

RECEIVED
MAR 25 2025



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

DATE STAMP

BY CITY OF OCEAN SPRINGS

Name of Candidate JOHN KENNETH (KENNY) HOLLOWAY
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 Political Party (if any) REPUBLICAN

Check here if above information is different from previous report

TYPE OF REPORT

- Tuesday, March 25, 2025 (January 1, 2025 through March 23, 2025) **Primary Pre-Election Report**
- _____ Tuesday, April 15, 2025 (March 24, 2025 through April 13, 2025) **Primary Pre-Runoff Election Report**
- _____ Tuesday, May 27, 2025 (January 1, 2025 through May 25, 2025) **General Pre-Election Report**
- _____ Friday, January 30, 2026 (January 1, 2025 through December 31, 2025) **Annual Report**
- _____ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) *For candidates who filed the Primary Pre-Election Report, the reporting period for the General Pre-Election Report due Tuesday May 27, 2025 is March 24, 2025 through May 25, 2025.
- (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. Unopposed candidates are not required to file Pre-Election Reports.
- (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2025.
- (4) File with your Municipal Clerk's Office. The Municipal Clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	21,474.00	+	3,324.00	\$ 24,798.00	\$ 24,798.00
Total amount of disbursements \$	73,740.61		683.58	\$ 74,424.19	\$ 74,424.99
Total amount of cash on hand				\$ 15,596.18	

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

[Signature]
Signature of Candidate

3/25/25
Date

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. Miss. Code Ann. § 23-15-811 (1972).

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2025 through March 25, 2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Derek Bodart</u>	<u>1 / 13 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>15012 WEI Bonito Dr.</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>Superior Optical Lab</u>	__ / __ / __	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mary Taylor</u>	<u>1 / 1 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>650 N Wilderness Rd</u>	__ / __ / __	\$
City, State, Zip Code <u>Port Barre LA 70577</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required) <u>retired</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harold Taylor</u>	<u>1 / 1 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>650 N Wilderness Rd</u>	__ / __ / __	\$
City, State, Zip Code <u>Port Barre LA 70577</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required) <u>retired</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LMS, Inc.</u>	<u>1 / 21 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>806 Washington Ave.</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

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CITY OF OCEAN SPRINGS
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Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2025 through March 25, 2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adolph Ross</u>	<u>1 / 24 / 25</u>	\$ <u>1500.00</u>
Mailing Address <u>717 Greenwood Dr.</u>	___/___/___	\$
City, State, Zip Code <u>New Orleans LA 70124</u>	___/___/___	\$
Name of Employer (Required) <u>Louis Gilbert + Associates</u>	___/___/___	\$
Occupation (Required) <u>Geologist</u>	Aggregate year-to-date	\$ <u>1500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>C. H. Fenstermaker + Associates, LLC</u>	<u>1 / 17 / 25</u>	\$ <u>850.00</u>
Mailing Address <u>P.O. Box 52106</u>	___/___/___	\$
City, State, Zip Code <u>Lafayette LA 70505-2106</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>850.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leigh + Edwin O'Connor</u>	<u>1 / 20 / 25</u>	\$ <u>750.00</u>
Mailing Address <u>213 Halstead Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>retired</u>	___/___/___	\$
Occupation (Required) <u>retired military</u>	Aggregate year-to-date	\$ <u>750.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bruno Milanese</u>	<u>1 / 24 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1612</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Bay Pest Control</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>500.00</u>

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CITY OF OCEAN SPRINGS

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2025 through March 25, 2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Taylor</u>	<u>1 / 13 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>331 Emerson Dr.</u>	___/___/___	\$
City, State, Zip Code <u>Hattiesburg MS 39401</u>	___/___/___	\$
Name of Employer (Required) <u>self employed</u>	___/___/___	\$
Occupation (Required) <u>entrepreneur</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Warren Paving</u>	<u>2 / 10 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 572</u>	___/___/___	\$
City, State, Zip Code <u>Hattiesburg MS 39403</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Sutton</u>	<u>2 / 10 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>10 Sauvolle Ct.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>O.S. Surgical + Endoscopy Center</u>	___/___/___	\$
Occupation (Required) <u>Ophthalmologist</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Sneed</u>	<u>2 / 7 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>141 Bayou Circle</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39507-4623</u>	___/___/___	\$
Name of Employer (Required) <u>retired</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

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Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2025 through March 25, 2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Holstein</u>	<u>2 / 10 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>484 Jordan Dr.</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39531</u>	___/___/___	\$
Name of Employer (Required) <u>Self employed</u>	___/___/___	\$
Occupation (Required) <u>real estate broker</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Andrew Swoger</u>	<u>1 / 13 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>6200 Point Porteauny Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Keester Federal Credit Union</u>	___/___/___	\$
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Erich Nichols</u>	<u>2 / 13 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 60</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39502</u>	___/___/___	\$
Name of Employer (Required) <u>Self employed</u>	___/___/___	\$
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steven Dick</u>	<u>2 / 10 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>952 Thornhill Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39532</u>	___/___/___	\$
Name of Employer (Required) <u>MS Power</u>	___/___/___	\$
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>

