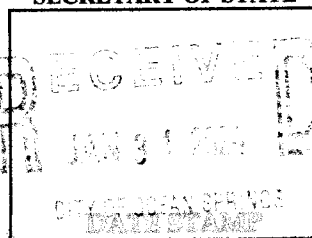


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2023 Annual Report



Name of Candidate Kenny Holloway
 Address P.O. Box 1817 City/State/Zip Ocean Springs, MS 39566
 Telephone (Work) 228-669-0603 (Home) _____ (Fax) _____
 Contact Name _____ Email Address kenny@hollowayres.com
 Office Sought Mayor

Check here if above information is different from previous report

TYPE OF REPORT

Wednesday, January 31, 2024 (January 1, 2023 through December 31, 2023) **Annual Report**
 Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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).
- (5) 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, 2023 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2023 CASH ON HAND BALANCE			\$

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies. SOS 10/2023

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

JAN. 1, 2023 CASH ON HAND BALANCE			\$15985.86
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$17850.00	\$750.00	\$18600.00
TOTAL AMT OF DISBURSEMENTS	\$17774.45	\$2190.12	\$19964.57
DEC. 31, 2023 CASH ON HAND BALANCE			\$14621.29

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



Signature of Candidate

1/31/24

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. 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 Kenny Holloway
 Reporting period 01/01/2023 through 12/31/2023

ITEMIZED RECEIPTS

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>MARC FOSTER / CYNTHIA HENDRICKS</u>	<u>6/15/23</u>	\$ <u>1000-</u>
Mailing Address <u>4003 DUNSHANE ST</u>	___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	___/___/___	\$
Name of Employer (Required) <u>CYRUS ENG.</u>	___/___/___	\$
Occupation (Required) <u>ENGINEER</u>	Aggregate year-to-date	\$ <u>1000-</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>ECO HOMES LLC</u>	<u>6/15/23</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 4598</u>	___/___/___	\$
City, State, Zip Code <u>BILOXI, MS. 39535</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250-</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>PANAMOUNT PEST SOLUTIONS LLC</u>	<u>6/15/23</u>	\$ <u>600</u>
Mailing Address <u>P.O. Box 6206</u>	___/___/___	\$
City, State, Zip Code <u>GULFPORT, MS. 39506</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>600-</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>PLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CARRULL WARREN & PARKER</u>	<u>6/15/23</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 1005</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS. 39215</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250-</u>

Name of Candidate or Committee Kenny Holloway

Reporting period 01/01/2023 through 12/31/2023

ITEMIZED RECEIPTS

A. 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>NEEL SCHAFFER</u>	<u>6/15/23</u>	\$ <u>750</u>
Mailing Address <u>P.O. Box 22625</u>	_ / _ / _	\$
City, State, Zip Code <u>JACKSON, MS. 39225</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
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>ALADDIN CONSTRUCTION</u>	<u>6/15/23</u>	\$ <u>1,000</u>
Mailing Address <u>12273 B SHREVEWS BLVD</u>	_ / _ / _	\$
City, State, Zip Code <u>BILOXI, MS. 39532</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
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>BIG YELLA LLC DBA THE ROOST</u>	<u>6/15/23</u>	\$ <u>750-</u>
Mailing Address <u>401 PORTER AVE</u>	_ / _ / _	\$
City, State, Zip Code <u>OGDEN SPRINGS, MS. 39564</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
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>WILLIAM G YATES JR</u>	<u>6/15/23</u>	\$ <u>1000-</u>
Mailing Address <u>P.O. Box 456</u>	_ / _ / _	\$
City, State, Zip Code <u>PHALA DELPHIA, MS. 39350</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kenny HollowayReporting period 01/01/2023 through 12/31/2023

ITEMIZED RECEIPTS

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>LMS INC</u>	<u>6/15/23</u>	\$ <u>1,000 -</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	\$
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>COMPLETE ROOFING</u>	<u>6/15/23</u>	\$ <u>750 -</u>
Mailing Address <u>2100 14th ST.</u>	__/__/__	\$
City, State, Zip Code <u>PASCAGOULA, MS. 39567</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BORDES & DANAS</u>	<u>6/15/23</u>	\$ <u>750 -</u>
Mailing Address <u>1215 GOVERNMENT ST.</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J & E NIGHT AND DAY</u>	<u>6/15/23</u>	\$ <u>250 -</u>
Mailing Address <u>1010 GOVERNMENT ST</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kenny Holloway

Reporting period 01/01/2023 through 12/31/2023

ITEMIZED RECEIPTS

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>ROBERT J. KNEZAR</u>	<u>6/15/23</u>	\$ <u>1000</u>
Mailing Address <u>111 LUNDGREN LN</u>	__/__/__	\$
City, State, Zip Code <u>GULFPORT, MS. 39507</u>	__/__/__	\$
Name of Employer (Required) <u>H20</u>	__/__/__	\$
Occupation (Required) <u>ENGINEER</u>	Aggregate year-to-date	\$
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>KATHLEEN & TANNER SWETMAN</u>	<u>6/15/23</u>	\$ <u>250</u>
Mailing Address <u>509 RUE CHATEAUGUAY</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
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>GBGC OCEAN SPRINGS, LLC</u>	<u>6/15/23</u>	\$ <u>500</u>
Mailing Address <u>1107 GOVERNMENT ST.</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>708 WASHINGTON AVE LLC</u>	<u>6/15/23</u>	\$ <u>500</u>
Mailing Address <u>"</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kenny Holloway

