2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEB 01 2010
Candidate Name
Secretary of State
DATE STAMP

Candidate's Name Mark Baker

Full Address 244 Dominion Parkway Brandon MS

Telephone 601. 824. 3297 (Fax) 601. 824. 7456

E-mail

Office Sought Rep. Dist 74 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ 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 municipal clerk 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	(I) 3550.00 (NI) 324.75	$ 3874.75	$ 3874.75
Total amount of disbursements	(I) 1989.73 (NI) 1572.60	$ 3562.33	$ 3562.33
Total amount of cash on hand		$ 24,927.40	

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 1/27/2010

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 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: COMCAST	1/12/09	$ 200.00
Mailing Address: 1701 John F. Kennedy Blvd.	11/17/09	$ 200.00
City, State, Zip Code: Philadelphia, PA 19103-2838	__/__/__	$
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: Wal Pac	1/12/09	$ 250.00
Mailing Address: 702 SW 8th St.	10/21/09	$ 250.00
City, State, Zip Code: Bentonville, AR 72716-0150	__/__/__	$
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: NUCOR STEEL RECYCLERS OF MS PAC	7/14/09	$ 500.00
Mailing Address: 3630 Fourth St.	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
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: ELECTRIC POWER ASSNS. OF MS STATE PAC	9/23/09	$ 500.00
Mailing Address: P.O. Box 3300	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Baker, Merle

Reporting period 1/9/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GEORGIA PACIFIC FINANCIAL MGMT. LLC	12/9/09	$ 250.00
Mailing Address: P.O. Box 61270	__/__/__	$
City, State, Zip Code: Phoenix, AZ 85082-1270	__/__/__	$
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: AT&T MS POLITICAL ACTION COMM	12/9/09	$ 500.00
Mailing Address: 175 E. CAPITAL ST. RM 703	__/__/__	$
City, State, Zip Code: JACKSON, MS 39201	__/__/__	$
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: MS POWER COMPANY STATE PAC	12/22/09	$ 400.00
Mailing Address: 2992 N. BERCH BLVD.	__/__/__	$
City, State, Zip Code: GULFPORT, MS 39502-4079	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MAE-PAC	12/16/09	$ 500.00
Mailing Address: 1080 River Oaks Dr. Ste B100	__/__/__	$
City, State, Zip Code: Flowood, MS 39232-7644	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Baker Mark

Reporting period 11/1/09 through 12/31/09

ITEMIZED DISBURSEMENTS

A. Full name Comm. Hse. to Elect Michael Jones	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 4147	4/14/09	$ 500.00
City, State, Zip Code Biloxi, MS 39535	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
B. Full name Miss. House Rep. Comm.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 447	7/24/09	$ 1000.00
City, State, Zip Code Brandon, MS 39043	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
C. Full name Rankin Publishing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 5507	1/23/09 7/1/09	$ 54.00 106.49
City, State, Zip Code Brandon, MS 39047	9/1/09	$ 43.49
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 203.98
D. Full name Rankin G. News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 207 E. Govt. St.	1/15/09	$ 49.25
City, State, Zip Code Brandon, MS 39042	5/1/09 10/9/09	$ 186.50 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 285.75
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	$