2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Committee COMMITTEE TO ELECT TOBY BARKER STATE REP

Address P.O. Box 18822 HATTIESBURG, MS 39404 County FORREST

Telephone 601-271-8625 Fax 601-271-8629

Treasurer Joseph Donnell Email Address joe@donnellpa.com

Check here if above is different from previous report

___ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) ..... Mandatory

___ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) ..... Mandatory

___ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) ..... Mandatory

___ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) ..... Primary Candidates

___ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) ..... Runoff Candidates Only

___ **October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) ..... Mandatory

___ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) ..... Mandatory

___ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) ..... Runoff Candidates Only

X **January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) ..... Mandatory

___ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

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	$ 8125	+$	725		$ 8850	$ 50645
Total amount of disbursements	$ 12766.13	+$	4443.10		$ 17210.03	$ 54662.03
Total amount of cash on hand					$ 32,701.97	

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 Director or Treasurer

1-10-12
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
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. §§ 23-15-8-11 (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 county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee: Committee to Elect Tony Barker

Reporting period: Oct 1 through Dec 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ABBOTT LABORATORIES EMP. PAC	10 / 24 / 11	$ 325
Mailing Address: 1800 ABBOTT PARK ROAD	/ /	$
City, State, Zip Code: ABBOTT PARK, IL 60064	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 325

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CENTENE MANAGEMENT CO. LLC	10 / 24 / 11	$ 500
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TELLUS OPERATING GROUP	10 / 24 / 11	$ 500
Mailing Address: 602 CRESCENT PLACE SUITE 100	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JON MARK WEATHERS	/ /	$ 300
Mailing Address: P.O. BOX 16388	/ /	$
City, State, Zip Code: HATTIESBURG, MS 39404	/ /	$
Name of Employer (Required): UNIV. OF SOUTHERN MISS.	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 300

Name of Candidate or Committee: Committee to Elect Tolan Barker

Reporting period: Oct 1 through Dec 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LOWELL HEINMILLER	11 / 4 / 11	$ 500
Mailing Address: 2506 ARCADIA STREET	/ /	$
City, State, Zip Code: HATTIESBURG, MS 39402	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 700

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WALGREENS	11 / 4 / 11	$ 500
Mailing Address:	/ /	$
City, State, Zip Code: DEERFIELD, IL 60015	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS HOSPITALITY & RESTAURANT ASSC. PAC	11 / 4 / 11	$ 250
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENTERGY MISSISSIPPI	/ /	$ 500
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

Name of Candidate or Committee Committee to Elect Toby Barber

Reporting period Oct 1 through Dec. 31

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	/ /	$ 500
Full name: LEN PAC	/ /	$
Mailing Address: 3 LAKELAND CIRCLE SUITE 201	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required)	Aggregate year-to-date	$ 500
Occupation (Required)		
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	/ /	$ 250
Full name: ADVANCE AMERICA	/ /	$
Mailing Address: 135 N. CHURCH STREET	/ /	$
City, State, Zip Code: SPARTANBURG, SC 29306	/ /	$
Name of Employer (Required)	Aggregate year-to-date	$ 250
Occupation (Required)		
C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	/ /	$ 1000
Full name: MS MEDICAL PAC	/ /	$
Mailing Address: P.O. BOX 2548	/ /	$
City, State, Zip Code: RIDGELAND, MS 39158	/ /	$
Name of Employer (Required)	Aggregate year-to-date	$ 1000
Occupation (Required)		
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	/ /	$ 1000
Full name: JAMES BARKSDALE	/ /	$
Mailing Address: 800 WOODLANDS PKWY; SUITE 118	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required)	Aggregate year-to-date	$ 1000
Occupation (Required)		

Name of Candidate or Committee: Committee to Elect Toby Barker

Reporting period: Oct. 1 through Dec. 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS BANKERS ASSC. PAC	/ /	$ 2000
Mailing Address: P.O. BOX 1091	/ /	$
City, State, Zip Code: JACKSON, MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2000

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	$

Name of Candidate or Committee: Committee to Elect Toby Barker

Reporting period: Oct 1 through Dec 31

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
LAMAR ADVERTISING	/ /	$ 1839
2055 OAK GROVE RD.	/ /	$
HATTIESBURG, MS 39402	Aggregate Year-to-date	$ 11713.00
ADVERTISING		

B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
DAVID MORRIS	/ /	$ 700.14
1721 4th STREET	/ /	$
NEW ORLEANS, LA 70113	Aggregate Year-to-date	$ 700.14
CONTRACT LABOR + REIMBURSEMENT		

C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
MEDIA CONNECTIONS	/ /	$ 3572.30
P.O. BOX 1463	/ /	$
HATTIESBURG, MS 39403	Aggregate Year-to-date	$ 6797.30
ADVERTISING		

D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
BOURNE BROS. PRINTING	/ /	$ 1630.56
5276 OLD HWY 42	/ /	$
HATTIESBURG, MS 39401	Aggregate Year-to-date	$ 3316.42
PRINTING + POSTAGE		

E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
STANDARD OFFICE SUPPLY	/ /	$ 751.15
P.O. BOX 950	/ /	$
HATTIESBURG, MS 39403	Aggregate Year-to-date	$ 1864.53
PRINTING		

F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
U.S. POSTAL SERVICE	/ /	$ 463.60
115 WEST PINE ST.	/ /	$
HATTIESBURG, MS 39401	Aggregate Year-to-date	$ 1247.40
POSTAGE		

Name of Candidate or Committee: Committee to Elect Toby Barker

Reporting period: Oct 1 through Dec 31

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
HERITAGE ENTERPRISES	/ /	$ 1500.00
2009 HARDY STREET #9	/ /	$
HATTIESBURG, MS 39401	Aggregate Year-to-date	$ 3000.00
OFFICE SPACE		
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
KEENAN DOLLAR	/ /	$ 1050.00
109 NORTH 24th AVE	/ /	$
HATTIESBURG, MS 39401	Aggregate Year-to-date	$ 2417.00
CONTRACT LABOR		
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
D'ANDRA PRICE	/ /	$ 475.00
118 COLLEGE DRIVE #6623	/ /	$
HATTIESBURG, MS 39406	Aggregate Year-to-date	$ 475.00
CONTRACT LABOR		
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
GRANT KRAG	/ /	$ 250.00
102 CANDLEWICK DRIVE	/ /	$
HATTIESBURG, MS 39402	Aggregate Year-to-date	$ 1618.00
CONTRACT LABOR		
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
DEPOT COFFEE HOUSE	/ /	$ 350.00
127 BUSCHMAN ST. SUITE 50	/ /	$
HATTIESBURG, MS 39401	Aggregate Year-to-date	$ 722.82
CATERING		
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
PINE BELT PROMOS	/ /	$ 414.02
2516 OLD HWY 24 SUITE 1	/ /	$
HATTIESBURG, MS 39402	Aggregate Year-to-date	$ 414.02
SIGNS		

Name of Candidate or Committee: Committee to Elect Toby Barker

Reporting period: Oct 1 through Dec 31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WPG	/ /	$ 770.36
Mailing Address: 5061 HODGKINS PLACE	/ /	$
City, State, Zip Code: LILBURN, GA 30047	/ /	$
Purpose of Disbursement (Optional): SURVEY DATA	Aggregate Year-to-date	$ 770.36
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	$