Reporting period 01/01/2023 through 12/31/2023

ITEMIZED RECEIPTS

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>Mr. RONALD POLUN</u>	<u>6/19/23</u>	\$ <u>250</u>
Mailing Address <u>115 SAN SOUCE AVE</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS. 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WELKENS, WELKENS, BOSS & SERRANO</u>	<u>6/19/23</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 1619</u>	__/__/__	\$
City, State, Zip Code <u>PACADULLA MS. 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
C. 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>CITIZENS BANK</u>	<u>6/19/23</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 209</u>	__/__/__	\$
City, State, Zip Code <u>PHENACULLA, MS. 39530</u>	__/__/__	\$
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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BITTEN 2 TOP CONSTRUCTION</u>	<u>6/19/23</u>	\$ <u>1000</u>
Mailing Address <u>23272 Hwy 49 Ste B</u>	__/__/__	\$
City, State, Zip Code <u>SAUCEUR MS. 39574</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kenny Holloway

Reporting period 01/01/2023 through 12/31/2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC / NOW PROFIT</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BIG T OFFSHOOTERS</u>	<u>6/19/23</u>	\$ <u>750-</u>
Mailing Address <u>19 COUNTRY CLUB</u>	_ / _ / _	\$
City, State, Zip Code <u>HATTIESBURG, MS. 39402</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
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 PAVENS</u>	<u>7/11/23</u>	\$ <u>1000-</u>
Mailing Address <u>P.O. Box 572</u>	_ / _ / _	\$
City, State, Zip Code <u>HATTIESBURG, MS. 39403</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
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>ROCKING C TRUCK & TRAILER</u>	<u>7/11/23</u>	\$ <u>250-</u>
Mailing Address <u>P.O. Box 3327</u>	_ / _ / _	\$
City, State, Zip Code <u>GULFPORT, MS. 39505</u>	_ / _ / _	\$
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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BROWN BAG SOCIAL CLUB LLC</u>	<u>7/28/23</u>	\$ <u>1000-</u>
Mailing Address <u>929 WASHINGTON TEN AVE</u>	_ / _ / _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kenny Holloway

Reporting period 01/01/2023 through 12/31/2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" 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>OVLA STREET AND ASSOC. PLLC</u>	<u>7/21/23</u>	\$ <u>1000-</u>
Mailing Address <u>161 LAMBUSE ST. #203</u>	_ / _ / _	\$
City, State, Zip Code <u>BELOUE, MS. 39530</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
B. 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	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
C. 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	_ / _ / _	\$
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kenny Holloway
 Reporting period JAN 1, 2023 through DEC 31, 2023

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>PRESERVE GOLF COURSE</u>	<u>6/26/23</u>	\$ <u>7,540.00</u>
Mailing Address		
<u>VAN CLEAVE, MS.</u>	<u>6/20/23</u>	\$ <u>1,506.60</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>9,046.60</u>
<u>GOLF TOURNAMENT FUND RAISER</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STORAGE KING</u>	<u>7/1/23</u>	\$ <u>516.00</u>
Mailing Address		
<u>HWY 90</u>	<u>12/31/23</u>	\$
City, State, Zip Code		
<u>OCALA SPRINGS, MS. 39864</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>516.00</u>
<u>CAMPAIN SIGNS/MATERIALS</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SOSO STRONG FOUNDATION</u>	<u>9/12/23</u>	\$ <u>310.88</u>
Mailing Address		
<u>BELOXE, MS.</u>	<u>—/—/—</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>310.88</u>
<u>PEDIATRIC BRAIN TUMOR FOUNDATION</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>GRAND VIEW SECURITY</u>	<u>10/18/23</u>	\$ <u>2,996.60</u>
Mailing Address		
<u>P.O. BOX 1232</u>	<u>—/—/—</u>	\$
City, State, Zip Code		
<u>OCALA SPRINGS, MS. 39553</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,996.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SWEETMAN CREATIVE</u>	<u>10/11/23</u>	\$ <u>2,150.00</u>
Mailing Address		
<u>MAUREPAS LANDLUB</u>	<u>—/—/—</u>	\$ <u>1,355.00</u>
City, State, Zip Code		
<u>OCALA SPRINGS, 39564</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,505.00</u>
<u>SOCIAL MEDIA</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>USPS</u>	<u>10/13/—</u>	\$ <u>226.00</u>
Mailing Address		
<u>HWY 90</u>	<u>—/—/—</u>	\$
City, State, Zip Code		
<u>OCALA SPRINGS, MS.</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>226.00</u>
<u>P.O. BOX</u>		

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
GCCA	8/7/23	\$ 475.00
Mailing Address Howard Ave		
City, State, Zip Code BLOXE, MS. 39530	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 475.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
IMAGUS GARRE	8/9/23	\$ 248.67
Mailing Address Hwy 90		
City, State, Zip Code OCEAN SPRINGS, MS. 39564	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 248.67
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
CITY OF OCEAN SPRINGS	12/19/23	\$ 450.00
Mailing Address PORTER AVE		
City, State, Zip Code OCEAN SPRINGS, MS 39564	_ / _ / _	\$
Purpose of Disbursement (Optional) CITY OF OCEAN SPRINGS WASHINGTON AVE	Aggregate Year-to-date	\$ 450.00
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	\$