koerber Company, PA	08 / 26 / 14	$ 200.00
Mailing Address: P.O. Box 18170	/ /	$
City, State, Zip Code: Hattiesburg, MS 39404	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Good Government PAC	09 / 22 / 14	$ 200.00
Mailing Address: P.O. Box 4019	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Davis Crump, PC	09 / 24 / 14	$ 1,000.00
Mailing Address: 1712 15th St., 3rd Flr.	/ /	$
City, State, Zip Code: Gulfport, MS 39501	/ /	$
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: Charles B. Benvenutti, CPA, PA	09 / 24 / 14	$ 200.00
Mailing Address: P.O. Box 2639	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39521	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Adams and Reese, LP	08 / 28 / 14	$ 250.00
Mailing Address: 4500 One Shell Square	/ /	$
City, State, Zip Code: New Orleans, LA 70139	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sound Insurance Solutions	09 / 04 / 14	$ 1,000.00
Mailing Address: P.O. Drawer 6949	/ /	$
City, State, Zip Code: Gulfport, MS 39506	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hawkins, Gibson, PLLC	08 / 26 / 14	$ 1,000.00
Mailing Address: 628 N. State. St.	/ /	$
City, State, Zip Code: P.O. Box 24627	/ /	$
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: Grand Trunk Western Railroad Co.	05 / 30 / 14	$ 250.00
Mailing Address: P.O. Box 5025	/ /	$
City, State, Zip Code: Troy, Michigan	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Omega Protein	09 / 09 / 14	$ 250.00
Mailing Address: 2105 West Blvd., St. 500	/ /	$
City, State, Zip Code: Houston, TX 77042	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rowe Crowder, III, MD, PLLC	09 / 24 / 14	$ 250.00
Mailing Address: 202 Drinkwater Rd.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
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: Mickie Baria	09 / 11 / 14	$ 2,000.00
Mailing Address: 9545 Marchand Ave.	/ /	$
City, State, Zip Code: Daphne, AL 36526	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chevon Policy Govt. & Public Affairs	09 / 26 / 14	$ 500.00
Mailing Address: P.O. Box 9034	/ /	$
City, State, Zip Code: Concord, CA 94524	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Fitzgerald Construction LLC	10 / 22 / 14	$ 400.00
Mailing Address: P.O. Box 7291	/ /	$
City, State, Zip Code: Spanish Fort, AL 36577	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Associations of Mississippi State PAC	08 / 08 / 14	$ 300.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
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: MS American Feeration of Teachers	08 / 20 / 14	$ 1,000.00
Mailing Address: 1179m Seaway Rd., Ste. B140	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
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 Ilx PAC	10 / 20 / 14	$ 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

Name of Candidate or Committee: David Baria

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Mississippi PAC	08 / 25 / 14	$ 200.00
Mailing Address: 111 E. Capitol St., Ste. 6030	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carson Law Group	07 / 28 / 14	$ 200.00
Mailing Address: 125 South Congress St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Co., LLC	07 / 01 / 14	$ 500.00
Mailing Address: Centene Corporation	/ /	$
City, State, Zip Code: St. Louis, MO 63105	/ /	$
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: Capitol Advocacy Group, PAC	07 / 24 / 14	$ 200.00
Mailing Address: P.O. Box 217	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: David Baria

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tammara Catchings	7 / 24 / 14	$ 25.00
Mailing Address: 1120 N. Lamar St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 25.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R. Scott Levanway	07 / 24 / 14	$ 100.00
Mailing Address: 2412 Kanoa Way	/ /	$
City, State, Zip Code: Diamondhead, MS 39525	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kendall Marquar	/ /	$ 300.00
Mailing Address	/ /	$ 300.00
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 600.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Darden Music	/ /	$ 1,000.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee David Baria

Reporting period 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Reef PAC	/ /	$ 1,000.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. 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	$

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	$

2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
MAY 08 2015
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate DAVID BARIA

Address 544 MAIN ST., BAY ST. LOUIS County HANCOCK

Telephone (Work) 228.270.0001 (Home) _____ (Fax) _____

Contact Name DAVID BARIA Email Address _____

Office Sought REPRESENTATIVE Political Party DEMOCRAT

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... Mandatory

___ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) ..... Mandatory

___ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... Mandatory

___ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory
All Primary Candidates and Political Committees

___ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election

___ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory

___ October 27, 2015 Pre-Election Report ..... Mandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees

___ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election

___ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... 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	$ 2,250	+ $	300.00	$ 2,550.00	$ 2,550.00
Total amount of disbursements	$ 3,280	+ $	0	$ 3,280.00	$ 3,280.00
Total amount of cash on hand				$ 28,280.69	

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 5/8/15

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: David Baria

Reporting period: January 1, 2015 through April 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Barbara Courtney	04 / 15 / 15	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: James P. & Susan Johnstone	04 / 24 / 15	$ 250.00
Mailing Address: P.O. Box 418	/ /	$
City, State, Zip Code: Pontotoc, MS 38863	/ /	$
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: James Ashley Ogden	04 / 30 / 15	$ 1,500.00
Mailing Address: 500 East Capital St., Ste. 3	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,500.00

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 David Baria

Reporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Raborn Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	02 / 09 / 15	$ 310.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 310.00
B. Full name Ana Maria Rosato	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	02 / 23 / 15	$ 500.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name BW Biddy Baseball	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	03 / 01 / 15	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
D. Full name Reef PAC	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	03 / 13 / 15	$ 1000.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
E. Full name PRCC Hancock Alumni	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	04 / 07 / 15	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
F. Full name Old Town Pedi-Cabs	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	04 / 06 / 15	$ 800.00
City, State, Zip Code	04 / 08 / 15	$ 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 850.00

Name of Candidate or Committee David Baria

Reporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01 / 05 / 15	$ 55.00
City, State, Zip Code	02 / 05 / 15	$ 55.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 110.00
B. Full name Constant Contact	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	03 / 05 / 15	$ 55.00
City, State, Zip Code	04 / 06 / 15	$ 55.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 220.00
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	$

Name of Candidate or Committee: DAVID BRAMF

Reporting period: 5/1/15 through 5/21/15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PAT SMITH	5 / 22 / 15	$ 250.00
Mailing Address: 14077 W. OLD RIVER TR.	/ /	$
City, State, Zip Code: GULFPORT, MS 39503	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required): PROFESSOR	Aggregate year-to-date	$ 250.00

