# Tandidate

JAN 3 1 2025 REPORT OF RECEIPTS	AND DISBURSEMENTS
SCHTY OF OCEAN SPRINGS 2024 An	nual Report
Name of Candidate Kenny Holloway	DATE STAMP
Address P.O Box 1817	City/State/Zip Ocean Springs, MS 39564
Telephone (Work) 228-669-0603 (Home)	(Fax)
Contact Name Kenny Holloway	Email Address_contact@mayorholloway.com
Office Sought Mayor	
Check here if above information is different from previous rep	port
TYP	E OF REPORT
XFriday, January 31, 2025 (January 1, 2024 through De	cember 31, 2024)
Termination Report (Candidate will no longer accept of	ontributions, make campaign expenditures, Required to terminate

### IMPORTANT

has no outstanding campaign debt obligation)

- Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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.
- Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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.
- Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- 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).
- 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. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018

JAN. 1, 2024 CASH ON HAND BA	ALANCE		\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND B	BALANCE		\$

SECRETARY OF STATE

reporting obligations

<sup>&</sup>lt;sup>1</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER JANUARY 1, 2018

JAN. 1, 2024 CASH ON HAND BALANCE		\$ 14621.29	
TOTAL AMT OF CONTRIBUTIONS	Itemized (+) \$75800.00	Non-Itemized (=) \$ 3400.00	Calendar Year-to-Date \$79200.00
TOTAL AMT OF DISBURSEMENTS	\$26496.78	\$ 2102.14	\$ 28598,92
DEC. 31, 2024 CASH ON HAND	BALANCE		\$65222.37

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

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. 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.



Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31,2024

ITEMIZED CONTRIBUTIONS

HEMIZED CONTRIBU		
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Sean Desporte	10/25/24	\$ 1000.00
Mailing Address 197 Caillavette Street	/ /	\$
1911 Caillavette sivee		
City, State, Zip Code  Biloxi MS 39530  Name of Employer (Required)	//	\$
Name of Employer (Required)  Desporte Seafood	//	\$
Occupation (Required)	Aggregate	\$
Owner	year-to-date	1000.00
B. Source: Corporation OPAC Mindividual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Cynthia Henderson	11/6/24	\$1000.00
Mailing Address 4003 Dunsinane Street	//	\$
City State Tim Code	//	\$
Ocean Springs MS 39564  Name of Employer (Required)	/ /	\$
Cypress Engineering Occupation (Required)		
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: OCorporation OPAC OIndividual OLoan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name  Over Street + Associates PLLC	(Mo., Day, Year)	
Overstreet + Associates, PLLC Mailing Address		this period
Full name Overstreet + Associates, PLLC  Mailing Address  [6] Lameuse Staite 203  City, State, Zip Code		\$ 750.00
Mailing Address  Loi Lameuse Staite 203		\$ 750.00 \$
Full name  Overstreet + Associates, PLLC  Mailing Address  [61 Laneuse Staite 203  City, State, Zip Code  B: loxi MS 39530  Name of Employer (Required)	11 15 1 24 	this period  \$ 750.00 \$
Full name  Overstreet + Associates, PLLC  Mailing Address  161 Lameuse Staite 203  City, State, Zip Code  Biloxi MS 39530		\$ 750.00 \$
Full name  Overstreet + Associates, PLLC  Mailing Address  161 Lameuse Staite 203  City, State, Zip Code  Biloxi MS 39530  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan	11 /5 / 24/_////	s 750.00  \$ 150.00  Amount of each receipt
Full name  Overstreet + Associates, PLLC  Mailing Address  (61 Laneuse Staite 203  City, State, Zip Code  Biloxi MS 39530  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name	11 / 5 / 24 //////// Aggregate year-to-date  Date (Mo., Day, Year)	s 750.00  \$ 150.00  Amount of each receipt this period
Full name  Overstreet + Associates, PLLC  Mailing Address  [61 Lameuse Staite 203  City, State, Zip Code  Biloxi MS 39530  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Brad ford - Okeefe Funeral Homes  Mailing Address	11 / 5 / 24 //////// Aggregate year-to-date  Date (Mo., Day, Year)	s 750.00  Amount of each receipt this period  750.00
Full name  Overstreet + Associates, PLLC  Mailing Address  [61 Lameuse State 203  City, State, Zip Code  Biloxi MS 39530  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Brad ford - Okeefe Funeral Homes  Mailing Address  P. O. Box 677	11 / 5 / 24 //////// Aggregate year-to-date  Date (Mo., Day, Year)	s 750.00  \$ 150.00  Amount of each receipt this period
Full name  Over Street + Associates, PLLC  Mailing Address  [61 Lameuse Starte 203]  City, State, Zip Code  \$\int_{1} \to \cdot \to \to \to \square \to	11 / 5 / 24 //////// Aggregate year-to-date  Date (Mo., Day, Year)	s 750.00  Amount of each receipt this period  750.00
Full name  Overstreet + Associates, PLLC  Mailing Address  (6) Laneuse Staite 203  City, State, Zip Code  Biloxi MS 39530  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Brad ford - Okeefe Funeral Homes  Mailing Address  P.O. Box 677  City, State, Zip Code	11 / 5 / 24 //////// Aggregate year-to-date  Date (Mo., Day, Year)	this period  \$ 750.00 \$ \$ \$ \$ \$ \$ Amount of each receipt this period  \$ 750.00 \$
Full name  Over Street + Associates, PLLC  Mailing Address  [6] Lameuse Starte 203  City, State, Zip Code    6	11 / 5 / 24 //////// Aggregate year-to-date  Date (Mo., Day, Year)	this period  \$ 750.00  \$ 150.00  Amount of each receipt this period  \$ 750.00  \$

TI DIVIZED CONTRIDU	LIOIAD	
A. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Tear)	this period
Full name Waste Pro	11/6/24	\$ 1000.00
2101 W. State Rd. 434 Suite 315	//	\$
City. State. Zin Code		\$
Longwood FL 32779		
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan	Data	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	10 40 -1	\$
Cadence Bank Mailing Address	10/28/24	1000.00
PO Box 789	//	\$
City, State, Zip Code	1 1	\$
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Corporation OPAC OIndividual OLoan	Data	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name MP Design Group	11/7/24	\$ 1000.00
Mailing Address	1 1	\$
918 Howard Avenue Suite F City, State, Zip Code		\$
Biloxi MS 39530	/	4
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name R+ H Enterprises LLC	11/4/24	\$ 1000.00
Mailing Address 6 MR Rue Daybbine	//	\$
City, State, Zip Code  Ocean Serings MS 39564	//	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate	\$
	year-to-date	1000.00

ITEMIZED CONTRIBUT	ΓΙΟΝS	
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ECO Homes LLC	10/14/24	\$ 250.40
Mailing Address	//	\$
PO BOX 783  City, State, Zip Code  B. LOXI MS 39533	//	\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$ 750.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Saltwater Fabrication LLC	10131124	\$ 250,00
Mailing Address    2612a Meadowglen Rd City, State, Zip Code	//	\$
City, State, Zip Code  Vancleave M53 395 65  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  GBGC Ocean Springs LLC  Mailing Address	10/30/24	\$ 500.00
1107 Government Street	//	\$
City, State, Zip Code OClan Springs MS 39564		\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Office Bar + Lounge LLC	10130124	\$ 250.00
Mailing Address 1000 Government St. Ste A		\$
Ocean Springs MS 39564		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00

