2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 10 2012
Campaign Finance
Secretary of State
DATE STAMP

Political Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate Mark Baker
Address 244 Dominion Parkway County Rankin
Telephone 601, 824.7455 Fax 601, 824.7456
Treasurer _____ Email Address _____

☐ 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 24, 2011, through September 30, 2011) _____ Mandatory
☐ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 23, 2011) _____ Mandatory
☐ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
☒ **January 10, 2012 Periodic Report** (October 30, 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

	Itemized +	Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 300.00	+$ 1,100.00	$ 1,400.00	$ 22,575.00
Total amount of disbursements	$ 304.28	+$ 350.00	$ 654.28	$ 34,359.47
Total amount of cash on hand			$ 25,574.47	

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 1/10/12

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 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

SOS 12-10

Page 1 of 1

Name of Candidate or Committee Rep. Mark Baker

Reporting period 10/30/11 through 12/31/11
(10/24)

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Laboratories Employee PAC	10/26/11	$ 300.00
Mailing Address: 1000 Abbott Park Rd	__/__/__	$
City, State, Zip Code: Abbott Park, IL 60064-6028	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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	$

Page 1 of 1

Name of Candidate or Committee Rep. Mark Baker

Reporting period 10/30/11 through 12/31/11
(10/04)

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
V.S Network	11/17/11	$ 29.95
Mailing Address 6360 I-55 North 3rd Fl	12/12/11	$ 29.95
City, State, Zip Code Jackson MS 39211		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 903.05

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ASAP Printing	11/17/11	$ 244.78
Mailing Address 2801 Layfair Dr.	__/__/__	$
City, State, Zip Code Flowood MS 39232-9501		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 244.78

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	$