B. 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	$

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	$

SS04-05

Name of Candidate or Committee DAVID BARLIN

Reporting period 5/1/15 through 5/31/15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
EXTRA TABLE		
Mailing Address	5/1/15	$ 250.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
HOPE HAVEN		
Mailing Address	5/11/15	$ 100.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
HUFFMAN & REJEBIAN		
Mailing Address	5/11/15	$ 1500.00
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
DIANA NORMAND		
Mailing Address	5/18/15	$ 150.00
City, State, Zip Code	5/18/15	$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TIGER ATHLETIC FOUNDATION		
Mailing Address	5/__/15	$ 75.00
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
[redacted]		
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

SB04-00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name: Ivory Plushnick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/29/15	$ 114.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name: Arthur Clementin	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	5/30/15	$ 20.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
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	$

SB04-06

2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JUL 10 2015
Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate David Baria

Address 544 Main St., Bay St. Louis, MS 39520 County Hancock

Telephone (Work) 228-270-0001 (Home) _____ (Fax) 228-466-9233

Contact Name Diana Normand Email Address dnormand08@yahoo.com

Office Sought Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015) ..... **Mandatory**

____ **June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015) ..... **Mandatory**

X **July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015) ..... **Mandatory**

____ **July 28, 2015 Pre-Election Report** (July 1, 2015, through July 25, 2015) ..... **Mandatory**
All Primary Candidates and Political Committees

____ **August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015) ..... **Runoff Candidates Only**
All Primary Candidates and Political Committees in a Runoff Election

____ **October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015) ..... **Mandatory**

____ **October 27, 2015 Pre-Election Report** ..... **Mandatory**
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees

____ **November 17, 2015 Pre-Runoff Report** (October 25, 2015, through November 14, 2015) ..... **Runoff Candidates Only**
All Candidates and Political Committees in a Runoff Election

____ **January 8, 2016 Periodic Report** (October 1, 2015, through December 31, 2015) ..... **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	$ 6,400.00	+ $ 0	$ 6,400.00	$ 9,200.00
Total amount of disbursements	$ 3,583.92	+ $ 15.00	$ 3,598.92	$ 9,537.92
Total amount of cash on hand			$ 28672.77	

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 7/10/2015

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*

SOS 10-14

Name of Candidate or Committee: David Baria

Reporting period: 06/01/15 through 06/30/15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi American Life Insurance Company	06 / 12 / 15	$ 200.00
Mailing Address: P.O. Box 12449	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Donelson Bearman Caldwell & Berkowitz, PC	06 / 12 / 15	$ 200.00
Mailing Address: 4268 I-55 North, Meadowbrook Office Park	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John G. Corlew	06 / 18 / 15	$ 1,000.00
Mailing Address: 2124 Eastover Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
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: James L. Barksdale	06 / 18 / 15	$ 5,000.00
Mailing Address: 800 Woodlands Parkway, Ste. 118	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 5,000.00

Name of Candidate or Committee David Baria

Reporting period 06/01/15 through 06/30/15

ITEMIZED DISBURSEMENTS

A. Full name Merritt Baria	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06 / 13 / 15	$ 138.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	$ 138.00
B. Full name Waveland Fire Calendar	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	06 / 16 / 15	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 200.00
C. Full name USPS	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	06 / 19 / 15	$ 254.80
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Stamps	Aggregate Year-to-date	$ 254.80
D. Full name Merritt Baria	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	06 / 23 / 15	$ 468.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	$ 606.00
E. Full name Constant Contact	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	05 / 05 / 15	$ 55.00
City, State, Zip Code	06 / 05 / 15	$ 55.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 385.00
F. Full name Mystic Krewe of Seahorses	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	06 / 17 / 15	$ 250.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	$ 250.00

Name of Candidate or Committee David Baria

Reporting period 06/01/15 through 06/30/15

ITEMIZED DISBURSEMENTS

A. Full name Mississippi Sports Hall of Fame	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06 / 25 / 15	$ 875.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	$ 875.00
B. Full name Walmart	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	06 / 29 / 15	$ 331.87
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Supplies for Voter Registration Event	Aggregate Year-to-date	$ 331.87
C. Full name Hancock County Facilities	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	06 / 29 / 15	$ 250.00
City, State, Zip Code	06 / 29 / 15	$ 6.25
Purpose of Disbursement (Optional) Room Rental for Voter Registration Event	Aggregate Year-to-date	$ 256.25
D. Full name Hancock Co. Development Foundation	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	04 / 27 / 15	$ 450.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Golf Tournament	Aggregate Year-to-date	$ 450.00
E. Full name Hunter Dawkins	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	05 / 27 / 15	$ 250.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 250.00
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	$

Name of Candidate or Committee David Barla

Reporting period July 1, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name Diana Normand	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 553 Meadow Lane	08 / 13 / 15	$ 45.00
City, State, Zip Code Waveland, MS 39576	02 / 09 / 15	$ 75.00
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	$ 470.00
B. Full name Diana Normand	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 553 Meadow Lane	/ /	$ 553.00
City, State, Zip Code Waveland, MS 39576	/ /	$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	$ 1003.00
C. Full name Main Street Legal	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 544 Main St.	07 / 03 / 15	$ 95.72
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 95.72
D. Full name Ad Lib	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	07 / 03 / 15	$ 393.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 393.00
E. Full name Merritt Barla	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	07 / 10 / 15	$ 228.00
City, State, Zip Code	07 / 27 / 15	$ 132.00
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	$ 966.00
F. Full name Knights of Peter Claver	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	07 / 17 / 15	$ 440.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 440.00

Name of Candidate or Committee: David Baria

Reporting period: July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sherry Swain	07 / 06 / 15	$ 1,000.00
Mailing Address: 902 Howard Rd.	/ /	$
City, State, Zip Code: Starkville, MS 39759	/ /	$
Name of Employer (Required): National Writing Project	/ /	$
Occupation (Required): Researcher	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Omega Protein	06 / 25 / 15	$ 250.00
Mailing Address: 2105 City West Blvd.	/ /	$
City, State, Zip Code: Houston, TX 77024	/ /	$
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: Doyle Mayes	07 / 08 / 15	$ 200.00
Mailing Address: 351 State St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Camille J. Tate	07 / 08 / 15	$ 200.00
Mailing Address: 331 State St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: David Barla

Reporting period: July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Road Builders Association PAC	06 / 18 / 15	$ 500.00
Mailing Address: 601 George St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
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: Charles Benvenutti	07 / 08 / 15	$ 200.00
Mailing Address: P.O. Box 2639	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39521	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harold G. Olsen	07 / 10 / 15	$ 100.00
Mailing Address: 619 Highland Dr.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Louis Kyriakoudes	07 / 11 / 15	$ 300.00
Mailing Address: 320 Carroll Ave.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