ITEMIZED CONTRIBUT	ΓΙΟΝS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Warren Paving	10/25/24	\$ 1000.00
Mailing Address PO BOX 572	//	\$
City, State, Zip Code Hatties burg MS 39403	//	\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Coan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(11101) 2013, 2011,	this period
Full name ASM Outstatet III	10/30/24	\$1000.00
Mailing Address  9274 Highway 49  City, State, Zip Code	//	\$
City, State, Zip Code U	//	\$
ONFRONT MS 39503 Name of Employer (Required) Retired - Self	//	\$
Occupation (Required)	Aggregate	\$ 1000.00
Petired	year-to-date	,000.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name	Date	Amount of each receipt this period
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LLC  Full name 708 Washington Avenue LLC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name 708 Washington Avenue LLC  Mailing Address 708 Washington Avenue City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LLC  Full name 708 Washington Avenue LLC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name 708 Washington Avenue LLC  Mailing Address 708 Washington Avenue City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name 708 Washington Avenue LLC  Mailing Address 708 Washington Avenue City, State, Zip Code Ocean Springs MS 39564  Name of Employer (Required)	Date (Mo., Day, Year)  10 / 30/24 //  Aggregate	Amount of each receipt this period  \$ 500.00 \$
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name 708 Washington Avenue LLC  Mailing Address 708 Washington Avenue City, State, Zip Code OCEAN Springs MS 39564  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name	Date (Mo., Day, Year)  10 / 30/24 //// Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500.00 \$  Amount of each receipt
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name 708 Washington Avenue LLC Mailing Address 708 Washington Avenue City, State, Zip Code Ocean Springs MS 39564 Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name Fort Bayon Restaurant LLC Mailing Address 1317 26th Avenue	Date (Mo., Day, Year)  10 / 30/24 //// Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$  Amount of each receipt this period
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name 708 Washington Avenue LLC Mailing Address 708 Washington Avenue City, State, Zip Code Ocean Springs MS 39564  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  LLC  Full name Fort Bayon Restaurant LLC Mailing Address 1317 26th Avenue City, State, Zip Code Couffort MS 39501	Date (Mo., Day, Year)  10 / 30/24 //// Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$  \$ 400.00  Amount of each receipt this period  \$ 2500.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name 708 Washington Avenue LLC Mailing Address 708 Washington Avenue City, State, Zip Code Ocean Springs MS 39564 Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name Fort Bayon Restaurant LLC Mailing Address 1317 26th Avenue City, State, Zip Code	Date (Mo., Day, Year)  10 / 30/24 //// Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$  Amount of each receipt this period  \$ 2500.00