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CITY OF OCEAN SPRINGS

BY _____

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 31, 2025 through March 25, 2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harold T Coulter</u>	<u>2 / 13 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>1009 Bryd Dr.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Office Bar + Lounge LLC</u>	<u>2 / 13 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>1000 Government St.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Covington Civil + Environmental LLC</u>	<u>2 / 12 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>2300 14th Street.</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lane Const. Co. of Mississippi Inc.</u>	<u>3 / 10 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 1437 - 3925 Hwy 57</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39566</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

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MAR 25 2025

CITY OF OCEAN SPRINGS
BY _____

1750.00

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2025 through March 25, 2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alfred Moran</u>	<u>3 / 9 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>712 Washington Ave.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>self employed</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Curtis Jaunson</u>	<u>2 / 8 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>314 Bills Ave.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Dale Partners</u>	_ / _ / _	\$
Occupation (Required) <u>architect</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Lockard</u>	<u>3 / 2 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>1505 Beach Blvd.</u>	_ / _ / _	\$
City, State, Zip Code <u>Pascagoula MS 39567-1209</u>	_ / _ / _	\$
Name of Employer (Required) <u>90° Benefits</u>	_ / _ / _	\$
Occupation (Required) <u>Insurance</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Wetzel & Associates P.A.</u>	<u>2 / 7 / 25</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 1</u>	_ / _ / _	\$
City, State, Zip Code <u>Gulfport MS 39502</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300.00</u>

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MAR 25 2025

CITY OF OCEAN SPRINGS
BY _____

1800

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2025 through March 25, 2025

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Gulf Coast Billfish Classic Inc.</u>	<u>1 / 12 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 231</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39533-0231</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Neil Polen</u>	<u>1 / 15 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>115 San Souci Ave.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS</u>	___/___/___	\$
Name of Employer (Required) <u>BMA Engineering</u>	___/___/___	\$
Occupation (Required) <u>engineer</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Jack Causey</u>	<u>2 / 4 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>19648 Champion Circle</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39503</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>John Atherton</u>	<u>2 / 20 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>36 Cambridge Avenue</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39507</u>	___/___/___	\$
Name of Employer (Required) <u>Self employed</u>	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

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MAR 25 2025

BY _____
CITY OF OCEAN SPRINGS

1250

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2025 through March 25, 2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Roy Anderson III</u>	<u>2 / 28 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>4900 Courthouse Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39507</u>	___/___/___	\$
Name of Employer (Required) <u>Roy Anderson</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Doug Molyneaux</u>	<u>3 / 12 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>2701 English Drive</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Self employed</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

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MAR 25 2025

CITY OF OCEAN SPRINGS
BY _____

750

Name of Candidate or Committee Kenny Holloway

Reporting period JAN. 2025 through MARCH 25, 2025

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Super Talk MS Media</u>	<u>1 / 2 / 25</u>	\$ <u>300.00</u>
Mailing Address <u>9471 Three Rivers Rd. Suite A</u>		
City, State, Zip Code <u>Gulfport MS 39503</u>	<u>__ / __ / __</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Frontier Strategies</u>	<u>2 / 17 / 25</u>	\$ <u>7500.00</u>
Mailing Address <u>PO Box 13292</u>		
City, State, Zip Code <u>Jackson MS 39236-3292</u>	<u>3 / 18 / 25</u>	\$ <u>17575.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>25075.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Images Galore Signs</u>	<u>2 / 21 / 25</u>	\$ <u>85.00</u>
Mailing Address <u>3002 Bienville Blvd Ste A</u>		
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>2 / 3 / 25</u>	\$ <u>296.42</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>381.42</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Knight Abbey</u>	<u>2 / 22 / 25</u>	\$ <u>3178.00</u>
Mailing Address <u>2650 Beach Blvd #50</u>		
City, State, Zip Code <u>Biloxi MS 39531</u>	<u>__ / __ / __</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3178.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Family Frozen Foods</u>	<u>3 / 7 / 25</u>	\$ <u>288.92</u>
Mailing Address <u>6819 Washington Avenue</u>		
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__ / __ / __</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>288.92</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hilltree Marketing</u>	<u>1 / 31 / 25</u>	\$ <u>15,000.00</u>
Mailing Address		
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>3 / 24 / 25</u>	\$ <u>2500.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>17,500.00</u>

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BY _____ CITY OF OCEAN SPRINGS

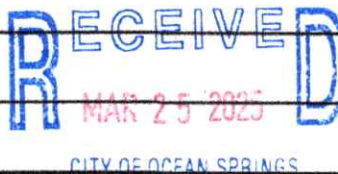
Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Frontier Strategies	3 / 7 / 25	\$ 20750.00
Mailing Address PO Box 13292		
City, State, Zip Code Jackson MS 39236-3292		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 20750.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
East Beach Specialties	3 / 3 / 25	\$ 403.14
Mailing Address 108 La Branche Avenue		
City, State, Zip Code Ocean Springs MS 39564		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 403.14
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Advertising	2 / 11 / 25	\$ 5250.00
Mailing Address PO Box 746966		
City, State, Zip Code Atlanta GA 30374-6966		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5250.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ocean Springs Lumber	2 / 10 / 25	\$ 314.71
Mailing Address 1611 Government St.		
City, State, Zip Code Ocean Springs MS 39564		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 314.71
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Storage King	1 / 8 / 25	\$
Mailing Address 3532 Bienville Blvd.		
City, State, Zip Code Ocean Springs MS 39564	3 / 5 / 25	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 299.42
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	\$



BY _____