Name of Candidate or Commitee: David Barla

Reporting period: July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael D. Richardson	07 / 11 / 15	$ 100.00
Mailing Address: 326 Jolla St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Davis	07 / 11 / 15	$ 150.00
Mailing Address: 127 Felicity St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 150.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carol A. Strohmetz	07 / 10 / 15	$ 100.00
Mailing Address: 335 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Impact Strategies	07 / 11 / 15	$ 100.00
Mailing Address: 4168 Iberville St.	/ /	$
City, State, Zip Code: New Orleans, LA 70119	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee: David Baria

Reporting period: July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bryce S. Campbell	07 / 11 / 15	$ 100.00
Mailing Address: 128 Favre St.	/ /	$
City, State, Zip Code: Waveland, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chevron Policy Govt. & Public Affairs	07 / 01 / 15	$ 500.00
Mailing Address: P.O. Box 9034	/ /	$
City, State, Zip Code: Concord, CA 94524	/ /	$
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: The Kerber Co., P.A.	7 / 13 / 15	$ 200.00
Mailing Address: 103 Madison Place	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul T. Benton	07 / 16 / 15	$ 5,000.00
Mailing Address: P.O. Box 1341	/ /	$
City, State, Zip Code: Biloxi, MS 39533	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5,000.00

Name of Candidate or Committee: David Baria

Reporting period: July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael E. Whitehead	07 / 17 / 15	$ 200.00
Mailing Address: 1412 Magnolia Bluff Dr.	/ /	$
City, State, Zip Code: Gautier, MS 39553	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cliff Johnson	07 / 17 / 15	$ 250.00
Mailing Address: 701 Lakeridge Cove	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
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: Waste Pro	07 / 15 / 15	$ 200.00
Mailing Address: 2301 W. State Road 434, Ste. 315	/ /	$
City, State, Zip Code: Longwood, FL 32779	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ronald G. Barnes	07 / 13 / 15	$ 200.00
Mailing Address: 10600 Jordan Rd.	/ /	$
City, State, Zip Code: Vancleave, MS 39565	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: David Baria

Reporting period: July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Clement L. Ladner	07 / 14 / 15	$ 200.00
Mailing Address: 8245 Caesar Necaise Rd.	/ /	$
City, State, Zip Code: Perkinston, MS 39573	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert J. Occhi	07 / 14 / 15	$ 200.00
Mailing Address: 67 Shoreline Lane	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Johnny Holston	07 / 14 / 15	$ 200.00
Mailing Address: 135 Burgetown R.	/ /	$
City, State, Zip Code: Carriere, MS 39426	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Davis & Crump, PC	07 / 16 / 15	$ 1,000.00
Mailing Address: 2601 14th St.	/ /	$
City, State, Zip Code: Gulfport, MS 39501	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: David Barla

Reporting period: July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfold Southern Corporation	04 / 22 / 15	$ 250.00
Mailing Address: Three Commercial Place	/ /	$
City, State, Zip Code: Norfold, VA 23510	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Christopher C. Van Cleave	07 / 23 / 15	$ 250.00
Mailing Address: 985 Wildwood Lane	/ /	$
City, State, Zip Code: Biloxi, MS 39532	/ /	$
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: Comcast Corporation	07 / 02 / 15	$ 250.00
Mailing Address: One Comcast Center, 1701 JFK Boulevard	/ /	$
City, State, Zip Code: Philadelphia, PA 19103	/ /	$
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: Brehm Bell	07 / 24 / 15	$ 637.50
Mailing Address: 544 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 637.50

Name of Candidate or Committee: David Barla

Reporting period: July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Patricia Wood Davis	07 / 25 / 15	$ 100.00
Mailing Address: 130 Felicity St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Coast Management, LLC	07 / 22 / 15	$ 200.00
Mailing Address: 100 Waverly Dr.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

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: David Baria

Reporting period: July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE Fund for Children and Public Education	09 / 22 / 15	$ 1,000.00
Mailing Address: 775 North State St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western Railroad Co.	02 / 16 / 15	$ 250.00
Mailing Address: P.O. Box 5025	/ /	$
City, State, Zip Code: Troy, MI 48007	/ /	$
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: Silver Slipper Casino Venture, LLC	07 / 02 / 15	$ 250.00
Mailing Address: P.O. Box 3999	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39521	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Omega Protein	6 / 25 / 15	$ 250.00
Mailing Address: 2105 City West Blvd.	/ /	$
City, State, Zip Code: Houston, TX 77004	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: [illegible]

Reporting period: July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Road Builders Association PAC	06 / 18 / 15	$ 500.00
Mailing Address: 601 George St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
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: Robert L. Davis and Sibyl T. Ramsey	7 / 31 / 15	$ 150.00
Mailing Address: 127 Felicity St.	9 / 22 / 15	$ 150.00
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
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: Chevron Policy Gov. & Public Affairs	7 / 1 / 15	$ 500.00
Mailing Address: P.O. Box 9033	/ /	$
City, State, Zip Code: Concord, CA 94524	/ /	$
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: Louis Hyakondes	07 / 11 / 15	$ 300.00
Mailing Address: 320 Cowell Ave.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: David Baria

Reporting period: July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul Y. Benton	7 / 06 / 15	$ 5,000.00
Mailing Address: P.O. Box 1341	/ /	$
City, State, Zip Code: Biloxi, MS 39533	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 5,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cliff Johnson	07 / 17 / 15	$ 250.00
Mailing Address: 701 Lakeridge Cove	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
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: Davis & Crump, PC	7 / 16 / 15	$ 1,000.00
Mailing Address: 2601 14th St.	/ /	$
City, State, Zip Code: Gulfport, MS 39501	/ /	$
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: Coast Management LLC	7 / 22 / 15	$ 200.00
Mailing Address: 1000 Waverly Dr.	9 / 14 / 15	$ 250.00
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 450.00

Name of Candidate or Committee: Clavie Barla

Reporting period: July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corporation	09 / 22 / 15	$ 250.00
Mailing Address: Three Commercial Place	/ /	$
City, State, Zip Code: Norfolk, VA 23510	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Christopher C. Van Tassel	07 / 23 / 15	$ 250.00
Mailing Address: 965 Wildwood Lane	/ /	$
City, State, Zip Code: Biloxi, MS 39530	/ /	$
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: Comcast Corporation	07 / 02 / 15	$ 250.00
Mailing Address: One Comcast Center, 1701 JFK Boulevard	/ /	$
City, State, Zip Code: Philadelphia, PA 19103	/ /	$
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: Stephen Bell	07 / 24 / 15	$ 637.50
Mailing Address: 941 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 637.50

Name of Candidate or Committee: David Baria

Reporting period: July 01, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sharon and Danny Cupit	07 / 23 / 15	$ 3,500.00
Mailing Address: 1697 Pinehurst St.	/ /	$
City, State, Zip Code: Jackson MS 39202 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2,500.00

