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SECRETARY OF THE SENATE  
PUBLIC RECORDS

2018 MAR 14 AM 10:55  
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# FEC FORM 1

# STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Baria for Mississippi

ADDRESS (number and street)

153 Main Street

(Check if address is changed)

Bay St. Louis

MS

39520

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

david@bariaformississippi.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.bariaformississippi.com

2. DATE

MM / DD / YYYY  
03 / 06 / 2018

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Godfrey, Will,

Signature of Treasurer

*Will Godfrey*

Date

MM / DD / YYYY  
03 / 06 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Baria, David, , ,

Candidate Party Affiliation  DEM  REP  LIB  IND  OTH

Office Sought:  House  Senate  President

State  AL  AK  AR  AZ  CA  CO  CT  DC  DE  FL  GA  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NH  NJ  NM  NV  NY  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  00  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

Write or Type Committee Name

# Baria for Mississippi

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Jones, Brandon, , ,

Mailing Address

308 E. Pearl Street

Suite 302

Jackson

MS

39201

Title or Position

CITY

STATE

ZIP CODE

Custodian/Agent

Telephone number

601

948

6016

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Godfrey, Will, , ,

Mailing Address

308 E. Pearl Street

Suite 302

Jackson

MS

39201

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

601

660

7105

Full Name of Designated Agent

Jones, Brandon, , ,

Mailing Address

308 E. Pearl Street

Suite 302

Jackson

MS

39201

CITY

STATE

ZIP CODE

Title or Position Custodian/Agent

Telephone number

601

948

6016

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Regions

Mailing Address

1121 Highway 90

Bay St. Louis

MS

39520

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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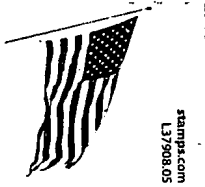
David Barria  
153 Main St.  
Bay St. Louis, MS 39520



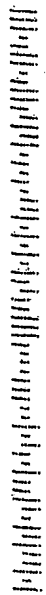
Secretary of the Senate  
Office of Public Records  
P.O. Box 77578  
Washington, D.C. 20013-77578

JACKSON  
MS 39201  
07 MAR '18  
PM 1

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MAR 13 2018



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153 MAIN ST  
BAY ST LOUIS MS 39520

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

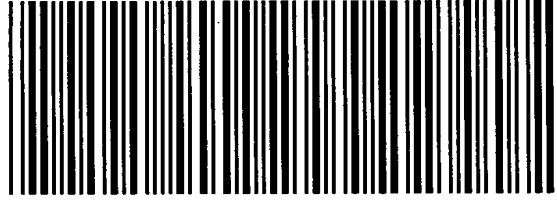
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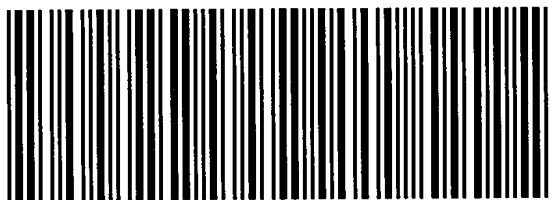
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PREPARER BP DATE PREPARED 3/14/18



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SEN PATCH

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