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31,2024

ITEMIZED CONTRIBUTIONS

A. Source: Octopration OPAC Individual OLoan Other (please specify)  Full name LMS TMC.  Mailing Address  806 Washington Ave.  City, State, Zip Code Other (please specify)  Name of Employer (Required)  B. Source: Octoproration OPAC OIndividual OLoan Other (please specify)  Full name Aliaddin Construction  Mailing Address  12.273 B Shviners Blvd.  City, State, Zip Code Shiny Code Occupation (Required)  City, State, Zip Code Occupation (Required)  City, State, Zip Code Shiny Code Occupation (Required)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Occupation (Required)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Other (please specify)  City, State, Zip Code Shiny Code Shi	TIENIZED CONTRIDU	CITOTT	No. 100 100 100 100 100 100 100 100 100 10
Fall name LMS INC.  Mailing Address  B. Source: Occupation (Required)  Occupation (Required)  Fall name  Ala ddin Construction  Malling Address  10/12/14  Success  10/12/14  Success  10/12/14  Success  10/12/14  Success  10/12/14  Success  10/12/14  Success  10/10/14  Amount of each receipt this period  10/10/14  Success  10/10/14  Su			receipt
Mailing Address  806 Washington Ave.  City, State, Zip Code  Occupation (Required)  Occupation (Required)  Aggregate year-to-date  S 1060.00  Amount of each receipt this period  C. Source: Ocrporation OPAC OIndividual OLoan  Occupation (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  C. Source: Orporation OPAC OIndividual OLoan  Other (please specify)  Full name  Occupation (Required)  Occupation (Required)  Occupation (Required)  Date  (Mo, Day, Year)  Amount of each receipt this period  Aggregate year-to-date  S 1000.00  Aggregate year-to-date  II / 1 / 24 S 1000.00  Mailing Address  1317 25 the Ave. Ste. 101  City, State, Zip Code  OCCUpation (Required)  Occupation (Required)  D. Source: Orporation OPAC OIndividual OLoan  Oither (please specify)  D. Source: Orporation OPAC OIndividual OLoan  Occupation (Required)  D. Source: Orporation OPAC OIndividual OLoan  Occupation (Required)  D. Source: Orporation OPAC OIndividual OLoan  Orther (please specify)  D. Source: Orporation OPAC OIndividual OLoan  Other (please specify)  D. Source: Orporation OPAC OIndividual OLoan  Orther (please specify)  D. Source: Orporation OPAC OIndividual OLoan  Other (please specify)  S 1250.00  Mailing Address  124 E Beach Blvd.  114 E Beach Blvd.  115 S SOO. OI  Main of Employer (Required)  OCCUpation (Required)  Aggregate year-to-date  In 14 E Beach Blvd.  In 15 S Soo. OI  S Source: Occupation (Required)  Aggregate Aggregate Year-to-date  Amount of each receipt Amount of each receipt In 15 S Soo. OI  Amount of each receipt In 15 S Soo. OI  Amount of each receipt In 15 S Soo. OI  Amount of each receipt In 15 S Soo. OI  Amount of each receipt In 15 S Soo. OI  Amount of each receipt In 15 S Soo. OI  Amount of each receipt In 15 S S		(1.101, 2.13), 17111/	CHARLING CONTRACTOR STATEMENT OF THE PROPERTY
City, State, Zip Code  Occupation (Required)  City, State, Zip Code  Occupation (Required)  Date  Other (please specify)  Name of Employer (Required)  City, State, Zip Code  Date  Other (please specify)  Name of Employer (Required)  Occupation (Required)  City, State, Zip Code  Date  Other (please specify)  City, State, Zip Code  Date  Occupation (Required)  Date  Other (please specify)  Name of Employer (Required)  Other (please specify)  Date  Other (please specify)  Source:  Occupation (Required)  Date  Other (please specify)  Source:  Occupation (Required)  Occupation (Required)  Amount of each receipt this period  Amount of each receipt the please of the p	Full name LMS Inc.	10 1 ZZ1 24	\$ 1000.00
City, State, Zip Code  Occupation (Required)  Name of Employer (Required)  Occupation (Required)  Date  Other (please specify)  Full name  By Cod Avenue Medical Specialist LLC  Table Special  By Comparison (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  C. Source: Ocrporation OPAC OIndividual OLoan  Other (please specify)  Date  Occupation (Required)  Full name  By Cod Avenue Medical Specialist LLC  Occupation (Required)	Mailing Address	, ,	\$
City, State, Zip Code  Occupation (Required)  Name of Employer (Required)  Occupation (Required)  Date  Other (please specify)  Full name  By Cod Avenue Medical Specialist LLC  Table Special  By Comparison (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  C. Source: Ocrporation OPAC OIndividual OLoan  Other (please specify)  Date  Occupation (Required)  Full name  By Cod Avenue Medical Specialist LLC  Occupation (Required)	806 Washington Ave.		
Occupation (Required)  B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name Aladdin Construction Mailing Address 1273 B Shriners Blvd  City, State, Zip Code Other (please specify)  Full name Other (please specify)  Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name Shroad Avenue Medical Specialist LLC  Mailing Address 1317 26 th Ave. Stello  City, State, Zip Code  Culty State,	City State Zin Code		\$
Occupation (Required)  B. Source: Ocorporation OPAC Olindividual OLoan Other (please specify)  Full name Aladdin Construction  Mailling Address 1273 B Shviners Blvd  City, State, Zip Code B. Amount of each receipt this period  Mailling Address 1273 B Shviners Blvd  City, State, Zip Code Occupation (Required)  Date (Mo., Day, Year)  S  Amount of each receipt this period  Aggregate year-to-date  Date (Mo., Day, Year)  S  Amount of each receipt this period  Date (Mo., Day, Year)  S  Cocupation (Required)  C. Source: Ocorporation OPAC Olindividual OLoan Other (please specify)  Mailling Address 1317 26 the Ave. Stello  City, State, Zip Code Occupation (Required)  Date (Mo., Day, Year)  S  Amount of each receipt this period  S  City, State, Zip Code Occupation (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  Aggregate year-to-date  Date (Mo., Day, Year)  S  Amount of each receipt this period  Aggregate year-to-date  Date (Mo., Day, Year)  S  Cocupation (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  T 129 P4 S SOO. O  Mailing Address  T 129 P4 S SOO. O  Mailing Address  Amount of each receipt this period  This period  This period  This period  This period  S  City, State, Zip Code Cocupation (Required)  T 129 P4 S SOO. O  Mailing Address  Amount of each receipt this period  This perio	Name of Employer (Required)	//_	\$
Other (please specify)  Full name Aladdin Construction  Malling Address 1273 B Shviners Blvd  City, State, Zip Code Biloy:  Occupation (Required)  Full name Cother (please specify)  Date (Mo., Day, Year)  S  Occupation (Required)  C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name City, State, Zip Code Cupation (Required)  Date (Mo., Day, Year)  S  Occupation (Required)  Amount of each receipt this period  IL/1/24 S  S  City, State, Zip Code Other (please specify)  Date (Mo., Day, Year)  S  Occupation (Required)  Aggregate year-to-date  S  Cocupation (Required)  Date (Mo., Day, Year)  S  City, State, Zip Code Other (please specify)  Date (Mo., Day, Year)  S  Cocupation (Required)  Date (Mo., Day, Year)  S  City, State, Zip Code Other (please specify)  Full name Date Other (please specify)  Full name Date Ale yander  Malling Address  L2 4 E Beach Blvd  City, State, Zip Code  Call Covert Ms 21501  Name of Employer (Required)  S  Name of Employer (Required)  Aggregate  S  SOO. OS  Name of Employer (Required)  Aggregate  S  Cocupation (Required)  Aggregate	Occupation (Required)	00 0	\$ 1
Other (please specify)  Full name Aladdin Construction  Malling Address 1273 B Shviners Blvd  City, State, Zip Code Biloy:  Occupation (Required)  Full name Cother (please specify)  Date (Mo., Day, Year)  S  Occupation (Required)  C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name City, State, Zip Code Cupation (Required)  Date (Mo., Day, Year)  S  Occupation (Required)  Amount of each receipt this period  IL/1/24 S  S  City, State, Zip Code Other (please specify)  Date (Mo., Day, Year)  S  Occupation (Required)  Aggregate year-to-date  S  Cocupation (Required)  Date (Mo., Day, Year)  S  City, State, Zip Code Other (please specify)  Date (Mo., Day, Year)  S  Cocupation (Required)  Date (Mo., Day, Year)  S  City, State, Zip Code Other (please specify)  Full name Date Other (please specify)  Full name Date Ale yander  Malling Address  L2 4 E Beach Blvd  City, State, Zip Code  Call Covert Ms 21501  Name of Employer (Required)  S  Name of Employer (Required)  Aggregate  S  SOO. OS  Name of Employer (Required)  Aggregate  S  Cocupation (Required)  Aggregate	B. Source: OCorporation OPAC OIndividual OLoan	ATUNEN MELLAN ES AMERO ES SERVICIO A ACOSTA MACIO SEM PRINCIPA QUE TERRO PROPERTICA	AND AN ARTHUR DESCRIPTION OF THE PROPERTY OF T
Full name Aladdin Construction  Mailing Address  12773 B Shriners Blvd  -/_/  City, State, Zip Code Bloy:  Occupation (Required)  Date Construction  Mailing Address  12773 B Shriners Blvd  -/_/  S  12773 B Shriners Blvd  -/_/  S  12773 B Shriners Blvd  -/_/  S  12774 S  1200. 03  Aggregate year-to-date Mo., Day, Year)  Amount of each receipt this period  Full name Broad Avenue Medical Specialist LLC  Mailing Address  1317 26 the Ave. Stellol  City, State, Zip Code GMFport MS 3950 I  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  D. Source: Ocorporation OPAC OINDividual OLoan Other (please specify)  D. Source: Ocorporation OPAC OINDividual OLoan Other (please specify)  D. Source: Ocorporation OPAC OINDividual OLoan Other (please specify)  Full name  Date (Mo., Day, Year)  Amount of each receipt this period  T129124 S SOO. 05  Mailing Address  124 E Beach Blvd.  City, State, Zip Code GMIlling Address  124 E Beach Blvd.  City, State, Zip Code GMIlling Address  125 D. 05  Name of Employer (Required)  S  SOO. 05  Name of Employer (Required)  Aggregate S  Aggregate S  Cocupation (Required)  Aggregate S  Cocupat	Storage Octobration Ortho Omman		
Aladdin Construction  Malling Address  12773 B Shriners Blvd  City, State, Zip Code Blay: Ms 39532  Name of Employer (Required)  Date  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Date  None of Employer (Required)  Docupation (Required)  Cocupation (Required)  Date  Cocupation (Required)  Mailing Address  1317 26 the Ave. Ste. 10  City, State, Zip Code  Cocupation (Required)  Cocupation (Required)  Docupation (Required)  Docupation (Required)  Docupation (Required)  Date  Occupation (Required)  Date  Occupation (Required)  Date  Occupation (Required)  Date  Occupation (Required)  Date  Other (please specify)  Mailing Address  124 E Beach Blvd.  City, State, Zip Code  Compation (Required)  Society State, Zip Code  Cocupation (Required)  Date  Occupation (Required)  Society State, Zip Code  Cocupation (Required)  Aggregate  Society State, Zip Code  Cocupation (Required)  Aggregate  Society State, Zip Code  Cocupation (Required)  Aggregate  Society State, Zip Code  Cocupation (Required)  Aggregate Society	Other (please specify)	(Mo., Day, Year)	this period
Malling Address    1273 B Shriners Blvd	Full name Aladdin Construction	10/10/24	1000.00
City, State, Zip Code  SINDY MS 39532  Name of Employer (Required)  C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Malling Address  1317 26 th Ave. Stellol  City, State, Zip Code Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Name of Employer (Required)  D. Source: Ocorporation OPAC OINDIVIDUAL	Mailing Address		\$
Name of Employer (Required)    Aggregate year-to-date   Stoco. B	City, State, Zip Code	//	\$
Occupation (Required)  Aggregate year-to-date  C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name By oad Avenue Medical Specialist LLC  II 1 124  S 1250. D  Mailling Address 1317 26 th Ave. Ste 10  City, State, Zip Code Gul Fort MS 3950    Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OINDIVIDUAL OLoan Other (please specify)  Full name Date (Mo., Day, Year)  Aggregate year-to-date  Amount of each receipt (Mo., Day, Year)  Total Iname Date (Mo., Day, Year)  Full name Date (Mo., Day, Year)  Till name Date (Mo., Day, Year)  Soo. O  Mailling Address  124 E Beach Blyd.  City, State, Zip Code Gul Foort MS 3950    Soo. O  Name of Employer (Required)  Late (Mo., Day, Year)  Soo. O  Mailling Address  Late Beach Blyd.  City, State, Zip Code Gul Foort MS 3950    Soo. O  Name of Employer (Required)  Late Beach Blyd.  Late Beach Blyd.  City, State, Zip Code Gul Foort MS 3950    Soc. O  Occupation (Required)  Aggregate Soc. O  Aggregate Soc. O  Aggregate Soc. O  Occupation (Required)  Aggregate Soc. O  Aggregate Soc. O  Occupation (Required)  Aggregate Soc. O  Aggregate Soc. O  Occupation (Required)		WARRING THE PROPERTY OF THE PR	£
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Pull name By oad Avenue Medical Specialist LLC  Sizso. &  Mailing Address  [3] 7 26 th Ave. Ste. [0]  City, State, Zip Code  Cocupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  D. Source: Ocorporation OPAC OINDIVIDUAL	Name of Employer (Required)	//	J.
Other (please specify)  Full name  Broad Avenue Medical Specialist LLC  Mailing Address    317 26 th Ave. Ste 10	Occupation (Required)		\$ 1000.0
Other (please specify)  Full name  Broad Avenue Medical Specialist LLC  Mailing Address    317 26 th Ave. Ste 10	C Source Ocempration OPAC OIndividual OI con	e tradiciones de altra di como tener a demandra tradiciones en su mombro de los describiros en Personales de	A mount of each
Other (please specify)  Full name  Broad Avenue Medical Specialist LLC  Mailing Address    13 7  26 th Ave. Ste   0	c. source. Ocorporation of Ac Sindividual Oboan		
Broad Avenue Medical Specialist LC  Mailing Address    3   7   26 th Ave. Ste   0	Other (please specify)	(Mo., Day, Year)	•
Mailing Address    3   7   26 th Ave. Ste   0	Full name	11 . 1 . 7 4	S
City, State, Zip Code  Gul Fport MS 3950   -/-/- S  Name of Employer (Required)   -/-/- S  Occupation (Required)   Aggregate year-to-date    D. Source: Ocorporation OPAC Olindividual OLoan   Date (Mo., Day, Year)    Full name Opat Alexander   129124   S 500. (D)  Mailing Address   129124   S 500. (D)  Mailing Address   129124   S 500. (D)  City, State, Zip Code   -/-/- S  City, State, Zip Code   -/-/- S  Name of Employer (Required)   S 3950   -/-/- S  Name of Employer (Required)   Aggregate   S 650. (D)  Occupation (Required)   Aggregate   S 650. (D)	Broad Avenue Medical Specialist LLC Mailing Address	11/1/27	1250.00
City, State, Zip Code  Culf port MS 3950   Name of Employer (Required)  Occupation (Required)  Description (Required)  City, State, Zip Code  Culf port MS 3950   Aggregate year-to-date  Pate (Mo., Day, Year)  Today Alexander  Mailing Address  1248 Soo. O  City, State, Zip Code  Culf port MS 3950   Name of Employer (Required)  Aggregate  Soo. O  Aggregate  Aggregate  Soo. O  Aggregate  Aggregate  Aggregate  Aggregate  Coccupation (Required)  Aggregate  Aggregate  Soo. O  Aggregate  Aggregate  Coccupation (Required)  Aggregate  Aggregate	1317 26th Aire Sto. 101	//	•
Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC Olindividual OLoan  Other (please specify)  Full name  Out Alexander  Mailing Address  124 Beach Blvd.  City, State, Zip Code  Gulffort MS 3950   Name of Employer (Required)  Source: Occupation (Required)  Aggregate  year-to-date  1250.00  Amount of each receipt this period  T 129 124 \$ 500.00  The source of the specific of the specific or the spe	City, State, Zip Code	NEW TELL PROPERTY OF THE PROPE	S
Name of Employer (Required)  Occupation (Required)  Description (PAC Individual Clean Date (Mo., Day, Year)  Other (please specify)  Full name  Day Alexander  Mailing Address  1250.00  Mailing Address  129124 \$ 500.00  Mailing Address  129124 \$		//	•
Occupation (Required)  Aggregate year-to-date  Date (Mo., Day, Year)  Full name  Day Alexander  Mailling Address  124 E Beach Blvd.  City, State, Zip Code  Gulffort MS 39501  Name of Employer (Required)  Bytown Mitchel + Alexander  Occupation (Required)  Aggregate year-to-date  Amount of each receipt this period  T 129 124 \$ 500. ©	TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE		£
D. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Day Alexander  Mailing Address  124 E Beach Blvd.  City, State, Zip Code  Gulffort MS 39501  Name of Employer (Required)  Brown Mitchel + Alexander  Occupation (Required)  Occupation (Required)  Aggregate  Value Amount of each receipt this period  Amount of each receipt this period  1729 124 \$ 500. 40	Name of Employer (Nequired)	//	<b>P</b>
Other (please specify)  Full name  Day Alexander  Mailing Address  124 E beach Blvd.  City, State, Zip Code  Gulffort MS 39501  Name of Employer (Required)  Bytown Mitchel + Alexander  Occupation (Required)  Aggregate  Aggregate  Freceipt this period  receipt this period	Occupation (Required)		\$ 1250.00
Other (please specify)  Full name  Day Alexander  Mailing Address  124 E beach Blvd.  City, State, Zip Code  Gulffort MS 39501  Name of Employer (Required)  Bytown Mitchel + Alexander  Occupation (Required)  Aggregate  Aggregate  Freceipt this period  receipt this period	D. Source: OCorporation OPAC NIndividual OLoan	Det	Amount of each
Full name  Day Alexander  Mailing Address  129124 \$ 500.00  Mailing Address  1214 E beach Blvd.  City, State, Zip Code  Gulfport MS 39501  Name of Employer (Required)  Brown Mitchel + Alexander  Occupation (Required)  Aggregate \$ 650.00	0.00		
Mailing Address  1274 E beach Blvd.  City, State, Zip Code  Gulfport MS 39501  Name of Employer (Required)  Brown Mitchel + Alexander  Occupation (Required)  Aggregate \$ 650.00	WATER TO AND THE PROPERTY OF T	7 70 24	
City, State, Zip Code  Gulffort MS 39501  Name of Employer (Required)  Brown Mitchel + Alexander  Occupation (Required)  Aggregate \$ 650.000		1121121	\$ 500.00
Name of Employer (Required)  Brown Mitchel + Alexander  Occupation (Required)  Aggregate \$ (50.00)	1224 E Beach Blvd.		\$
brown Mitchel + Alexander 3 Occupation (Required)  Aggregate \$ 650 m	Gulfoort MS 39501		\$
Occupation (Required) Aggregate \$ 65 65			\$
engineer year-to-date 500.00	Occupation (Required)		S GAD OD
	engineer	year-to-date	00.00