B. Source: Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Diane C. Petanich	07 / 29 / 15	$ 250.00
Mailing Address: 25170 La Cliere Delisle	/ /	$
City, State, Zip Code: Pass Christian MS 39571	/ /	$
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: Reynolds American Inc.	07 / 08 / 15	$ 1,000.00
Mailing Address: P.O. Box 2990	/ /	$
City, State, Zip Code: Winston-Salem NC 27102	/ /	$
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: Isle of Capri Casino	02 / 28 / 15	$ 750.00
Mailing Address: 1600 Emerson Road, Suite 300	/ /	$
City, State, Zip Code: St. Louis MO 63141	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

Name of Candidate or Committee: David Bala

Reporting period: July 01, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ann Bowden Hollis	08 / 09 / 15	$ 1,000.00
Mailing Address: 720 Government St, Unit 12	/ /	$
City, State, Zip Code: Ocean Springs MS 39564	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carroll Warren & Parker, PLLC	08 / 10 / 15	$ 750.00
Mailing Address: P.O. Box 1005	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Advantage Title, LLC	8 / 6 / 15	$ 1,000.00
Mailing Address: 137 Main St	8 / 20 / 15	$ 100.00
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,100.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bonds Speed AT&T Mississippi PAC	7 / 31 / 15	$ 250.00
Mailing Address: 131 East Capitol Street, Suite 0030	9 / 16 / 15	$ 200.00
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 450.00

Name of Candidate or Committee: David Baria

Reporting period: July 01, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dirk DeVeaux	8 / 6 / 15	$ 250.00
Mailing Address: P. O. Box 1018	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael McMillan	8 / 9 / 15	$ 500.00
Mailing Address: 46 Longwood Drive	/ /	$
City, State, Zip Code: Hattiesburg MS 39402	/ /	$
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: Crawford Realty Group	8 / 17 / 15	$ 500.00
Mailing Address: 112 Front St.	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
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: Mississippi Dental PAC	9 / 30 / 15	$ 500.00
Mailing Address: 1958 Katherine Dr.	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: David Barla

Reporting period: July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy & Diane Vervaeke	9 / 10 / 15	$ 500.00
Mailing Address: 301 Morningside Dr.	/ /	$
City, State, Zip Code: Mandeville LA 70448	/ /	$
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: Rainwater Bath Companies	7 / 13 / 15	$ 250.00
Mailing Address: P.O. Box 217	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
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: Check Into Cash	9 / 8 / 15	$ 250.00
Mailing Address: 203 Kelly Street SW, Ste 80	/ /	$
City, State, Zip Code: Cleveland TN 37311	/ /	$
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: ReBike	7 / 06 / 15	$ 960.50
Mailing Address: P.O. Box 411146	7 / 20 / 15	$ 96.05
City, State, Zip Code: Somerville, MA 02144	8 / 30 / 15	$ 24.01
Name of Employer (Required):	9 / 20 / 15	$ 384.20
Occupation (Required):	Aggregate year-to-date	$ 1,464.76

Name of Candidate or Committee: David Barta

Reporting period: July 01, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert P. Myers, Jr.	9 / 16 / 15	$ 250.00
Mailing Address: P.O. Box 432	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Owen, Galloway, & Myers, PLLC	9 / 16 / 15	$ 500.00
Mailing Address: P.O. Drawer 420	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
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: Reeves & Mestayer, PLLC	9 / 16 / 15	$ 500.00
Mailing Address: P.O. Drawer 1388	/ /	$
City, State, Zip Code: Biloxi MS 39533	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify): Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Morris Bart, LLC	9 / 28 / 15	$ 250.00
Mailing Address: 1712 15th St., Ste. 500	/ /	$
City, State, Zip Code: Gulfport MS 39501	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: David Baria

Reporting period: July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BPT Scatcicles / TMS PAC	9 / 20 / 15	$ 250.00
Mailing Address: 513 N. State Street, Ste. 200	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 350.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Independent BK PAC	9 / 15 / 15	$ 250.00
Mailing Address: 4709 Lakewood Dr.	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
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: FITZgerald Construction, LLC	8 / 24 / 15	$ 500.00
Mailing Address: P.O. Box 7291	/ /	$
City, State, Zip Code: Spanish Fort AL 36577	/ /	$
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: Ruther Stack Level Net	8 / 25 / 15	$ 750.00
Mailing Address: 1100 Poydras St., Suite 1405	/ /	$
City, State, Zip Code: New Orleans LA 70163	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

Name of Candidate or Committee: David Baria

Reporting period: July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Associations of Mississippi Supe PAC	8 / 24 / 15	$ 400.00
Mailing Address: P.O. Box 3900	/ /	$
City, State, Zip Code: Ridgeland MS 39158	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 400.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles & Rhonda Oliver	9 / 9 / 15	$ 300.00
Mailing Address: P.O. Box 37	/ /	$
City, State, Zip Code: Pass Christian MS 39571	/ /	$
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: Gerald Blessey Law Firm	9 / 20 / 15	$ 500.00
Mailing Address: P.O. Box 4648	/ /	$
City, State, Zip Code: Biloxi MS 39535	/ /	$
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:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee David Barla

Reporting period July 1, 2015 through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Diana Normand		
Mailing Address	09 / 13 / 15	$ 45.00
553 Meadow Lane		
City, State, Zip Code	09 / 09 / 15	$ 75.00
Waveland, MS 39576		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 470.00
Campaign Work		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Diana Normand		
Mailing Address	/ /	$ 533.00
553 Meadow Lane		
City, State, Zip Code	/ /	$
Waveland, MS 39576		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1063.00
Campaign Work		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Main Street Legal		
Mailing Address	07 / 03 / 15	$ 85.72
544 Main St.		
City, State, Zip Code	/ /	$
Bay St. Louis, MS 39520		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 85.72
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ad Lib		
Mailing Address	07 / 03 / 15	$ 393.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 393.00
Advertising		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mark Barla		
Mailing Address	07 / 10 / 15	$ 228.00
City, State, Zip Code	07 / 27 / 15	$ 182.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 905.00
Campaign Work		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Knights of Peter Claver		
Mailing Address	07 / 17 / 15	$ 440.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 440.00
Gulf Sponsorship		

Name of Candidate or Committee David Barla

Reporting period July 01, 2015 through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Hancock Hawk Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 / 04 / 15	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 200.00
B. Full name Merrill Barla	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	08 / 04 / 15	$ 72.00
City, State, Zip Code	08 / 05 / 15	$ 129.00
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	$ 201.00
C. Full name Sun Coast Echo	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	08 / 04 / 15	$ 613.75
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 613.75
D. Full name Southern Graphics	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	7 / 08 / 15	$ 1,120.00
City, State, Zip Code	08 / 04 / 15	$ 523.25
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	$ 1,643.25
E. Full name NEC Rental	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	08 / 06 / 15	$ 74.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 74.00
F. Full name Constant Contact	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	07 / 05 / 15	$ 55.00
City, State, Zip Code	08 / 05 / 15	$ 55.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 440.00

