Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

2023 Annual Report

Name of Candidate Kenny Holloway			CTPANTAL SEE VCS
Address P.O. Box 1817		City/State/Zip_Ocean Springs, N	MS 39566
Telephone (Work) 228-669-0603	(Home)	(Fax)	
Contact Name		Email Address_kenny@holloway	res.com
Office Sought Mayor			
Check here if above information is different from	n previous repo	rt	
	TYPE	OF REPORT	
Wednesday, January 31, 2024 (January 1, 2	023 through	December 31, 2023)	Annual Report
Termination Report (Candidate will no long has no outstanding car	er accept com	ntributions, make campaign expenditures, 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).
- 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

·		The second secon	Committee of the committee of the second of the committee
JAN. 1, 2023 CASH ON HAND BA	LANCE		\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	
	A	¢.	¢
TOTAL AMT OF DISBURSEMENTS	\$	2	J.
DEC. 31, 2023 CASH ON HAND B	ALANCE		\$

¹ 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, 2023 CASH ON HAND BAI	LANCE		\$15985.86
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$17850.00	\$750.00	\$18600.00
		4040040	040004 57
TOTAL AMT OF DISBURSEMENTS	\$17774.45	\$2190.12	\$19964.57
DEC. 31, 2023 CASH ON HAND BA	ALANCE	regionalization of the security was the construction and the property of the security of the s	\$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

Date

1/31/24

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.

Page	 of <u>/</u>

Name of	Candidate or	Committee	Kenny Holloway

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

A. Source: OCorporation OPAC MIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name MANC FOSTER/CYNTHIA HUNDUNGG	61/51/23	\$ 1000 -
Mailing Address 4003 DUNSINANE ST	//	\$
City, State, Zip Code OCUAN SPITUOS, MS. 39524	//	\$
Name of Employer (Required) Cypeus buc.	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ECO Homes Lic	6115123	^{\$} 253
Mailing Address P.O. Box 4598	//	\$
City, State, Zin Code SICOXI MS. 375-35	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250 -
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name PARAMOUNT PEST SOLUTIONS LLC	615123	\$ 600
Mailing Address P. O. 1804 6206	//	\$
City, State, Zip Code GULFPONT, MS. 35506	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 600-
D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) PUC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CANRULL WARRING & PARILUM	6,15,23	\$ 250
Mailing Address P. O. Boy 1005		\$
City, State, Zin Code Ackson, MS- 39215		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	8 S20,

Reporting period 01/01/2023

through 12/31/2023

		A
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LCC		\$ 700
NEEL SCHAFFER	<u> Li 151 23</u>	730
Mailing Address P. O. Box 22625	//	\$
City, State, Zip Code	, ,	\$
Name of Employer (Required)		\$
(Name of Employer (Nequired)	//	
Occupation (Required)	Aggregate year–to-date	\$
B. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify) LCC	(Mo., Day, Year)	receipt this period
Full name ALADDIN CONSTRUCTION	61151 23	\$ 1,000
Mailing Address 12273 B SHRT WEAS BUD	//	\$
City, State, Zip Code BLOXI MS- 39532	//	\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) CC		•
Full name O	. 6,1073	\$ 7000
Full name BIG YELLA LLC DBA THE ROWS	<u>6, 15, 23</u>	* 75U- *
Full name BFG YENCA LLC DBA THE ROWST Mailing Address 401 Ponton Ave	- <u>(</u>	\$
Full name BFG YELA LLC DBA THE ROWST Mailing Address 401 PORTER AVE City State 7 in Code	- <u>(1) 23</u> !!	150
Full name BIG YELLA LLC DBA THE ROWST Mailing Address 401 PORTER AVE	!! !!	\$
Full name BFG YELA LLC DBA THE ROWST Mailing Address Club Ponton Ave City, State, Zip Code CCUM SPATMGS, MS. 39564	//	\$
Mailing Address HOI PORTER AVE City, State, Zip Code CCUM SPRINGS, MS. 39564 Name of Employer (Required)	//	\$ \$ \$
Full name BEG YELLA LLC DBA THE ROUSE Mailing Address UI PORTER AVE City, State, Zip Code CCUM SPRINGS, MS. 39564 Name of Employer (Required) Occupation (Required)	//	\$ \$ \$ Amount of each
Mailing Address Mailing Address City, State, Zip Code City, State, Zip Code Cocum Spatus, Ms. 39564 Name of Employer (Required) D. Source: Ocorporation OPAC OIndividual OLoan	//	\$ \$ \$ Amount of each receipt
Full name BEG YELLA LLC DBA THE ROUST Mailing Address LOI PONTEN AVE City, State, Zip Code CCUM SPATUGS, MS. 39564 Name of Employer (Required) Occupation (Required) D. Source: OCorporation OPAC OIndividual OLoan Other (please specify) Full name WELLEAM G YARTS JR Mailing Address	///	\$ \$ \$ Amount of each receipt this period
Full name BEG YEALA LLC DBA THE ROUSE Mailing Address UN PORTER AVE City, State, Zip Code CLAW SPRINGS, MS. 39564 Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name WELLEAM G YARS JR Mailing Address P. O. BOX 456 City, State, Zip Code	///	\$ \$ \$ Amount of each receipt this period \$ /000
Mailing Address City, State, Zip Code City, State, Zip Code Cocum Sprtngs, Ms. 39504 Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Welland G YATES JR Mailing Address P. O. BOX 456	///	\$ \$ \$ Amount of each receipt this period \$ ///////////////////////////////////
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Name of Candidate or Committee Kenny Holloway