Occupation (Required)

through December 31,2024

ITEMIZED CONTRIBUT	ΓΙΟΝS	
A. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Broad Avenue Medical Specialists	11/1/24	\$ 1250.02
Mailing Address  1367 26th Ave. STE 101  LLC	//	\$
City, State. Zip Code  Suffer MS 39504  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1250.00
B. Source: Corporation OPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sy Easterling Molling Address	11,4,24	\$ 850.00
Mailing Address  5510 Caynus Cove	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)  Cadence Insurance	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 850.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Covington Civil + Environmental LLC	11/1/24	\$ 250.00
Mailing Address 2300 14th Street	//	\$
City, State, Zip Code  Gulfport MS 3950]	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Powntown OS Management	10/16/24	\$ 250.00
Mailing Address 700 Bellande Avenue	//	\$
City, State, Zip Code Occan Springs MS 39564	//	\$
Name of Employer (Required)	1	

250.00

Aggregate

year-to-date

ITEMIZED CONTRIBUT	ΓIONS	
A. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	10 1 16 1 24	\$
Alpha Plus Omega LLC Mailing Address 1016 Government Street Unit B	/ /	\$
City, State, Zip Code	/ /	\$
Ocean Springs MS 39564 Name of Employer (Required)		\$
Occupation (Required)	Aggregate	¢
	Aggregate year–to-date	\$ 250.00
B. Source: Corporation OPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  Mark Mavar	10, 14, 24	\$ 500.00
Mailing Address PO Box 730	//	\$
City, State, Zip Code	//	\$
Ocean Springs MS  Name of Employer (Required)  M+M Seafood	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full name D+6 Management Group LLC	10/16/24	\$ 250.00
Mailing Address 1213 Government St.	//	\$
City, State, Zip Code Ocean Springs MS 39564	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
J+ E Night + Day LLC	Lo 1 161 24	\$ 250.00
Mailing Address 1010 Government St.		\$
City, State, Zip Code  Ocean Springs MS 39564		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00

ITEMIZED CONTRIBUT	ΓIONS	
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name C. Roberds General Contractors	9 1241 24	\$ 500.00
Mailing Address 2211 Government Street	//	\$
City, State, Zip Code  OCLAN Springs MS 39564  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation OPAC OIndividual CLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rain Residential Inc.	2130124	\$ 1000.00
Mailing Address 401 Porter Avenue	//	\$
City, State, Zip Code Ocean Springs MS 39564	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Big Yella LLC	8130124	\$ 1000.00
Mailing Address 433 E Beach Drive	//	\$
City, State, Zip Code Ocean Sorings MS 39564	//	\$
Name of Employer (Required)  Springs MS 39564	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steven Warren	8 120124	\$ 1000.00
Mailing Address 10907 Waterside Drive	//	\$
City, State, Zip Code Gulfort MS 39503	//	\$
Name of Employer (Required)  Warren Paring	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00

through December 31,2024

)Individual A. Source: Corporation ()Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name Jordan + Williams PLLC 1000.00 Schwar Mailing Address \$ City, State, Zip Code \$ \$ Occupation (Required) Aggregate 1000. W year-to-date B. Source: Corporation )PAC MIndividual ( Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 1 151 24 Roderick \$ City, State, Zip Code \$ 39503 Name of Employer (Required) \$ Occupation (Required) Aggregate 250.00 year-to-date C. Source: OCorporation ()PAC )Individual )Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 250.00 Mailing Address \$ City, State, Zip Code \$ Name of Employer (Required) \$ Occupation (Required) Aggregate 250.00 year-to-date ()Individual D. Source: Corporation ()PAC Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 1000.00 **Mailing Address** \$ City, State, Zip Code \$ Name of Employer (Required) \$ Occupation (Required) Aggregate 1000.00