Name of Candidate or Committee David Baria

Reporting period July 1, 2015 through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8 / 5 / 15	$ 55.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 55.00
B. Full name **Trapani's Bakery**	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 21 / 15	$ 600.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Golf Tournament Fundraiser	Aggregate Year-to-date	$ 600.00
C. Full name **Whole Foods**	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 20 / 15	$ 357.62
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Golf Tournament Supplies	Aggregate Year-to-date	$ 357.62
D. Full name **Nell's Catering**	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 20 / 15	$ 790.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Golf Tournament Food	Aggregate Year-to-date	$ 790.00
E. Full name **The Bridge's**	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 20 / 15	$ 3,276.96
City, State, Zip Code	8 / 24 / 15	$ 16.50
Purpose of Disbursement (Optional) Golf Tournament Fees	Aggregate Year-to-date	$ 3291.46
F. Full name **Diana Normand**	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 503 Main St.	8 / 20 / 15	$ 1,000.00
City, State, Zip Code Wakefield, MS 39376	/ /	$
Purpose of Disbursement (Optional) Golf Tournament Coordinator	Aggregate Year-to-date	$ 2,023.00

Name of Candidate or Committee David Barla

Reporting period July 1, 2015 through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8 / 6 / 15	$ 65.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 550.00
B. Full name USPS	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	9 / 29 / 15	$ 147.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 401.80
C. Full name Kelli Rubio	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 24 / 15	$ 450.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 450.00
D. Full name The Bagpus	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 31 / 15	$ 690.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Golf balls for tournament	Aggregate Year-to-date	$ 690.00
E. Full name Lightning Quick Signs, LLC	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	9 / 31 / 15	$ 227.65
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 227.65
F. Full name Diane Normand	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 558 Meadow Land	8 / 31 / 15	$ 180.05
City, State, Zip Code Waveland, MS 39576	/ /	$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	$ 2,203.05

Name of Candidate or Committee David Baria

Reporting period July 1, 2015 through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Cuda Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9 / 24 / 15	$ 500.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	$ 500.00
B. Full name Sea Coast Echo	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	9 / 8 / 15	$ 238.25
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 238.25
C. Full name Bay Area Youth Soccer	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	9 / 17 / 15	$ 300.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 300.00
D. Full name FPA / WMES	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	9 / 17 / 15	$ 550.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 550.00
E. Full name Green Strategies	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	9 / 16 / 15	$ 1,500.00
City, State, Zip Code	9 / 22 / 15	$ 200.00
Purpose of Disbursement (Optional) Campaign Consulting	Aggregate Year-to-date	$ 1,500.00
F. Full name L.A.W. Publications	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	9 / 17 / 15	$ 599.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 599.00

Name of Candidate or Committee David Barla

Reporting period July 1, 2015 through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name MS Press Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9 / 24 / 15	$ 3,280.26
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 3,280.26
B. Full name Ann Maiden Photography	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9 / 24 / 15	$ 250.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Photo Services	Aggregate Year-to-date	$ 250.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Ad Lib	9 / 24 / 15	$ 282.50
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 655.50
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	$

Name of Candidate or Committee David Barla

Reporting period October 1, 2015 through October 26, 2015

ITEMIZED DISBURSEMENTS

A. Full name Sam's Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1944 Old Hwy. 49	10 / 5 / 15	$ 491.99
City, State, Zip Code Gulfport, MS 39503	/ /	$
Purpose of Disbursement (Optional) Supplies for Fundraiser	Aggregate Year-to-date	$ 491.99
B. Full name Moore Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 818 Florida Ave., NW #1	10 / 2 / 15	$ (8,967.00)
City, State, Zip Code Washington DC 2001	10 / 2 / 15	$ 8,960.00
Purpose of Disbursement (Optional) Campaign Consulting	Aggregate Year-to-date	$ 26,937.00
C. Full name Hope Haven	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 216 Hornby St.	10 / 9 / 15	$ 280.00
City, State, Zip Code Waveland, MS 39576	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 280.00
D. Full name Southern Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 117 Demonbreun Ave., Apt. 42	10 / 5 / 15	$ 128.19
City, State, Zip Code Bay St. Louis, MS 39520	10 / 9 / 15	$ 2,219.11
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	$ 2,347.30
E. Full name Lowes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10571 Outdoor Way	10 / 9 / 15	$ 750.00
City, State, Zip Code Gulfport, M 39503	10 / 9 / 15	$ 450.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 1,650.00
F. Full name S&L Office Supply	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 108 US-90	10 / 5 / 15	$ 218.20
City, State, Zip Code Waveland, MS 39576	10 / 9 / 15	$ 13.27
Purpose of Disbursement (Optional) Printing for Fundraiser	Aggregate Year-to-date	$ 362.37

Name of Candidate or Committee David Baria

Reporting period October 1, 2015 through October 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name S&L Office Supply	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 129 US-90	10 / 9 / 15	$ 283.55
City, State, Zip Code Waveland, MS 39576	/ /	$
Purpose of Disbursement (Optional) Supplies for Fundraiser	Aggregate Year-to-date	$ 516.12
B. Full name Guide Mesura	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 13140 Hwy. 491	10 / 9 / 15	$ 300.00
City, State, Zip Code Philadelphia, MS 39350	10 / 17 / 15	$ 300.00
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	$ 1,800.00
C. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Paddock Place, Suite 201	10 / 2 / 15	$ 16,992.00
City, State, Zip Code Marietta, GA 30064	10 / 6 / 15	$ 16,992.00
Purpose of Disbursement (Optional) TV Advertising	Aggregate Year-to-date	$ 25,992.00
D. Full name Gerry Norwood	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 559 Meadow Lane	10 / 17 / 15	$ 532.74
City, State, Zip Code Waveland, MS 39576	/ /	$
Purpose of Disbursement (Optional) Golf Coordinator	Aggregate Year-to-date	$ 52,705.59
E. Full name Hayden Duggan	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 407 E. Adams	10 / 17 / 15	$ 875.00
City, State, Zip Code Greenwood, MS 38930	/ /	$
Purpose of Disbursement (Optional) Website Development	Aggregate Year-to-date	$ 875.00
F. Full name Chien Sandoval	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2990 N. State St.	9 / 22 / 15	$ 260.00
City, State, Zip Code Jackson, MS 39216	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,700.00

