2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 17 2011
Campaign Finance
Secretary of State

Name of Candidate Mark Baker

Address 244 Dominion Parkway, Brandon MS

Telephone 601. 824. 7455 Fax 601. 824. 7456

Contact Name Mark Baker Email

Office Sought Representative, Dist. 74 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010).....Mandatory

____ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).....Runoff Candidates

____ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010).....All Candidates

____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....Runoff Candidates

X **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010).....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 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	$3,300 +$ 9,450	$ 12,750.00	$ 12,750.00
Total amount of disbursements	$3,479.53+$ 2064.07	$ 5,543.60	$ 5,543.60
Total amount of cash on hand		$ 37,358.80	

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

1/17/11
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 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

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	9/13/10	$ 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	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve Rowell	10/29/10	$ 250.00
Mailing Address: 284 Fannin Landing Circle	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
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: Thomas Jerry Ruffin	10/29/10	$ 250.00
Mailing Address: 450 Hwy. 49 South	/ /	$
City, State, Zip Code: Richland, MS 39218	/ /	$
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: Charles Ernest Gulano	10/29/10	$ 250.00
Mailing Address: 1112 Point Cv.	/ /	$
City, State, Zip Code: Brandon, MS 39042	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Luckett	10/29/10	$ 500.00
Mailing Address: 120-A Summer Ridge	/ /	$
City, State, Zip Code: Pearl, MS 39208	/ /	$
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: Mike Marsh	10/29/10	$ 250.00
Mailing Address: 533 Madeleine Ct	/ /	$
City, State, Zip Code: Brandon, MS 39042	/ /	$
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: Rebecca Davidson	10/29/10	$ 250.00
Mailing Address: 489 Woodlands Cir	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
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: Frank M. Youngblood, Jr.	10/29/10	$ 250.00
Mailing Address: 710 Inheritance Place	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobby Peoples	10/29/10	$ 250.00
Mailing Address: P.O. Box 6238	__/__/__	$
City, State, Zip Code: Jackson, MS 39288-6236	__/__/__	$
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: Bobby L. Dallas	10/29/10	$ 250.00
Mailing Address: 9 Napa Valley	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
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: ENPAC Mississippi	10/29/10	$ 250.00
Mailing Address: P.O. Box 1640	__/__/__	$
City, State, Zip Code: Jackson, MS 39215-1640	__/__/__	$
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: Capitol Advocacy Group, PAC	10/29/10	$ 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	$

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Don Griffin	10/29/10	$ 250.00
Mailing Address: 243 Dominion Parkway	__/__/__	$
City, State, Zip Code: Brandon MS 39042	__/__/__	$
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: Advance America	10/29/10	$ 250.00
Mailing Address: 135 N. Church St.	__/__/__	$
City, State, Zip Code: Spartanburg, SC 29306	__/__/__	$
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: J. Kevin Watson	10/29/10	$ 250.00
Mailing Address: P.O. Box 23546	__/__/__	$
City, State, Zip Code: Jackson, MS 39225-3546	__/__/__	$
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: Pamela N. Hertins	10/29/10	$ 250.00
Mailing Address: 4 Riverbend Pl., Suite 110	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Unwind Company	10/29/10	$ 250.00
Mailing Address: 3911 Hwy 80 E	/ /	$
City, State, Zip Code: Pearl, MS 39208	/ /	$
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: James L. Morris	10/29/10	$ 500.00
Mailing Address: P.O. Box 1897	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
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: Tower Loan	10/28/10	$ 500.00
Mailing Address: P.O. Box 32001	/ /	$
City, State, Zip Code: Flowood, MS 39232-0001	/ /	$
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: Mississippi Power Company State PAC	10/29/10	$ 300.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