year-to-date

ITEMIZED CONTRIBUTIONS

TIEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Brown Bag Social Club LLC	8115124	this period
Mailing Address	1 1	\$
929 Washington Avenue City, State, Zip Code	/ /	\$
Ocean Springs MS 39564 Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1000
	year-to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name William G. Vates Jr.	816124	\$ 1000.00
P.O. Box 456	//	\$
City, State, Zip Code Philadelphia MS 39350	//	\$
Name of Employer (Required) Vates Construction	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
owner	year-to-date	1000.0
C. Source: OCorporation OPAC SIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
C. Source: OCorporation OPAC SIndividual OLoan  Other (please specify)	Date	Amount of each receipt this period
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name Kari + Rocky Ransone+  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Kari + Rocky Ransone+  Mailing Address  Bowen Avenue  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name Kari + Rocky Ransone+  Mailing Address  Bowen Avenue  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name Kari + Rocky Ransonet  Mailing Address  Bowen Avenue  City, State, Zip Code  Ocean Springs MS 39564	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name Kari + Rocky Ransonet  Mailing Address  Bowen Avenue  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employeed	Date (Mo., Day, Year)    3   5   24	Amount of each receipt this period  \$ 500.00
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name Kari + Rocky Ransonet  Mailing Address  Bowen Avenue  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)    3	Amount of each receipt this period  \$ 500.00 \$  Amount of each receipt
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name Kari + Rocky Ransonet  Mailing Address  Bowen Avenue  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  LLC  Full name  Rocking C Truck + Trailer Parts  Mailing Address  P.O. Box 3327	Date (Mo., Day, Year)  2 / 15/24	Amount of each receipt this period  \$ 500.00 \$ \$ Amount of each receipt this period
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Kari + Rocky Ransonet  Mailing Address  Bowen Avenue  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Rocking C Truck + Trailer Parts  Mailing Address  P.O. Box 3327  City, State, Zip Code  Gulfport MS 39505	Date (Mo., Day, Year)  2 / 15/24	Amount of each receipt this period  \$ 500.00 \$ \$  Amount of each receipt this period  \$ 500.00
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Kari + Rocky Ransonet  Mailing Address  Bowen Avenue  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Rocking C Truck + Trailer Parts  Mailing Address  P.O. Box 3327  City, State, Zip Code	Date (Mo., Day, Year)  2 / 15/24	Amount of each receipt this period  \$ 500.00 \$ \$  Amount of each receipt this period  \$ 500.00 \$

ITEN	MIZED	CONTRIBUTION	S
ii Onic	Ox 11 . 1	A.	Name and Address of the Owner, where

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WIO., Day, Teal)	this period
Full name JE Borries Inc	8/15/24	\$ 1000.00
Mailing Address	, ,	\$
16701 Hwy 57	//	
City, State, Zip Code		\$
Vandegue MS 39565	//	
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan	Jean to date	Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	0 0 24	\$
Office Bar + Lounge Inc.	819124	250.00
		S
1000 Government St. Ste A	//	4
City, State, Zip Code		
	1 1	\$
Name of Employer (Required) MS 39564		
Name of Employer (Required)\	/ /	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
	The state of the s	ACTIVITY OF THE PROPERTY OF TH
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
	Control of the Contro	Amount of each receipt
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)  Full name Ben Stone	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name Ben Stone  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name Ben Stone  Mailing Address PO BOX 130	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  GW Foort MS 39502	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butter Snow Firm	Date (Mo., Day, Year)  8 / 14 / 24  / / / /	Amount of each receipt this period  \$ 250.00 \$
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butley Snow Firm  Occupation (Required)	Date (Mo., Day, Year)  8 / 14 / 24  / /  / /  Aggregate	Amount of each receipt this period  \$ 250.00 \$
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Attorney	Date (Mo., Day, Year)    8	Amount of each receipt this period  \$ 250.00 \$ \$ \$ \$
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butley Snow Firm  Occupation (Required)	Date (Mo., Day, Year)    8	Amount of each receipt this period  \$ 250.00 \$ \$ Amount of each Amount of each
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Attorney	Date (Mo., Day, Year)    8	Amount of each receipt this period  \$ 250.00 \$ \$ \$ \$
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Attorned  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name	Date (Mo., Day, Year)  8 / 4 / 24  - / _ / _  - / _ / _  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ \$ Amount of each receipt this period
Other (please specify)  Full name Ben Stone  Mailing Address  PO BOX 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Attorned  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify) LLC  Full name  Covinaton Civil + Environmental LCC	Date (Mo., Day, Year)    8	Amount of each receipt this period  \$ 250.00 \$ \$ Amount of each receipt
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Attorney  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify) LLC	Date (Mo., Day, Year)  8 / 4 / 24  - / _ / _  - / _ / _  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ \$ Amount of each receipt this period
Other (please specify)  Full name Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Attorned  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Covington Civil + Environmental Luc  Mailing Address	Date (Mo., Day, Year)  8 / 4 / 24  - / _ / _  - / _ / _  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ \$ \$ Amount of each receipt this period \$ 500.00
Other (please specify)  Full name Ben Stone  Mailing Address  PO BOX 130  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Attorned  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Coving for Civil + Environmental LCC  Mailing Address  2300 14th Street	Date (Mo., Day, Year)  8 / 4 / 24  - / _ / _  - / _ / _  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ \$ Amount of each receipt this period \$ 500.00 \$
Other (please specify)  Full name  Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gufport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Atorned  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Coving for Civil + Environmental LLC  Mailing Address  2300 4th Street  City, State, Zip Code  Guffort MS 39501	Date (Mo., Day, Year)  8 / 4 / 24  - / _ / _  - / _ / _  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ \$ \$ \$ Amount of each receipt this period \$ 500.00 \$
Other (please specify)  Full name  Ben Stone  Mailing Address  Po Box 130  City, State, Zip Code  Gufport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Atorned  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Coving for Civil + Environmental LLC  Mailing Address  2300 4th Street  City, State, Zip Code  Guffort MS 39501	Date (Mo., Day, Year)    8	Amount of each receipt this period  \$ 250.00 \$ \$ 250.00 Amount of each receipt this period \$ 500.00 \$
Other (please specify)  Full name  Ben Stone  Mailing Address  PO BOX [30  City, State, Zip Code  Gulfport MS 39502  Name of Employer (Required)  Butler Snow Firm  Occupation (Required)  Attorned  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  LLC  Full name  Coving for Civil + Environmental LC  Mailing Address  2300 [4th Street  City, State, Zip Code  Gulffort MS 3950]  Name of Employer (Required)	Date (Mo., Day, Year)  8 / 4 / 24  - / _ / _  - / _ / _  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ \$ \$ Amount of each receipt this period \$ 500.00 \$

ITEMIZED CONTRIBUT	ΓIONS	
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Platt Industrial Complex LLC	8/09/24	\$ 250.00
Mailing Address POBOX 1506	//	\$
City, State, Zip Code  ESCATAWPA, MS 39552  Name of Employer (Required)	//	\$
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 Dan Magruder Malling Address	8/15/24	\$ 250.00
Mailing Address 605 Rue Dauphine	//	\$
City, State, Zip Code  Oclan Springs MS 39564  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required) Retired	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bradley Patano	8,15,24	\$ 1000.00
Mailing Address 147 Pitman Rd.	//	\$
City, State, Zip Code Oclan Springs MS 39564	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anna + Jason Werstreet	818124	\$ 1000.00
Mailing Address 53 Walton Rd	//	\$
City, State, Zip Code  Allagios MS 39577		\$
Name of Employer (Required)  (Dyerstreet Engineering	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000,00

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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Tear)	this period
Full name Marc Foster	8115124	\$ 1000.00
Mailing Address	, ,	\$
4003 Dunbinane St.	/	
City, State, Zip Code Ocean Springs MS	//	\$
Name of Employer (Required)  Cypress Engineering	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Ocean Springs Senior Development LLC	8,15,24	\$ 1000.00
8905 Ocean Springs Rd	//	\$
Octan Spring MS 39564	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: OCorporation OPAC OIndividual OLoan		Amount of each
Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
Full name Plaid Properties LLC	81/5124	\$ 1000.50
Mailing Address 433 East Beach Drive	//	\$
City, State, Zip Code	, ,	\$
Name of Employer (Required) NS 395764		6
	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full name Cloyd & Associates ELC	8/15/24	\$ 1000.40
Mailing Address 433 East Beach Drive	//	\$
City, State, Zip Code Ocean Springs MS 39564	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024

