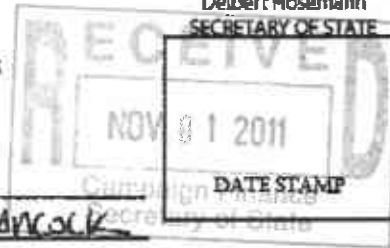


2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate DAVID BOVIA
 Address 544 MAIN STREET County HANCOCK
 Telephone 228-270-0001 Fax _____
 Office Sought State Representative Political Party DEMOCRAT
 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 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
- 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	\$ 16,863.49	\$ 7820.00	\$ 24,683.49	\$ 71,572.73
Total amount of disbursements	\$ 32,311.82	\$ 192.24	\$ 33,104.06	\$ 77,065.75
Total amount of cash on hand				\$ 59,314.17

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

11/1/2011
 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 \$90 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 DAVID BARRIA
 Reporting period 10/1/11 through 10/31/11

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
<u>Election Mall Shopping</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>10/3/11</u>	\$ <u>395.00</u>
City, State, Zip Code	<u>10/31/11</u>	\$ <u>395.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1580.00</u>
B. Full name	Date	Amount of each
<u>ABC Rentals</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>10/3/11</u>	\$ <u>52.97</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>158.91</u>
C. Full name	Date	Amount of each
<u>Gabe Olivera</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>10/4/11</u>	\$ <u>200.00</u>
City, State, Zip Code	<u> / / </u>	\$ <u>290.70</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>797.72</u>
D. Full name	Date	Amount of each
<u>Gabe Olivera</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>10/24/11</u>	\$ <u>234.60</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1032.32</u>
E. Full name	Date	Amount of each
<u>STEPHEN BURRELL</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>10/4/11</u>	\$ <u>350.00</u>
City, State, Zip Code	<u>10/12/11</u>	\$ <u>200.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4,498.92</u>
F. Full name	Date	Amount of each
<u>STEPHEN BURRELL</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u> / / </u>	\$ <u>337.50</u>
City, State, Zip Code	<u> / / </u>	\$ <u>556.25</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>5392.67</u>

Name of Candidate or Committee DAVID BOVIA
 Reporting period 10/1/11 through 10/31/11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Totally Frosted</u>	<u>10/4/11</u>	\$ <u>156.22</u>
Mailing Address	<u>— / — / —</u>	\$ <u>98.44</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>254.66</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hancock Chamber</u>	<u>10/5/11</u>	\$ <u>200.00</u>
Mailing Address	<u>10/5/11</u>	\$ <u>50.00</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MCG</u>	<u>10/17/11</u>	\$ <u>9618.54</u>
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>9618.54</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>LUC Media</u>	<u>10/24/11</u>	\$ <u>6500.00</u>
Mailing Address	<u>10/28/11</u>	\$ <u>5000.00</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>11500.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Scott Communications</u>	<u>10/17/11</u>	\$ <u>3775.00</u>
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3775.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BROAD STREET</u>	<u>10/17/11</u>	\$ <u>673.08</u>
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>673.08</u>

Name of Candidate or Committee DAVID BAVIA
 Reporting period 10/1/11 through 10/31/11

ITEMIZED DISBURSEMENTS

A. Full name <u>HCDEC</u>	Date (Mo., Day, Year) <u>10/17/11</u>	Amount of each disbursement this period \$ <u>300⁰⁰</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300⁰⁰</u>
B. Full name <u>SORG</u>	Date (Mo., Day, Year) <u>10/17/11</u>	Amount of each disbursement this period \$ <u>238.61</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>544.61</u>
C. Full name <u>Hancock County Food Pantry</u>	Date (Mo., Day, Year) <u>10/24/11</u>	Amount of each disbursement this period \$ <u>2,500⁰⁰</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,500⁰⁰</u>
D. Full name <u>USPS</u>	Date (Mo., Day, Year) <u>10/24/11</u>	Amount of each disbursement this period \$ <u>189.81</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>409.81</u>
E. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee DAVID BAKIA
 Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>PARTNERSHIP</u>			
Full name <u>WILLIAMS, WILLIAMS & MONTGOMERY, P.A</u>		<u>10/15/11</u>	\$ <u>7000.00</u>
Mailing Address <u>P.O. Box 113</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code <u>Bolivarville, Ms 39470</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)		Aggregate year-to-date	\$ <u>7000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>JAMES G. WYLY, III</u>		<u>10/15/11</u>	\$ <u>250.00</u>
Mailing Address <u>816 North Beach Blvd</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code <u>BAY ST LOUIS, MS 39520</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>OMEGA Protein</u>		<u>10/11/11</u>	\$ <u>250.00</u>
Mailing Address <u>2105 City West Blvd, # 500</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code <u>Houston, TX 77042</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>PETER M Lucore</u>		<u>10/17/11</u>	\$ <u>500.00</u>
Mailing Address <u>132 SARAH'S LANE</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code <u>Waverland, MS 39576</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee DAVID BARRIA
 Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>JENNIE S. PITT</u>		<u>10/13/11</u>	\$ <u>250.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Jonathan M Eichelberger</u>		<u>10/13/11</u>	\$ <u>250.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Walter Helms Boone Esq</u>		<u>10/13/11</u>	\$ <u>1000.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>IN KIND</u>			
Full name <u>BOB CASTORO</u>		<u>10/25/11</u>	\$ <u>262.50</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>262.50</u>

