2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
FEB 01 2017
Campaign Finance
Secretary of State

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

Name of Candidate David Barla

Address 153 Main St. Bay St. Louis, MS 39520 County Hancock

Telephone 228-220-0001 Fax

Office Sought House of Representatives Email Address dbarla@barlalaw.com

☑ Check here if above is different from previous report

☑ 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 weekday 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	$ 15,892.10	+$ 6113.29	$ 22,005.39	$ 22,005.39
Total amount of disbursements	$ 11,867.83	+$ 2,852.84	$ 14,720.67	$ 14,720.67
Total amount of cash on hand			$	

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 Jan 31, 2017 Date

Authority: Refer to Miss. Code Ann. §23-15-807 (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 23-15-813.

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 offices file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required reports with the Municipal Clerk's Office.

SOS 12-15

Name of Candidate or Committee: David Baris

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ACTBLUE	11 / 13 / 16	$ 192.10
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 192.10

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dukes, Dukes, Keating & Faneca, PA	12 / 20 / 16	$ 200.00
Mailing Address: P.O. Drawer W	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Silver Slipper Casino	08 / 10 / 16	$ 1,000.00
Mailing Address: P.O. Box 3270	/ /	$
City, State, Zip Code: Bay St. Louis MS 39521	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Occhi	08 / 11 / 16	$ 750.00
Mailing Address: 67 Shoreline Lane	/ /	$
City, State, Zip Code: Gulfport MS 39503	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 750.00

Name of Candidate or Committee: David Baria

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cable PAC MCTA	08 / 25 / 16	$ 200.00
Mailing Address: P.O. Box 55867	/ /	$
City, State, Zip Code: Jackson MS 39296	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Donal & Lill Murphy	08 / 30 / 16	$ 250.00
Mailing Address: 511 Jeff Davis	/ /	$
City, State, Zip Code: Waveland MS 39576	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MRBAPAC Mississippi Road Builders Assoc. PAC	08 / 30 / 16	$ 250.00
Mailing Address: 601 George St.	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
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: Davis & Crump, PC	08 / 31 / 16	$ 1,000.00
Mailing Address: 2601 14th St.	/ /	$
City, State, Zip Code: Gulfport MS 39501	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: David Baria

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael McMahan	09 / 02 / 16	$ 200.00
Mailing Address: 46 Longwood Dr.	/ /	$
City, State, Zip Code: Hattiesburg MS 39402	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1700.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Warren Pavinn	09 / 02 / 16	$ 750.00
Mailing Address: P.O Box 2505	/ /	$
City, State, Zip Code: Gulfport MS 39505	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carroll, Warren & Parker, LLC	09 / 02 / 16	$ 750.00
Mailing Address: P.O. Box 1005	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

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	09 / 02 / 16	$ 250.00
Mailing Address: P.O Box 4079	/ /	$
City, State, Zip Code: Grenada MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: David Barla

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Adams & Reese, LLP	09 / 06 / 16	$ 250.00
Mailing Address: 4500 One Shell Square	/ /	$
City, State, Zip Code: New Orleans LA 70139	/ /	$
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: 1A Smart Start, LLC	09 / 07 / 16	$ 500.00
Mailing Address: 500 E Dallas Rd.	/ /	$
City, State, Zip Code: Grapevine TX 76051	/ /	$
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: JM Hughes Group, LLC	09 / 10 / 16	$ 250.00
Mailing Address: 147 Highland Circle	09 / 10 / 16	$ 50.00
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00
D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Apple Real Estate, LLC	09 / 12 / 16	$ 225.00
Mailing Address: 8 Grandview Dr,	/ /	$
City, State, Zip Code: Youngsville LA 70592	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 225.00

Name of Candidate or Committee: David Baria

Reporting period: January 1, 2016 through: December 31, 2016

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gilbert, Garon, Pitre & Friedman	09 / 13 / 16	$ 212.50
Mailing Address: 3506 Washington Ave.	/ /	$
City, State, Zip Code: Gulfport MS 39507	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 212.50