Reporting period 01/01/2023

through 12/31/2023

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Full name, Mailing Address 2/00 /44 ST. City, State, Zip, Code ##\$CA GOVLA , MS . 39 SL7 Name of Employer (Required) C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) PLLC Mailing Address 1 2/1 S Amount of each receipt this period Mailing Address PLLC Mailing Address S Mailing Address Mailing Address PLLC City, State, Zip Code CLAN SALTAGS , MS . 383Z4 D. Source: Ocorporation OPAC OIndividual OLoan Mailing Address Name of Employer (Required) D. Source: Ocorporation OPAC OIndividual OLoan Occupation (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LCC Mailing Address Mai	B. Source: OCorporation OPAC OIndividual OLoan Other (please specify) LLC	Date	receipt
Mailing Address 2/00 / 4+4 ST. City, State, Zip Code PASCA GOVLA, MS. 39577 Name of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify) PLLC Mailing Address 12/5 GOVLAN MUNT ST. City, State, Zip Code Other (please specify) Name of Employer (Required) Aggregate (Mo., Day, Year) S Cocupation (Required) Amount of each receipt this period Full name Amount of each receipt this period Amount of each receipt this period Full name (Mo., Day, Year) S City, State, Zip Code Occupation (Required) D. Source: Ocorporation OPAC Oindividual OLoan Other (please specify) CCC Mailing Address Date (Mo., Day, Year) Amount of each receipt this period Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Full name The ENTGHT AND DAY Mailing Address 1010 GOVUN MUNT ST City, State, Zip Code OCUAN SPARMS, MS. 385U/ Name of Employer (Required) Aggregate S Name of Employer (Required) Aggregate S Occupation (Required) Aggregate S	Full name.	C1 151 23	s 750-
Name of Employer (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Other (please specify) PLLC Mailing Address Amount of each receipt this period Tother (please specify) City, State, Zip Code Occupation (Required) Occupation (Required) Occupation (Required) Other (please specify) City, State, Zip Code Occupation (Required) Amount of each receipt this period City, State, Zip Code Occupation (Required) Amount of each receipt this period City, State, Zip Code Occupation (Required) Amount of each receipt this period City, State, Zip Code Occupation (Required) Amount of each receipt this period City, State, Zip Code Occupation (Required) Amount of each receipt this period Amount of each receipt this period City, State, Zip Code Occupation (Required) Amount of each receipt this period Amount of each receipt this period Amount of each receipt this period Source: Occupation (Required) Amount of each receipt this period Amount of each receipt this period Source: Occupation (Required) Amount of each receipt this period Amount of each receipt this period Source: Amount of each receipt this period Amount of each receipt th	Mailing Address	//	\$
Name of Employer (Required) Aggregate year-to-date S	City, State, Zin Code PASCA GOVLA, MS. 39567	//	\$
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) PLLC Full name SONDTS & DANOS Mailing Address IZIS GOUNNMUNT ST. City, State, Zip Code Other (please specify) LCC Full name of Employer (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LCC Mailing Address I TO GOULAN MUNT ST. City, State, Zip Code Other (please specify) LCC Mailing Address I TO GOULAN MUNT ST. City, State, Zip Code Other (please specify) LCC Mailing Address I TO GOULAN MUNT ST City, State, Zip Code OCLAN SPNENGS, MS. 385744 Amount of each receipt this period Source: Ocorporation OPAC OINDIVIDUAL SPNENGS, MS. 385744 Amount of each receipt this period Source: Ocorporation OPAC OINDIVIDUAL SPNENGS, MS. 385744 Amount of each receipt this period Amount of each receipt this period Source: Ocorporation OPAC OINDIVIDUAL SPNENGS, MS. 385744 Amount of each receipt this period Amount of each receipt this period Source: Ocorporation OPAC OINDIVIDUAL SPNENGS, MS. 385744 Amount of each receipt this period Amount of each receipt this period Amount of each receipt this period Source: Ocorporation OPAC OINDIVIDUAL SPNENGS, MS. 385744 Amount of each receipt this period Source: Ocorporation OPAC OINDIVIDUAL SPNENGS	Name of Employer (Required)	//	\$
Other (please specify) Full name SORDES	Occupation (Required)		\$
Full name SONDES & DAWOS GOUDANMENT ST. S City, State, Zip Code CLAN SATAWGS MS. 333Z4 S Name of Employer (Required) Aggregate year-to-date D. Source: Ocorporation OPAC OIndividual OLoan Date receipt this period Full name SENTENGS MS. 383Z4 S Amount of each receipt this period Full name SENTENGS MS. 383Z4 S Mailing Address SENTENGS MS. 383Z4 S City, State, Zip Code CLC SENTENGS MS. 383Z4 S Occupation (Required) S Occupation (Required) Aggregate S	C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)		receipt
Mailing Address Z S GOULAN MUNE ST.		61 15123	\$ 750 -
City, State, Zip Code CLAN SARTNES, MS. 33574 — /_/ \$ Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LCC Full name The NTGHT AND DAY Mailing Address //// \$ City, State, Zip Code OCCUAN SPRTNES, MS. 35564 — /_/ \$ Name of Employer (Required) Occupation (Required) Aggregate year-to-date Amount of each receipt this period ### Assumption of Employer (Required) Aggregate ** ** ** ** ** ** ** ** **	Mailing Address	//	\$
Name of Employer (Required)	City State Zin Code	//	\$
D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LCC Full name The NIGHT AND DAY Mailing Address 1010 GOVERN MENT ST City, State, Zip Code OCCUMN SPRINGS, MS. 35564 Aggregate Amount of each receipt this period LJS/ZJ \$ 257- \$ Occupation (Required) Aggregate Aggregate Seach Amount of each receipt this period The Mailing Address Seach Amount of each receipt this period The Mailing Address Seach Amount of each receipt this period The Mailing Address Seach Amount of each receipt this period Seach Seach Receipt this period Aggregate Seach Amount of each receipt this period Aggregate Seach Receipt this period Aggregate Seach Receipt this period Aggregate Amount of each receipt this period Aggregate		//	\$
D. Source: Corporation (FAC (Individual Coal) Other (please specify)	Occupation (Required)		\$
Full name St E NTGHT AND DAY			receipt
Mailing Address //	Full name	6 15123	\$ 250-
Name of Employer (Required)/ \$ Occupation (Required) Aggregate \$	Mailing Address	//	\$
Name of Employer (Required)/ \$ Occupation (Required) Aggregate \$	City, State, Zip Code OCUAN SPRENGS, MS. 35564	//	\$
		//_	s
	Occupation (Required)	Aggregate	\$

