2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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JAN 31 2017
Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Mark Baker

Address 244 Dominion Parkway County Rankin

Telephone 601.824.7455 Fax 601.824.7456

Office Sought Representative, District 74 Email Address mark@blfmail.com

☐ Check here if above is different from previous report

X **January 31, 2017 Annual Report** (January 1, 2016 through December 31, 2016).....**Mandatory**
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) **Required to terminate reporting obligations**

IMPORTANT

(1) **Annual 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 the reporting period.**

(2) **Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**

(3) **The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day *before* the deadline. Reports may be faxed or emailed.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 5,250.00 +$ 200.00	$ 5,450.00	$ 5,450.00
Total amount of disbursements	$ 8,451.59 +$ 1,529.06	$ 9,980.65	$ 9,980.65
Total amount of cash on hand		$ 75,736.57	

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 1/31/2017 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) *et. seq.* for statutory requirements.
Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of $50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. *Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.*
2. *Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.*
3. *Candidates for municipal office file all required report with the Municipal Clerk's Office.*

Name of Candidate or Committee: Mark Baker

Reporting period: 1/1/16 through 12/31/17

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway Company	1 / 15 / 16	$ 250.00
Mailing Address: 2500 Lou Menk Drive, AOB-3	/ /	$
City, State, Zip Code: Fortworth, TX 76131	/ /	$
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: Gulf States Toyota	8 / 31 / 16	$ 500.00
Mailing Address: 1375 Enclave Parkway	/ /	$
City, State, Zip Code: Houston, TX 77077	/ /	$
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: Swisher International, Inc.	11 / 1 / 16	$ 500.00
Mailing Address: P.O. Box 2230	/ /	$
City, State, Zip Code: Jacksonville, FL 32203-2230	/ /	$
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: Anheuser Busch Companies	11 / 1 / 16	$ 500.00
Mailing Address: One Busch Place	/ /	$
City, State, Zip Code: St. Louis, MO 63118	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Mark Baker

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Denmiss, LLC	11 / 1 / 16	$ 1,000.00
Mailing Address: P.O. Box 320579	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pfizer, Inc.	11 / 14 / 16	$ 500.00
Mailing Address: 6730 Lennox Center CT	/ /	$
City, State, Zip Code: Memphis, TN 38115	/ /	$
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: AT&T Mississippi PAC	12 / 1 / 16	$ 250.00
Mailing Address: 111 East Capitol Street, Suite 6030	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Advance America	12 / 5 / 16	$ 250.00
Mailing Address: 135 North Church Street	/ /	$
City, State, Zip Code: Spartanburg, SC 29306	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Mark Baker

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rehabilitation Centers, LLC	12 / 12 / 16	$ 500.00
Mailing Address: 100-A Jadek Drive, NE	/ /	$
City, State, Zip Code: Magee, MS 39211	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Denbury Onshore, LLC	12 / 12 / 16	$ 500.00
Mailing Address: 5320 Legacy Drive	/ /	$
City, State, Zip Code: Plano, TX 75024-3121	/ /	$
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: Baker Donelson Bearman Caldwell & Berkowitz, P.C. Mississippi Political Action Committee	12 / 29 / 16	$ 500.00
Mailing Address: 4268 I-55 North, Meadowbrook Office Park	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
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:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee Mark Baker

Reporting period 1/1/16 **through** 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name Northwest Rankin High School	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5805 Highway 25	1 / 13 / 16	$ 250.00
City, State, Zip Code Flowood, MS 39232	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00
B. Full name U.S. Next	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 6360 I-55 North, Suite 310	1 / 25 / 16	$ 479.40
City, State, Zip Code Jackson, MS 39211	8 / 22 / 16	$ 359.40
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 838.80
C. Full name First Bankcard	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 2557	1 / 29 / 16	$ 291.36
City, State, Zip Code Omaha, NE 68103-2557	3 / 2 / 16	$ 371.53
Purpose of Disbursement (Optional) 1/29 - for Brandon High School Baseball, 3/2 - for Brandon High School Mock Trial	Aggregate Year-to-date	$ 662.79
D. Full name Forward Mississippi PAC	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 1159	2 / 29 / 16	$ 3,000.00
City, State, Zip Code Clinton, MS 39060-1159	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,000.00
E. Full name Committee to Elect Ed Hannan	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 3113	5 / 12 / 16	$ 500.00
City, State, Zip Code Ridgeland, MS 39158	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
F. Full name Lamar Companies	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 96030	5 / 20 / 16	$ 1,500.00
City, State, Zip Code Baton Rouge, LA 70896	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,500.00

Name of Candidate or Committee Mark Baker

Reporting period 1/1/16 **through** 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name Barker Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 168 Oxmoor Rd.	6 / 14 / 16	$ 150.00
City, State, Zip Code Homewood, AL	7 / 8 / 16	$ 150.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 300.00
B. Full name Campaign to Elect John McLaurin	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 212 Legacy Drive	8 / 23 / 16	$ 500.00
City, State, Zip Code Brandon, MS 39042	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name Kenny Griffis Campaign	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 16297	10 / 10 / 16	$ 500.00
City, State, Zip Code Jackson, MS 39236	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
D. Full name Delta Streets Ministries	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 9895	10 / 20 / 16	$ 400.00
City, State, Zip Code		