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 Assoc. PAC	10/29/10	$ 250.00
Mailing Address: 601 George St.	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
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: Jack Macon	10/29/10	$ 250.00
Mailing Address: 408 Fairwood Dr.	__/__/__	$
City, State, Zip Code: Brandon MS 39047	__/__/__	$
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: Journey & Company	10/29/10	$ 250.00
Mailing Address: 200 Arthurs Ct.	__/__/__	$
City, State, Zip Code: Brandon, MS 39047-5416	__/__/__	$
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: Homer Burns	10/29/10	$ 250.00
Mailing Address: 547 Eastside Cv.	__/__/__	$
City, State, Zip Code: Brandon MS 39047	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE - PAC	10/29/10	$ 500.00
Mailing Address: P.O. Box 2663	__/__/__	$
City, State, Zip Code: Tuscaloosa, AL 35403	__/__/__	$
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: Lucien L. Bourgeois	10/29/10	$ 250.00
Mailing Address: 117 Kenwood Dr.	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
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: Cris M. Vinson	10/29/10	$ 250.00
Mailing Address: 118 E. Sunset Dr.	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
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: A.R. Butch Lee III	10/29/10	$ 250.00
Mailing Address: 129 Richmond Dr.	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mack

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mark W. Garriga	10/29/10	$ 250.00
Mailing Address: 121 Golden Pond Dr.	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
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: Mark Bounds	10/29/10	$ 500.00
Mailing Address: P.O. Box 1753	__/__/__	$
City, State, Zip Code: Madison MS 39130	__/__/__	$
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: Chance Carter	10/29/10	$ 250.00
Mailing Address: 2003 Windy Cr.	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
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: Charles E. Ross	10/29/10	$ 250.00
Mailing Address: P.O. Box 651	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mark

Reporting period 11/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Truitt M. Grubbs Sr	10/29/10	$ 250.00
Mailing Address: 41 Crossgates Blvd.	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
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: Jeffrey K. Tyree	10/29/10	$ 250.00
Mailing Address: 430 Bradford Dr.	__/__/__	$
City, State, Zip Code: Brandon, MS 39047	__/__/__	$
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: Grand Trunk Western Railroad Co.	11/12/10	$ 250.00
Mailing Address: 2800 Livernois, Suite 300	__/__/__	$
City, State, Zip Code: Troy, MI 48007-5025	__/__/__	$
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: Atmos Energy Corporation PAC	11/12/10	$ 500.00
Mailing Address: 5430 LBJ Freeway, Suite 160	__/__/__	$
City, State, Zip Code: Dallas TX 75240	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mark

Reporting period 11/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Climate Masters, Inc. 12-2	11/15/10	$ 750.00
Mailing Address: P.O. Box 6276	/ /	$
City, State, Zip Code: Pearl MS 39288	/ /	$
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: Thomas Watkins	11/17/10	$ 500.00
Mailing Address: 6474 Grants Ferry Rd.	/ /	$
City, State, Zip Code: Brandon MS 39042	/ /	$
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: Health Management Associates MS PAC	11/22/10	$ 1,000.00
Mailing Address: 2550 Flowood Dr., Ste. 402	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
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: Ameristar	12/10/10	$ 500.00
Mailing Address: 4116 Washington St.	/ /	$
City, State, Zip Code: Vicksburg MS 39180	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bail Agents Assn.	12/27/10	$ 250.00
Mailing Address: 413 S. President St. Suite 111	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
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	$

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rankin Co. Republican Executive Comm.	2/5/10	$ 450.00
Mailing Address: 4 Riverbend Pl. Suite 110	4/16/10	$ 155.00
City, State, Zip Code: Flowood, MS 39232	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
U.S. Networx	1/27/10	$ 479.40
Mailing Address: 6360 I-55 North, 3rd Fl	6/10/10	$ 109.00
City, State, Zip Code: Jackson, MS 39211	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ad-World Specialties	2/17/10	$ 364.33
Mailing Address: 3403 Lazell Lane	__/__/__	$
City, State, Zip Code: Pearl, MS 39208	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Comm. Here to Elect Phil Bryant	6/18/10	$ 500.00
Mailing Address: 825 N. President St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Muscadine Jubilee	6/21/10	$ 250.00
Mailing Address: P.O. Box 229	__/__/__	$
City, State, Zip Code: Pelahatchie, MS 39145	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Comm. Here to Elect Steve Palazzo	10/1/10	$ 500.00
Mailing Address: P.O. Box 4634	__/__/__	$
City, State, Zip Code: Biloxi, MS 39535	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

Page 2 of 2

Name of Candidate or Committee Baker, Mark

Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name V.S. Post office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/14/10	$ 308.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name Service Printing Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 320249	10/27/10	$ 363.80
City, State, Zip Code Flowood MS 39232-0249	__/__/__	$
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	$