ITEM	IIZED	CON	TRIBU	<b>JTIONS</b>

	110110	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sarah + Sy Easterling	8/15/24	\$ 1000.00
Mailing Address  5510 Caymus Cove	//	\$
City, State, Zip Code  Clan Springs MS 39564  Name of Employer (Required)		\$
Cadence Insurance	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name VM Thomas LLC	8/16/24	\$ 1000.00
Mailing Address 214 Dewey Avenue		\$
City, State, Zip Code Ocean Springs MS 39564	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.60
C. Source: OCorporation OPAC SIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Douglas S. Loper	8/15/24	\$ 1000.00
Mailing Address 300 Ward Avenue		\$
City, State, Zip Code  OCHAN Springs MS 39564  Name of Employer (Required)		\$
Hamcock Whitney Dunk	//	\$
Occupation (Required) President	Aggregate year-to-date	\$ 1000.00
D. Source: OCorporation OPAC SIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gregory Cronin	81 15124	\$ 1000.00
Mailing Address J & VI.		\$
City, State, Zip Code  Ocean Springs MS 97564		\$
Name of Employer (Required)  Trustmark Bank	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00

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	A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
×	Full name Devek Bodart	81 151 2024	\$ 1000.00
	Mailing Address  [5012 W. El Bonito Drive	//	\$
	City, State, Zip Code	//	\$
	Ocean Springs MS 39564  Name of Employer (Required)  Superior Optical Lab  Occupation (Required)	//	\$
	Occupation (Required)	Aggregate year–to-date	\$ (000.00
	B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
a,	Full name Ricky Cox Mailing Address	8113124	\$ 500.00
	Mailing Address  1344 E Beach Blvd  City, State, Zip Code	//	\$
	City, State, Zip Code  Sulfport MS 3950  Name of Employer (Required)	//	\$
	Name of Employer (Required) Balch + Bingham	//	\$
	Occupation (Required) A Horney	Aggregate year–to-date	\$ 500.00
	C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Full name G.E Properties LLC	8115124	\$ 1000.00
	Mailing Address  806 Washington Ave.  City, State, Zip Code	//	\$
	City, State, Zip Code  O Can Springs MS 39564  Name of Employer (Required)	//	\$
	Name of Employer (Required)	//	\$
	Occupation (Required)	Aggregate year–to-date	\$ 1000.00
	D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ga	Full name Dani Polent Ronald Neil Polen	8/15/24	\$ 500.00
	Mailing Address 115 San Souci Avenue	//	\$
	City, State, Zip Code Ocean Springs MS 39564	//	\$
	Name of Employer (Required)	//	\$
	Occupation (Required) Architect	Aggregate year–to-date	\$ 500.00

ITEMIZED	CONTR	IRI	ITIONS	3
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A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kenneth Finnegan	8115124	\$ 250.00
Mailing Address  1012 Tullier Ct.		\$
City, State, Zip Code	//	\$
Name of Employer (Required)  Self employeed	//	\$
Self employed 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 Mart Windham Mailing Address	8115124	\$ 250.00
Training Tradit vis	//	\$
202 Ashley Place City, State, Zip Code  Ocean Spicions MS 39564	//	\$
Ocean Springs MS 39564  Name of Employer (Required)  Meia Gross Waring Oil	//	\$
Occupation (Required)  Manager	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC SIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name George Albert Brunfield Jr Mailing Address	81 151 24	\$ 250.00
Mailing Address 3625 Perryman Rd		\$
Name of Employer (Required)  Mailing Address  Perryman Rd  City, State, Zip Code  Ocean Springs MS  Name of Employer (Required)		\$
Self employed	//	\$
Entrepreneur	Aggregate year–to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Jimmy Lane	A CONTRACTOR OF THE CONTRACTOR	receipt
Full name Jimmy Lane Mailing Address Po Box 1437	(Mo., Day, Year)	receipt this period
Full name  Mailing Address  Po Box 1437  City, State, Zip Code  Ocean Springs MS 39566	(Mo., Day, Year)	receipt this period  \$ 250.00
Full name  Jimmy Lane  Mailing Address  Po Bo x 1437  City State Zin Code	(Mo., Day, Year)	receipt this period  \$ 250. 00

<b>ITEMIZED</b>	CONTRIBUT	ΓIONS
oration OPAC Andividual	OLoan	-

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name		this period
Jerry Munro	8/15/24	250,00
Mailing Address 118 Siowan Avenue	//	\$
City, State, Zip Code  OCCON Springs MS 39564  Name of Employer (Required)	//	\$
Name of Employer (Required)  Special ty Bolt + Screw  Converted (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Havold Todd Coulter	815124	\$ 250.0
Mailing Address 3309 Government Street	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)  Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source: Corporation OPAC SIndividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Corporation OPAC Sindividual Loan  Other (please specify)  Full name		receipt this period
C. Source: Ocorporation OPAC Sindividual OLoan  Other (please specify)  Full name  Mailing Address	(Mo., Day, Year)	receipt this period
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Mathew Minor  Mailing Address  511 Azalea Lane  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 250.50
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Mathew Minor  Mailing Address  511 Azalea Lane  City, State, Zip Code  Ocean Springs MS 395764	(Mo., Day, Year)	receipt this period  \$ 250, 60
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Mathew Minor  Mailing Address  511 Azalea Lane  City, State, Zip Code  Ocean Springs M5 395764  Name of Employer (Required)  Abundant Whea   th  Occupation (Required)	(Mo., Day, Year)	receipt this period  \$ 250,60 \$
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Mathew Minor  Mailing Address  511 Azalea Lane  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Abundant Whea   th	(Mo., Day, Year)    8    4   24	receipt this period  \$ 250,60 \$
C. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Mailing Address  511 Aralea Lane  City, State, Zip Code  Ocean Springs M5 39564  Name of Employer (Required)  Abundant Whea   th  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name	(Mo., Day, Year)  8 / 14 / 24	receipt this period  \$ 250.00 \$ \$ \$ Amount of each receipt
C. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Mathew Minor  Mailing Address  511 Azalea Lane  City, State, Zip Code  Ocean Springs MS 395764  Name of Employer (Required)  Abundant Whea   th  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Robert Watts  Mailing Address	(Mo., Day, Year)    8   4   24	receipt this period  \$ 250.00 \$ \$ \$ Amount of each receipt this period
C. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Mathew Minor  Mailing Address  511 Azalea Lane  City, State, Zip Code  Ocean Springs M5 395764  Name of Employer (Required)  Abundant Whea   th  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Robert Watts  Mailing Address	(Mo., Day, Year)    8   4   24	receipt this period  \$ 250.00 \$ \$ \$ Amount of each receipt this period  \$ 250.00
C. Source: Ocorporation OPAC SIndividual OLoan  Other (please specify)  Full name  Mathew Minor  Mailing Address  511 Aralea Lane  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Advant Whea 1th  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Robert Watts  Mailing Address  2559 S. Shore Drive  City, State, Zip Code  Biloxi MS 39532  Name of Employer (Required)	(Mo., Day, Year)    8   4   24	receipt this period  \$ 250.00 \$ \$ \$ \$ \$ Amount of each receipt this period  \$ 250.00 \$
C. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Mathew Minor  Mailing Address  511 Aralea Lane  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Abundant Whea   th  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Robert Wats  Mailing Address  2559 S. Shore Drive  City, State, Zip Code  Biloxi MS 39532	(Mo., Day, Year)    8   4   24	receipt this period  \$ 250.00 \$ \$ \$ \$ \$ \$ Amount of each receipt this period  \$ 250.00 \$