Name of Candidate or Committee Gavel Bada

Reporting period October 1, 2015 through October 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name Contact Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1001 Trasco Road	10 / 5 / 15	$ 35.00
City, State, Zip Code Waltham, MA 02451	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 400.00
B. Full name Quail Conservation Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 3916	10 / 22 / 15	$ 500.00
City, State, Zip Code Bay St. Louis, MS 39520	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name St. Stanislaus College	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 304 S. Beach Blvd.	10 / 28 / 15	$ 400.00
City, State, Zip Code Bay St. Louis, MS 39520	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 400.00
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	$

Page 1 of 7

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through October 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company PAC	9 / 21 / 15	$ 400.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502-4079	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 400.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hawkins Gibson, PLLC	8 / 18 / 15	$ 1,000.00
Mailing Address: P.O. Box 24527	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baria-Williamson	8 / 30 / 15	$ 2,000.00
Mailing Address: 1516 Old Canton Road, Suite 100A	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Wayne and Julie Weaver	8 / 19 / 15	$ 2,500.00
Mailing Address: 334 Levee Lane	/ /	$
City, State, Zip Code: Ocean Springs MS 39564	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 2,500.00

SS08-05

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through October 25, 2015

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gaines & Tyler, PLLC	10 / 19 / 15	$ 1,500.00
Mailing Address: 5939 Ridgebury Road	/ /	$
City, State, Zip Code: Jackson MS 39211-6347	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Wallace	10 / 26 / 15	$ 225.00
Mailing Address: P.O. Box 20079	/ /	$
City, State, Zip Code: Jackson MS 39289-0079	/ /	$
Name of Employer (Required): US Coca-Cola Group	/ /	$
Occupation (Required): Government Relations Professional	Aggregate year-to-date	$ 225.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A.E. and N.E. Notipes	10 / 22 / 15	$ 250.00
Mailing Address: 231 Cole Du Jestin Dr.	/ /	$
City, State, Zip Code: Slidell LA 70460	/ /	$
Name of Employer (Required): CEO	/ /	$
Occupation (Required): Hancock Medical Center	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: Pete & Wrotha Cabell	10 / 30 / 15	$ 500.00
Mailing Address: 21431 Bobs Rd.	/ /	$
City, State, Zip Code: Long Beach MS 39560	/ /	$
Name of Employer (Required): Advantage Title LLC	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: David Bade

Reporting period: October 1, 2015 through October 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sheldon G. and Cassie Phillips Alston	9 / 30 / 15	$ 500.00
Mailing Address: 4194 Hawthorne Dr.	/ /	$
City, State, Zip Code: Jackson MS 39206	/ /	$
Name of Employer (Required): Gordon Law Firm	/ /	$
Occupation (Required): Attorney	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: Anthony and Melissa DiFalco	9 / 30 / 15	$ 5,000.00
Mailing Address: 446 Pembrooke Drive	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): Bear Hill Management	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 5,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Jagney, Esq.	9 / 30 / 15	$ 1,000.00
Mailing Address: 240 Trace Colony Park #100	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): Simmons Law Group, PA	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt
Full name: Eichelberger Law Firm, PLLC	9 / 30 / 15	$ 300.00
Mailing Address: 775 N. Congress St.	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300.00

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Name of Candidate or Committee: David Bird

Reporting period: October 1, 2015 through October 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gayle Blount	10 / 17 / 15	$ 1,000.00
Mailing Address: P.O. Box 241	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
Name of Employer (Required): State of Mississippi	/ /	$
Occupation (Required): Senator	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pedible	10 / 11 / 15	$ 1,036.55
Mailing Address: P.O. Box 481146	/ /	$
City, State, Zip Code: Somerville, MA 02144	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,521.31

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard J. Molpus, Jr.	10 / 6 / 15	$ 1,000.00
Mailing Address: 858 Neath St.	/ /	$
City, State, Zip Code: Jackson MS 39202-3019	/ /	$
Name of Employer (Required): Molpus Woodlands Group	/ /	$
Occupation (Required): CEO	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: Crane Builders, LLC	10 / 7 / 15	$ 150.00
Mailing Address: 426 South Beach Blvd.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 150.00

Name of Candidate or Committee: David Bain

Reporting period: October 1, 2015 through October 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr Tom Clark	10 / 15 / 15	$ 1,000.00
Mailing Address: 46 Walnut Grove	/ /	$
City, State, Zip Code: Petal MS 39465	/ /	$
Name of Employer (Required): Gulf Coast Initiative Consortium	/ /	$
Occupation (Required): Executive Director	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael and Susan Corion	10 / 15 / 15	$ 500.00
Mailing Address: 1100 West Beach Beach Blvd.	/ /	$
City, State, Zip Code: Unit 401 Bay Christian MS 39571	/ /	$
Name of Employer (Required): Gulf of Mexico Alliance	/ /	$
Occupation (Required): Director	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: Leo Seal, III	10 / 15 / 15	$ 400.00
Mailing Address: 116 Union Avenue	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required): Leo Seal Family Foundation	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 400.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie Tate	10 / 15 / 15	$ 100.00
Mailing Address: 131 Main Street	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Real Estate Broker	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through October 25, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Doyle Mayes	10 / 8 / 15	$ 100.00
Mailing Address: 331 State Street	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Chris Gable and Noel Duckworth	10 / 10 / 15	$ 1,000.00
Mailing Address: 210 Blue Heron Cove	/ /	$
City, State, Zip Code: Waveland MS 39576	/ /	$
Name of Employer (Required): Hancock Women's Center	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMA PAC	10 / 10 / 15	$ 250.00
Mailing Address: 31 Woodgreen Pl.	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: MS Sierra Club PAC	10 / 14 / 15	$ 1,000.00
Mailing Address: P.O. Box 4835	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through October 29, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: H. Walker and Faith T. Wilder	10 / 15 / 15	$ 1,000.00
Mailing Address: 15 Bayou Oaks Ln.	/ /	$
City, State, Zip Code: Gulfport MS 39503	/ /	$
Name of Employer (Required): Baker & Brandon	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.00

B. 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): N/A	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:	/ /	$
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	$

2015 ELECTION CYCLE

RECEIVED
Delbert Hosemann
SECRETARY OF STATE
JAN 08 2016
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate David Baria

Address 544 Main St., Bay St. Louis, MS 39520 County Hancock

Telephone (Work) 228-270-0001 (Home) (Fax) 228-466-9233

Contact Name Diana Normand Email Address dnormand08@yahoo.com

Office Sought House of Representatives Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... Mandatory

____ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) ..... Mandatory

____ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... Mandatory

____ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory
All Primary Candidates and Political Committees

____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election

____ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory

____ October 27, 2015 Pre-Election Report ..... Mandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015) *All Candidates and Political Committees*
(Independent Candidates report January 1, 2015 through October 24, 2015)