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Team Waste	09 / 13 / 16	$ 400.00
Mailing Address: P.O. Box 1350	/ /	$
City, State, Zip Code: Ocean Springs MS 39566	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brehm Bell, Attorney at Law	09 / 13 / 16	$ 212.50
Mailing Address: 544 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 212.50

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Willie Bozeman	09 / 13 / 16	$ 225.00
Mailing Address: P.O. Box 1038	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 225.00

Name of Candidate or Committee: David Baria

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Silbert, Garon, Pitre & Friedman	09 / 13 / 16	$ 212.50
Mailing Address: 3506 Washington Ave.	/ /	$
City, State, Zip Code: Gulfport MS 39507	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 212.50
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Team Waste	09 / 13 / 16	$ 400.00
Mailing Address: P.O. Box 1350	/ /	$
City, State, Zip Code: Ocean Springs MS 39566	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00
C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brehm Bell, Attorney at Law	09 / 14 / 16	$ 212.50
Mailing Address: 544 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 212.50
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Willie Bozeman	09 / 15 / 16	$ 225.00
Mailing Address: P.O. Box 1038	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 225.00

Name of Candidate or Committee: David Baria

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kwiat Construction Co., LLC	09 / 15 / 16	$ 225.00
Mailing Address:	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 225.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: B.E.S.S., LLC	09 / 15 / 17	$ 250.00
Mailing Address: 544 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve Hanneke	09 / 15 / 16	$ 300.00
Mailing Address: 361 Red Eagle Circle	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Advantage Title, LLC	09 / 16 / 16	$ 1,100.00
Mailing Address: 137 Main St.	/ /	$
City, State, Zip Code: Bay St. Louis MS 39520	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,100.00

Name of Candidate or Committee: David Baria

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MHA PAC	09 / 19 / 16	$ 250.00
Mailing Address: P.O. Box 1909	/ /	$
City, State, Zip Code: Madison MS 39130	/ /	$
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: Huntington Ingalls Industries	09 / 21 / 16	$ 850.0
Mailing Address: P.O. Box 149	/ /	$
City, State, Zip Code: Pascagoula MS 39568	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 850.0

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Capitol Advocacy Group, PAC	09 / 21 / 16	$ 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	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kevin Heran	10 / 03 / 16	$ 550.00
Mailing Address: P.O. Box 2166	/ /	$
City, State, Zip Code: Grenada MS 38902	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 550.00

Name of Candidate or Committee: David Baria

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Independent RX PAC	10 / 03 / 16	$ 500.00
Mailing Address: 439 Lakeland Dr., Ste. 399	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
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: Waste Management	10 / 12 / 16	$ 500.00
Mailing Address: P.O. Box 3022	/ /	$
City, State, Zip Code: Houston TX 77253	/ /	$
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: ENPAC Mississippi	10 / 17 / 16	$ 250.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
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: Sound Insurance Solutions	11 / 05 / 16	$ 1,000.00
Mailing Address: P.O. Drawer 6949	/ /	$
City, State, Zip Code: Gulfport MS 39506	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: David Baria

Reporting period: January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Electric Power Assoc. of MS State PAC	12 / 06 / 16	$ 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
B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental PAC	12 / 07 / 16	$ 500.00
Mailing Address: 439 B Katherine Dr.	/ /	$
City, State, Zip Code: Flowood MS 39232-9781	/ /	$
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: Charles B. Benvenutti, CPA PA	08 / 01 / 16	$ 250.00
Mailing Address: P.O. Box 2639	/ /	$
City, State, Zip Code: Bay St. Louis MS 39521	/ /	$
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: Roy and Nancy Campbell	/ /	$ 1,000.00
Mailing Address: 835 Avondale Street	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee David Baria

Reporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Reservoir Place	02 / 05 / 16	$ 35.00
City, State, Zip Code 1601 Trapelo Road	04 / 22 / 16	$ 35.00
Purpose of Disbursement (Optional) Waltham, MA 02451	Aggregate Year-to-date	$ 70.00
B. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	00 / 05 / 16	$ 35.00
City, State, Zip Code	06 / 06 / 16	$ 35.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 140.00
C. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06 / 30 / 16	$ 35.00
City, State, Zip Code	08 / 01 / 16	$ 40.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 215.00
D. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 / 31 / 16	$ 40.00
City, State, Zip Code	09 / 30 / 16	$ 40.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 295.00
E. Full name Constant Contact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 31 / 16	$ 40.00
City, State, Zip Code	11 / 30 / 16	$ 40.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 375.00
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	$

Name of Candidate or Committee David Baria

Reporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name CASA Hancock County	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 4112	01 / 04 / 16	$ 600.00
City, State, Zip Code Bay St. Louis, MS 39521	12 / 13 / 16	$ 850.00
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 1,450.00
B. Full name Hancock County	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	02 / 22 / 16	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
C. Full name Diana Normand	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 553 Meadow Lane	02 / 29 / 16	$ 135.00
City, State, Zip Code Waveland, MS 39576	08 / 14 / 16	$ 500.00
Purpose of Disbursement (Optional) Campaign Work / Golf Tournament Coordinator	Aggregate Year-to-date	$ 635.00
D. Full name Diana Normand	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	09 / 16 / 16	$ 1000.00
City, State, Zip Code Golf Tournament Coordinator/ Mileage	10 / 10 / 16	$ 37.80
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,672.80
E. Full name HCYLA	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	02 / 29 / 16	$ 250.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00
F. Full name Chism Strategies	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 2960 N. State St.	04 / 04 / 16	$ 2000.00
City, State, Zip Code Jackson, MS 39216	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2000.00

Name of Candidate or Committee David Baria

Reporting period January 1, 2016 **through** December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name PRCC Hancock Co. Alumni	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 101 Highway 11 North Box 5389	04 / 27 / 16	$ 200.00
City, State, Zip Code Poplarville, Mississippi 39470	/ /	$
Purpose of Disbursement (Optional) Donation	**Aggregate Year-to-date**	$ 200.00
B. Full name Delta Airlines	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1020 Delta Blvd.	05 / 31 / 16	$ 486.20
City, State, Zip Code Atlanta, GA 30354	/ /	$
Purpose of Disbursement (Optional)	**Aggregate Year-to-date**	$ 486.20
C. Full name Hancock Co. Democratic Election Committee	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	08 / 04 / 16	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	**Aggregate Year-to-date**	$ 200.00
D. Full name Alex Northington	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	08 / 18 / 16	$ 400.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	**Aggregate Year-to-date**	$ 400.00
E. Full name Phil Williams	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 514 Old Spanish Trail	09 / 12 / 16	$ 300.00
City, State, Zip Code Bay St. Louis, MS 39520	09 / 15 / 16	$ 300.00
Purpose of Disbursement (Optional) Golf Tournament Caterer	**Aggregate Year-to-date**	$ 600.00
F. Full name The Bridge Golf Course	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 711 Hollywood Blvd	09 / 15 / 16	$ 3,181.14
City, State, Zip Code Bay St Louis, MS 39520	/ /	$
Purpose of Disbursement (Optional) Golf Tournament Golf	**Aggregate Year-to-date**	$ 3,181.14

Name of Candidate or Committee David Baria

Reporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Ad Lib	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 401 Main St.	09 / 19 / 16	$ 242.70
City, State, Zip Code Bay St. Louis, MS 39520	___/___/___	$
Purpose of Disbursement (Optional) Golf Tournament Advertisement	Aggregate Year-to-date	$ 242.70
B. Full name Coastal Conservation Assoc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 3916	09 / 27 / 16	$ 500.00
City, State, Zip Code Bay St. Louis, MS 39520	___/___/___	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 500.00
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	$