Name of Candidate or Committee John Kenneth Holloway

ITEMIZED CONTRIBUTIONS	ITEN	MIZED	<b>CONTR</b>	JBU	JTIC	SNC
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	TIENIZED CONTRIDO	LIOIAD	
	A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
	Other (please specify)	(Mo., Day, Year)	this period
	Full name Steven Dick	8/1/24	\$ 250.00
	Mailing Address 952 Thornhill Rd.	//	\$
	City, State, Zip Code	/ /	\$
	Biloxi MS 39532  Name of Employer (Required)	/ /	\$
	MS Power		
	Occupation (Required)  AHOVNEY	Aggregate year–to-date	\$ 250.00
	B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
A -	Other (please specify)	**************************************	this period
	Andy Taggart	10/1/24	\$ 500.00
	Mailing Address (1)   1212   far bor Rd.	//	\$
	City, State, Zip Code	//	\$
Ī	Ocean Springs MS 39564 Name of Employer (Regulred) Taggart, Rimes Lawyers	//	\$
Ī	Occupation (Required)	Aggregate year–to-date	\$ 500.00
-	C. Source: Ocorporation OPAC OIndividual OLoan	year-to-date	A A C I
•	Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ī	Full name Laredo Properties LLC	7/11/24	\$ 5000.00
Ĩ	Mailing Address 457 Waldo Drive	//	\$
7	City, State, Zip Code	/ /	\$
Ī	Biloxi MS 39531 Name of Employer (Required)	/ /	\$
7	Occupation (Required)		
		Aggregate year–to-date	\$ 5000.00
]	D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ī	Full name	7/3/24	\$ 1000. 00
ī	Neel Schaffer Mailing Address PO Box B-2625		\$
-	City, State, Zip Code	/ /	\$
Ī	Jackson MS 39 225-2625 Name of Employer (Required)	/ /	\$
-	Occupation (Required)	Aggregate	\$ 1000.00
441		year-to-date	1000.00

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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name David Harty	7,12,24	\$ 500.00
Mailing Address	, ,	\$
1091 Tommy Munro Drive		
Biloxi MS 39532	//	\$
Name of Employer (Required)  Eley Euild Hardy Acchitects	//	\$
Occupation (Required)	Aggregate	\$
Architect	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	D .	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	***************************************	MATERIAL PROPERTY OF THE PROPE
Southeast Commercial of US LLC	719124	\$ 500.00
Mailing Address	, ,	\$
2310 19th Street	//	
City, State, Zip Code	,	\$
Gulfport MS 39501	//	
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.60,
C. Source: OCorporation OPAC SIndividual OLoan	The second and the common property and the second s	Amount of each
C. Courter Corporation Critic Printing Constitution	Date	No. 100
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Cecelia + Gregory Cenac	S 200 200 0	receipt
Other (please specify)  Full name Cecelia + Gregory Cenac  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name (ecelia + Gregory Cenac  Mailing Address  [320] Arbor Circle	(Mo., Day, Year)	receipt this period  \$ (000.07)
Other (please specify)  Full name (ecelia + Gregory Cenac  Mailing Address  [320] Arbor Circle  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name (ecelia + Gregory Cenac  Mailing Address  (3201 Arbor Circle  City, State, Zip Code  Ocan Springs MS 39564	(Mo., Day, Year)	receipt this period  \$ (000.07) \$
Other (please specify)  Full name   Cecelia + Gregory Cenac  Mailing Address  (320  Arbor Circle  City, State, Zip Code  Ocan Springs MS 39564  Name of Employer (Required)	(Mo., Day, Year)	receipt this period  \$ (000.07)
Other (please specify)  Full name (ecelia + Gregory Cenac)  Mailing Address  [320] Arbor Circle  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)	(Mo., Day, Year)  7 / 11 / 24  - / _ / _ / _  Aggregate	receipt this period  \$ (000.07) \$
Other (please specify)  Full name   Cecelia + Gregory Cenac  Mailing Address  [320] Arbor Circle  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  Self employed	(Mo., Day, Year)	receipt this period  \$ loco. O  \$  \$ loco. O
Other (please specify)  Full name  Cecelia + Gregory Cenac  Mailing Address  (320  Arbor Circle  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan	(Mo., Day, Year)  7 / 11 / 24	receipt this period  \$ (000.00) \$ \$ \$ \$ Amount of each receipt
Other (please specify)  Full name  Cecelia + Gregory Cenac  Mailing Address  [320] Arbor Circle  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)	(Mo., Day, Year)  7 / 11 / 24  - / _ /  Aggregate year-to-date	receipt this period  \$ (000.00) \$ \$ \$ Amount of each
Other (please specify)  Full name  Cecelia + Gregory Cenac  Mailing Address  [320] Arbor Circle  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name	(Mo., Day, Year)  7 / 11 / 24	receipt this period  \$ (000.00) \$ \$ \$ \$ Amount of each receipt
Other (please specify)  Full name  Cecelia + Gregory Cenac  Mailing Address  (320) Arbor Circle  City, State, Zip Code  Ocan Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Acadian Ambulance Employee PAC-MS Fnc.  Mailing Address	(Mo., Day, Year)  7 / 11 / 24	receipt this period  \$ (000.00) \$ \$ \$ \$  \$ (000.00)  Amount of each receipt this period
Full name    Celia + Gregory Cenac	(Mo., Day, Year)  7 / 11 / 24	receipt this period  \$ (000.00) \$ \$ \$ \$ \$ Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name  Ceclia + Gregory Cenac  Mailing Address  [320] Arbor Circle  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Acadian Ambulance Employee PAC-MS Inc.  Mailing Address  P.O. Box 98000	(Mo., Day, Year)  7 / 11 / 24	receipt this period  \$ (000.07) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Mount of each receipt this period  \$ 500.00 \$ \$
Other (please specify)  Full name  Cecelia + Gregory Cenac  Mailing Address  (320  Arbor Circle  City, State, Zip Code  Ocan Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Acadian Ambulance Employee PAC-MS Fac.  Mailing Address  P. O. Box 98000  City, State, Zip Code  La fayette LA 70509-800	(Mo., Day, Year)  7 / 11 / 24	receipt this period  \$ (000.07) \$ \$ \$ \$ \$ \$ Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name (ecelia + Gregory Cenac)  Mailing Address  (320  Arbor Circle  City, State, Zip Code  Ocan Springs MS 39564  Name of Employer (Required)  Self employed  Occupation (Required)  Self employed  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Acadian Ambulance Employee PAC-MS Fac.  Mailing Address  P. O. Box 98000  City, State, Zip Code  La fayette LA 70509-800	(Mo., Day, Year)  7 / 11 / 24	receipt this period  \$ 1000.00 \$ \$ 1000.00 Amount of each receipt this period \$ 500.00 \$

PAC

)Corporation

D. Source: (

Individual Loan

Reporting period January 1, 2024

through December 31,2024

A. Source: Corporation Individual ()Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ nterprises LLC 250. OD Mailing Address \$ 12405 City, State, Zip Code \$ Name of Employer (Required) Occupation (Required) Aggregate 250.00 year-to-date B. Source: Corporation ()PAC ()Individual ()Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 7/8/24 250.00 Jonathar Mailing Address \$ 5602 City, State, Zip Code \$ Name of Employer (Required) \$ Self employ Occupation (Required) Aggregate 250.00 year-to-date C. Source: OCorporation OPAC )Individual Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 500.00 Mailing Address \$ 500 Gra City, State, Zip Code \$ Pittsburg 15219 Name of Employer (Required) \$ Occupation (Required) Aggregate 500.00 year-to-date

Other (please specify)	(Mo., Day, Year)	this period
Full name George Slinan	7,10,24	\$ 500.00
Mailing Address 797 Iberville	//	\$
Ocean Springs MS 39564	//	\$
Name of Employer (Required) Sun States Management	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

Amount of each

receipt

Date

ITEMIZED CONTRIBUT	ΓIONS	
A. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Pull name D+G Management Group LLC Mailing Address	7,22,24	\$ 1000 00
Mailing Address 1213 Government St.	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)  Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ (000.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  J+E Night + Day LLC	7122124	\$ 1000.00
Malling Address J 1010 Government Street	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)  Springs M 5 39564		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Slaughter & Associates PLLC	71 161 24	\$ 1000.00
Mailing Address P.O. Box 2401		\$
City, State, Zip Code  Ox Ford MS 38655	//	\$
Name of Employer'(Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)  Full name  James Hurdin	7 1231 24	\$ 1000.00
Mailing Address  2330 Beau Chene  City State 7 in Code	//	\$
City, State, Zip Code Biloxi M5 39532	//	\$
Name of Employer (Required) SELF employed	//	\$
Occupation (Required)  Contractor	Aggregate year–to-date	\$ 1000.00