____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election

X January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... 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	$ 25,306.55	+ $ 8,052.16	$ 33,358.71	$ 78,388.68
Total amount of disbursements	$ 76,106.77	+ $ 604.63	$ 76,711.40	$ 107,399.37
Total amount of cash on hand			$ Ø	

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 1/8/16

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*

SOS 10-14

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through December 31, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company PAC	7 / 21 / 15	$ 400.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502-4079	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 400.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hawins | Gibson, PLLC	8 / 18 / 15	$ 1,000.00
Mailing Address: P.O. Box 24627	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baria-Williamson	8 / 19 / 15	$ 2,000.00
Mailing Address: 4316 Old Canton Road, Suite 100A	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Wiygul and Julia Weaver	8 / 19 / 15	$ 2,500.00
Mailing Address: 334 Lovers Lane	/ /	$
City, State, Zip Code: Ocean Springs MS 39564	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 2,500.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through December 31, 2015

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gadow & Tyler, PLLC	8 / 19 / 15	$ 1,500.00
Mailing Address: 3935 Roxbury Road	/ /	$
City, State, Zip Code: Jackson MS 39211-6347	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Wallace	8 / 20 / 15	$ 225.00
Mailing Address: P.O. Box 20073	/ /	$
City, State, Zip Code: Jackson MS 39289-0073	/ /	$
Name of Employer (Required): US Consolidate Group	/ /	$
Occupation (Required): Governament Relations Professional	Aggregate year-to-date	$ 225.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A. E. and N.E. Hodges	10 / 22 / 15	$ 250.00
Mailing Address: 231 Coin Du Lestin Dr.	/ /	$
City, State, Zip Code: Slidell LA 70460	/ /	$
Name of Employer (Required): CEO	/ /	$
Occupation (Required): Hancock Medical Center	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: Perre & Virginia Cabell	9 / 30 / 15	$ 500.00
Mailing Address: 21431 Bob's Rd.	/ /	$
City, State, Zip Code: Long Beach MS 39560	/ /	$
Name of Employer (Required): Advantage Title, LLC	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through December 31, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sheldon G. and Cassie Phillips Alston	9 / 30 / 15	$ 600.00
Mailing Address: 4134 Hawthorne Dr.	/ /	$
City, State, Zip Code: Jackson MS 39206	/ /	$
Name of Employer (Required): Brunini Law Firm	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 600.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Anthony and Melissa DiFatta	9 / 30 / 15	$ 5,000.00
Mailing Address: 440 Pembrooke Drive	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): Briar Hill Management	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 5,000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Jaques, Esq.	9 / 30 / 15	$ 1,000.00
Mailing Address: 240 Trace Colony Park #100	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): Simmons Law Group, PA	/ /	$
Occupation (Required): Attorney	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: Eichelberger Law Firm, PLLC	9 / 30 / 15	$ 300.00
Mailing Address: 775 N. Congress St.	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through: OctoDecember 31, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Blount	10 / 1 / 15	$ 1,000.00
Mailing Address: P.O. Box 641	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
Name of Employer (Required): State of Mississippi	/ /	$
Occupation (Required): Senator	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ActBlue	10 / 11 / 15	$ 1,056.55
Mailing Address: P.O. Box 441146	/ /	$
City, State, Zip Code: Somerville, MA 02144	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,521.31

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard H. Molpus, Jr.	10 / 6 / 15	$ 1,000.00
Mailing Address: 858 North St.	/ /	$
City, State, Zip Code: Jackson MS 39202-3019	/ /	$
Name of Employer (Required): Molpus Woodlands Group	/ /	$
Occupation (Required): CEO	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: Crane Builders, LLC	10 / 7 / 15	$ 150.00
Mailing Address: 426 South Beach Blvd.	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 350.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through December 31, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Tom Clark	10 / 8 / 15	$ 1,000.00
Mailing Address: 46 Mallard Drive	/ /	$
City, State, Zip Code: Petal MS 39465	/ /	$
Name of Employer (Required): Gulf Coast Initiative Consortium	/ /	$
Occupation (Required): Executive Director	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael and Susan Carron	10 / 8 / 15	$ 300.00
Mailing Address: 1100 West Beach Beach Blvd.,	/ /	$
City, State, Zip Code: Unit 401 Pass Christian MS 39571	/ /	$
Name of Employer (Required): Golf of Mexico Alliance	/ /	$
Occupation (Required): Director	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: Leo Seal, III	10 / 8 / 15	$ 400.00
Mailing Address: 116 Ulman Avenue	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required): Leo Seal Family Foundaion	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 400.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Camille Tate	10 / 8 / 15	$ 100.00
Mailing Address: 331 Main Street	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Real Estate Broker	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through December 31, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dovie Maves	10 / 8 / 15	$ 100.00
Mailing Address: 331 State Street	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Chris Babin and Noel Duplantier	10 / 10 / 15	$ 1,000.00
Mailing Address: 210 Blue Heron Cove	/ /	$
City, State, Zip Code: Waveland MS 39576	/ /	$
Name of Employer (Required): Hancock Women's Center	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 1,000.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MNA PAC	10 / 10 / 15	$ 250.00
Mailing Address: 31 Woodgreen Pl.	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: MS Sierra Club PAC	10 / 14 / 15	$ 1,000.00
Mailing Address: P.O. Box 4335	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through December 31, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: H. Rodger and Ruth T. Wilder	10 / 15 / 15	$ 1,000.00
Mailing Address: 13 Bayou Oaks Ln.	/ /	$
City, State, Zip Code: Gulfport MS 39503	/ /	$
Name of Employer (Required): Balch & Bingham	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sound Insurance Solutions, LLC	10 / 15 / 15	$ 1,000.00
Mailing Address: P.O Drawer 6949	/ /	$
City, State, Zip Code: Gulfport MS 39506	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Louis A. Hall, Jr.	10 / 26 / 15	$ 250.00
Mailing Address: 204 Blue Heron Cove	/ /	$
City, State, Zip Code: Waveland MS 39576	/ /	$
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: Committee to Elect Maurice Singleton	08 / 20 / 15	$ 200.00
Mailing Address: 443 Easterbrook St.	10 / 29 / 15	$ 25.00
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required): 25.00	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 225.00

Name of Candidate or Committee: David Baria

Reporting period: October 1, 2015 through December 31, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eagle PAC	10 / 16 / 15	$ 200.00
Mailing Address: P.O. Box 16885	/ /	$
City, State, Zip Code: Jackson MS 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. 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	$