Name of Candidate or Committee DAVID BAVIA
 Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Contene Management Company LLC</u>		<u>10/17/11</u>	\$ <u>500.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>ST LOUIS MO 63105</u>			
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Beau Rivage</u>		<u>10/17/11</u>	\$ <u>500.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>P.O. Box 7325</u>			
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>Biloxi, Ms 39540</u>			
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Susan Gibson</u>		<u>10/17/11</u>	\$ <u>250.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>304 Jeff Davis</u>			
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>Waveland, MS 39576</u>			
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Caesars Entertainment OC, Inc</u>		<u>10/19/11</u>	\$ <u>1000.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>3370 Las Vegas Blvd. South</u>			
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>Las Vegas, Nevada 89109</u>			
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee DAVID BARRIA
 Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Baker Donelson MS PAC</u>		<u>10/21/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 14187</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson Ms 39238</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>250⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>DALE HUBBARD</u>		<u>10/24/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>510 Leatherstone Court</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>G.M.R.I.</u>		<u>10/24/11</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 695012</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ovland, FL 32869-5012</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>250⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Compreta Consulting</u>		<u>10/31/11</u>	\$ <u>201⁰⁰</u>
Mailing Address <u>1715 Devine Street</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson Ms 39202</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>201⁰⁰</u>

Name of Candidate or Committee DAVID BARKI

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Dr Nancy Horton</u>		<u>10/27/11</u>	\$ <u>1000⁰⁰</u>
Mailing Address _____			
<u>P.O. Box 14013</u>			
City, State, Zip Code _____			
<u>JACKSON, MS 39236-4013</u>			
Name of Employer (Required) _____			
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS PRIMARY Health Care Assn</u>		<u>10/27/11</u>	\$ <u>250⁰⁰</u>
Mailing Address _____			
<u>4100 LAKEVIEW RD, Ste A</u>			
City, State, Zip Code _____			
<u>JACKSON, MS 39213</u>			
Name of Employer (Required) _____			
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>DANNY E CURT</u>		<u>10/27/11</u>	\$ <u>500⁰⁰</u>
Mailing Address _____			
<u>P.O. Box 22929</u>		<u>10/27/11</u>	\$ <u>1000⁰⁰</u>
City, State, Zip Code _____			
<u>JACKSON, MS 39225</u>			
Name of Employer (Required) _____			
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1500⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Bones Funderburg, Sessums, Peterson</u>		<u>10/27/11</u>	\$ <u>500⁰⁰</u>
Mailing Address _____			
<u>Bank of US Opening Acct</u>			
City, State, Zip Code _____			
Name of Employer (Required) _____			
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee DAVID BIVIA

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>DAVID Bosley</u>		<u>10/25/11</u>	\$ <u>299.99</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>742 Gladstone St</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>WAVELAND, MS 39576</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>299.99</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Gventell, Sledge & Stevens, PLLC</u>		<u>10/24/11</u>	\$ <u>500.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>1535 Lelia Drive</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>JACKSON, MS 39211</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>UNKNOWN</u>			
Full name <u>MS Sierra Club</u>		<u>10/28/11</u>	\$ <u>1000.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>P.O. Box 4335</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>JACKSON MS 39211</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Langston & Langston, PLLC</u>		<u>10/24/11</u>	\$ <u>500.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>201 N President Street</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
<u>JACKSON, MS 39201</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee DAVID BAKIA
 Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>DRIVER of Jennifer DIAZ</u>	<u>10 / 17 / 11</u>	\$ <u>400.00</u>
Mailing Address <u>241 Highland Hills Lane</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowa, MS 39076-9529</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>