ITEMIZED CONTRIBUT	ΓIONS	
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	7123+34	\$ 1000.00
Mailing Address 702 Bellande Avenue	//	\$
Mailing Address  702 Bellande Avenue  City, State, Zip Code  Ocean Springs MS 39564  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name 1019 Government Management LLC Mailing Address	7 122124	\$ 1000.00
Mailing Address 1019 Government St.	//	\$
City, State, Zip Code  OCEAN Springs MS 39564  Name of Employer (Required)		\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Michael Fritz Development	7130124	\$ 250.8
P.O. Box 283	//	\$
City, State, Zip Code Biloxi MS 39533	//	\$
Name of Employer (Required) Self employed	//	\$
Occupation (Required) Contractor	Aggregate year–to-date	\$ 250.00
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Golden Nugget Biloxi	7,24,24	\$ 500.00
Mailing Address 151 Beach Blvd		\$
City, State, Zip Code Bilox: MS 39530	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

through December 31,2024

A. Source: Corporation Individual Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 1000. **Mailing Address** \$ City, State, Zip Code \$ \$ Occupation (Required) Aggregate 1000.00 year-to-date B. Source: Corporation PAC (Individual (Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name 811124 1000.00 Diaz Mailing Address \$ City, State, Zip Code \$ Biloxi Name of Employer (Required) \$ Occupation (Required) Aggregate 1000.00 Doctor year-to-date C. Source: Corporation )Individual Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 1000. Mailing Address \$ City, State, Zip Code \$ 70505-2106 Occupation (Required) Aggregate \$ 1000.00 year-to-date D. Source: Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 7/29/24 500.00 **Mailing Address** \$ City, State, Zip Code 39502-0520 \$ Name of Employer (Required) \$ Rou Anderson Occupation (Required) Aggregate 500.00

year-to-date

Occupation (Required)

through December 31,2024

ITEMIZED CONTRIBUT	ΓΙΟΝS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John T. Lockdrd	816 124	\$ 500.00
Mailing Address 1505 Beach Blut.	/	\$
City, State, Zip Code Pascagonla MS 39567	//	\$
Name of Employer (Required)	//	\$
Self employed Occupation (Required) Insurance Agent	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 Victor Mavar	812124	\$ 500.50
Mailing Address PO Bo X 1910	//	\$
City, State, Zip Code Biloxi MS 39533	//	\$
Name of Employer (Required)	//	\$
Selfenployed Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source: Ocorporation OPAC Sindividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	7129124	\$ 500.00
Mailing Address 1312 Fort Avenue	//	\$
City, State, Zip Code  Oclan Springs	//	\$
Name of Employer (Required)  Descher Companies	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SBKL33 LLC	815124	\$ 1000.03
Mailing Address 806 Mashington Avenue		\$
City, State, Zip Code OCEAN Springs MS 39564	//	\$
Name of Employer (Required)	, ,	•

\$ 1000.00

Aggregate year-to-date

### ITEMIZED CONTRIBUTIONS

TIEWIZED CONTRIBU	TIOTAD	
A. Source: OCorporation OPAC SIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Wio., Day, Teat)	this period
Full name David Machado	817124	\$ 1500.00
Mailing Address	, ,	\$
6 Povenir Place	/	
	1 1	\$
Gulfport MS 39507		
Name of Employer (Required)	//	\$
MP Design		
Occupation (Required)	Aggregate year-to-date	\$ 1500.00
B. Source: Corporation PAC Andividual Loan		Amount of each
Stormer Octobermen Orino Orino	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Bruno Milanese	8/1/24	\$ 1000.00
Mailing Address		\$
PO BOX 1612	//	
		\$
Deep Consider MS 29512	//	•
Name of Employer (Required)  Name of Employer (Required)	CALLE AND	S
Bay Pest Control	//	<b>3</b>
Occupation (Required)	Aggregate	\$ 1000 57)
owner	year-to-date	\$ 1000.00
C. Source: OCorporation OPAC SIndividual OLoan	Section of the sectio	Amount of each
c. source. Comporation of Ac Standividual Oboan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	8 15,21	\$
Daniel Mobley	2/15/24	500.00
Mailing Address	1 1	\$
527 Front Beach Dr. # 78		
City, State, Zip Code	, ,	\$
Ocean Specials MS 39561	/	
Name of Employer (Required)	/ /	\$
self employed		
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan	Constitution of The Assessment Constitution of the Constitution of	Amount of each
0.000	Date (Mo., Day, Year)	receipt
Other (please specify)	(IVIO., Day, Teal)	this period
Full name GBGC Ocean Springs LLC	7 129124	\$ 500.00
Walling Address	//	\$
1107 Government Street City, State, Zip Code		
Name of Employer (Required)  Name of Employer (Required)		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
	Belasting and the Best Anderson (1995), the state of the	

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31,2024

### ITEMIZED CONTRIBUTIONS

TENIZED CONTRIBU	LIOIND	
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC		this period
703 Washington Ave LLC	7,29,24	500,00
Maning Address	//	\$
708 Washington Avenue City, State, Zip Code		\$
Ocean Springs MS 39564 Name of Employer (Required)		
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full name Mask Properties	7,20,24	\$ 500.00
Malling Address	1 1	\$
1110 Poplar Blvd		Φ.
City, State, Zip Code  Jackson MS 39202 - 2107	//	\$
Name of Employer (Required)	/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	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	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	, ,	\$
Mailing Address		9
Mahing Address	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$

1 11	Page	of	
Name of Candidate or Committee Kenny Holloway	and the second s	ato ushnavn assupup parakh ha nakin kon monguning masir ya misimba bishin ka kiyayu sa suyada prendestro wa w	
Reporting period ///24 through / Z/31/24			
ITEMIZED DISBURSEMENTS			
LIEMIZED DISDUKSEMENTS			
Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018			
A. Full name	Date	Amount of each	
City of Ocean Springs Mailing Address	(Mo., Day, Year)	disbursement this period	
	2/14/24	\$ 365.99	
City, State, Zip Code	nengangkan merenggakh berligi kenkepkak mengararan Ampinghi pada pensagak kelalan dan kelalan dan kelalan dan b	S	
Ocean Springs MS 39564  Purpose of Disbursement (Optional)		U	
Purpose of Disbursement (Optional)	Aggregate	\$	
Mardi Gras Parade	Year-to-date	365.99	
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Storage King Mailing Address		\$	
3532 Bienville Blud	111124	662.00	
City State Zin Code	12/31/24	\$	
Ocean Springs MS 39564 Purpose of Disbursement (Optional)		рафиятыя караления канализаты байын каналын каналын карын карын карын каналын каналын каналын каналын каналын	
Purpose of Disbursement (Optional)	Aggregate	\$ 662.00	
Storage Unit	Year-to-date	NESTANDAS COLUMBATOS DE PROPOSICIONAL PARTICIPARAS INTERNACIONAL PROPOSICIONAL PROPOSI	
Frontier Strategies Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	711124	\$	
740 Avignon Dr. # A City, State, Zip Code		14500.00	
City, State, Zip Code J		\$	
Ridge land MS 39157  Purpose of Disbursement (Optional)	Aggregate	Control of the Contro	
Consultina	Year-to-date	14,500.00	
D. Full name	Date	Amount of each	
Alliance Business Services	(Mo., Day, Year)	disbursement this period	
Mailing Address 125 E. South St.	8/14/24	\$ 1885.59	
City, State, Zip Code	1-17.01		
Jackson MS 39201	10/17/24	41.75	
Purpose of Disbursement (Optional)	Aggregate		
Fundraiser	Year-to-date	1927.34	
E. Full name Proserve Golf Club	Date (Mo., Day, Year)	Amount of each disbursement this period	
Preserve Golf Club Mailing Address		8	
8901 MS - 57	11/5/24	\$565.90	
City, State, Zip Code	11 15124	\$	
Vancieaue MS 39565		992.70	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 8558.60	
F. Full name	Date	Amount of each	
Swetman Creative	(Mo., Day, Year)	disbursement this period	
Mailing Address	11/6/24	\$ 700.85	
City, State, Zip Code		\$	
Ocean Springs MS 39564	//	Ψ	
Purpose of Disbursement (Optional)	Aggregate	\$	
Web Design	Year-to-date	700.85	

	Page	7 of Z	
Name of Candidate or Committee Kenny Hollowey	and the second s		
Reporting period ///ze/ through	12/31/2	4	
ITEMIZED DISBURSEMENTS			
Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018			
A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	11/1/24	\$ 232.00	
City, State, Zip Code  Ocean Springs MS 39564  Purpose of Disbursement (Optional)		S	
Purpose of Disbursement (Optional)	Aggregate	\$ 232.00	
P. O. Box B. Full name	Year-to-date  Date	Amount of each	
	(Mo., Day, Year)	disbursement this period	
Mailing Address		\$	
City, State, Zip Code		\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	error de constituire de la constituire del constituire de la const	\$	
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		