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	$

Name of Candidate or Committee David Baria

Reporting period October 1, 2015 **through** December, 2015

ITEMIZED DISBURSEMENTS

A. Full name Moore Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 615 Florida Ave., NW #1	10 / 02 / 15	$ 18,057.00
City, State, Zip Code Washington DC 2001	10 / 08 / 15	$ 8,880.00
Purpose of Disbursement (Optional) Campaign Consulting	Aggregate Year-to-date	$ 26,937.00
B. Full name Canal Partners Media	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 25 Whitlock Place, Suite 201	10 / 02 / 15	$ 15,892.00
City, State, Zip Code Marietta, GA 30064	10 / 09 / 15	$ 10,000.00
Purpose of Disbursement (Optional) TV Advertising	Aggregate Year-to-date	$ 25,892.00
C. Full name Hope Haven	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 716 Herlihy St.	10 / 9 / 15	$ 280.00
City, State, Zip Code Waveland, MS 39576	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 380.00
D. Full name S&L Office Supply	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 129 US-90	10 / 09 / 15	$ 219.30
City, State, Zip Code Waveland, MS 39576	10 / 09 / 15	$ 13.27
Purpose of Disbursement (Optional) Printing for Fundraiser	Aggregate Year-to-date	$ 232.57
E. Full name S&L Office Supply	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 129 US-90	10 / 09 / 15	$ 283.55
City, State, Zip Code Waveland, MS 39576	/ /	$
Purpose of Disbursement (Optional) Supplies for Fundraiser	Aggregate Year-to-date	$ 516.12
F. Full name Hayden Gregson	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 407 E. Adams	10 / 17 / 15	$ 675.00
City, State, Zip Code Greenwood, MS 38930	/ /	$
Purpose of Disbursement (Optional) Website Development	Aggregate Year-to-date	$ 675.00

Name of Candidate or Committee David Baria

Reporting period October 1, 2015 through December 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name St. Stanislaus College	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 304 S. Beach Blvd.	10 / 23 / 15	$ 400.00
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 400.00
B. Full name Coast Conservation Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 3916	10 / 26 / 15	$ 500.00
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1601 Trapelo Road	10 / 05 / 15	$ 55.00
City, State, Zip Code Waltham, MA 02451	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 605.00
D. Full name James Patterson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3017 N. State Street	11 / 12 / 15	$ 400.00
City, State, Zip Code Jackson, Mississippi 39216	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 400.00
E. Full name Sea Coast Echo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 124 Court Street,	11 / 12 / 15	$ 206.25
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 206.25
F. Full name Chism Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2960 N. State St.	11 / 12 / 15	$ 1,700.00
City, State, Zip Code Jackson, MS 39216	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,400.00

Name of Candidate or Committee David Baria

Reporting period October 1, 2015 through December 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Southern Delights	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 299 Highway 90 #90	10 / 26 / 15	$ 540.00
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 540.00
B. Full name Speedy Printing	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 837 US-90	10 / 26 / 15	$ 257.87
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 257.87
C. Full name Joce Pritchett	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 797 Liberty Rd, Ste. 200	10 / 20 / 15	$ 200.00
City, State, Zip Code Flowood, MS 39232	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
D. Full name Custom Quality Carts	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 17000 Kapalama Dr.,	9 / 27 / 15	$ $5,596.10
City, State, Zip Code Pass Christian, MS 39571	11 / 06 / 15	$ 32.10
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5,628.20
E. Full name Ab Lib	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 401 Main Street	10 / 26 / 15	$ 300.00
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ $955.50
F. Full name Hancock County Development Foundation	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 100 South Beach Blvd., Suite A,	12 / 30 / 15	$ 300.00
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 750.00

Name of Candidate or Committee David Baria

Reporting period October 1, 2015 through December 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Ouida Meruvia	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 13140 Hwy. 486	10 / 09 / 15	$ 500.00
City, State, Zip Code Philadelphia, MS 3950	10 / 17 / 15	$ 500.00
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	$ 1,000.00
B. Full name Ouida Meruvia	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 13140 Hwy. 486	10 / 26 / 15	$ 367.49
City, State, Zip Code Philadelphia, MS 3950	10 / 26 / 15	$ 500.00
Purpose of Disbursement (Optional) Reimbursement / Consulting	Aggregate Year-to-date	$ 1,867.49
C. Full name Ouida Meruvia	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 13140 Hwy. 486	11 / 12 / 15	$ 319.60
City, State, Zip Code Philadelphia, MS 3950	/ /	$
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	$ 2,187.09
D. Full name Sam's Club	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 10431 Old Hwy. 49	10 / 05 / 15	$ 491.99
City, State, Zip Code Gulfport, MS 39503	11 / 02 / 15	$ 465.76
Purpose of Disbursement (Optional) Supplies for Fundraiser	Aggregate Year-to-date	$ 957.75
E. Full name Diana Normand	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 553 Meadow Lane	10 / 17 / 15	$ 532.74
City, State, Zip Code Waveland, MS 39576	11 / 12 / 15	$ 313.50
Purpose of Disbursement (Optional) Golf Coordinator	Aggregate Year-to-date	$ $3,049.29
F. Full name Lamar	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 10571 Outdoor Way	10 / 09 / 15	$ 750.00
City, State, Zip Code Gulfport, M 39503	10 / 09 / 15	$ 450.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 1,200.00

Name of Candidate or Committee David Baria

Reporting period October 1, 2015 through December 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Lamar	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10571 Outdoor Way	11 / 12 / 15	$ 450.00
City, State, Zip Code Gulfport, M 39503	12 / 30 / 15	$ 1,200.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 2,850.00
B. Full name Southern Graphics	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 117 Demontluzin Ave., Apt. 47	10 / 09 / 15	$ 128.19
City, State, Zip Code Bay St. Louis, MS 39520	10 / 09 / 15	$ 2,219.11
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	$ 2,347.30
C. Full name Southern Graphics	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 117 Demontluzin Ave., Apt. 47	12 / 09 / 15	$ 364.96
City, State, Zip Code Bay St. Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,355.57
D. Full name 200 North Beach	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 200 North Beach Blvd.	11 / 02 / 15	$ 189.43
City, State, Zip Code Bay St. Louis, MS 39520	11 / 02 / 15	$ 33.12
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 222.55
E. Full name Walmart	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 460 Highway 90	11 / 02 / 15	$ 28.44
City, State, Zip Code Waveland, MS 39576	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 360.31
F. Full name United Policy Holders	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 381 Bush St., #800	11 / 18 / 15	$ 515.00
City, State, Zip Code San Francisco, CA 94104	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 515.00

Name of Candidate or Committee David Baria

Reporting period October 1, 2015 through December 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Cash Withdrawl	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address N/A	11 / 03 / 15	$ 1,000.00
City, State, Zip Code N/A	/ /	$
Purpose of Disbursement (Optional) Election Night Party - Band Fee, Drinks, Food, etc.	Aggregate Year-to-date	$ 1,000.00
B. 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	$
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	$