Reporting period 01/01/2023

through 12/31/2023

A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
KOBURT J. KNESAZ	61/s123	\$ 1000
Mailing Address /// LUNPGREN LN	//	\$
City, State, Zip Code GULFPUNT, MS. 39507	//	\$
Name of Employer (Required) H Z D	//	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Andividual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name KATHINTNE & TANNON SWETMAN	61/ST23	\$ 250
		\$
509 PUE CHATEAUGUAY	//	.
SO9 PUE CHATERUSURY City, State, Zip Code CCUAN SPIENCS, ms. 35574	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify) LCC	(Mo., Day, Year)	this period
Full name GBGC OCCAN SPRINGS, HOLC	61 151 2X	s 500-
Mailing Address 1107 COVERNMENT ST.	//	\$
City, State, Zip Code BCUAN SATTUCS, MS. 39564	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name 708 WASITENGTON AVE LLC	<u>21/5723</u>	\$ 500
Mailing Address	//	\$
Praining Address /		
le .	//	\$
	//	\$

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Page	7	of	

Name of Candidate or Committee Kenny Holloway

Reporting period 01/01/2023

through 12/31/2023

A. A		
A. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name, ROWALD POLEN	41/9/23	\$ 250 -
Mailing Address	//	\$
City, State, Zip Code Cura Pathol Ms. 39564 Name of Employer (Required)	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WICKINSON WINGSAMS BOSTO & SESSIOMS Molling Address	615123	\$ 1,000 -
Mailing Address P.OBOR /6/8	//	\$
City, State, Zin Code ACABUUM MS. 35568	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate yearto-date	\$
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full names CETE TENS BRUE	6/19/23	\$ 1000-
Mailing Address PU.BOY 209	//	\$
City, State, Zip Code PHELADER PHEA MS. 35530		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	· 1 191 Z3	\$ 1000-
Mailing Address 23272 Hay 49 STY B	//	\$
City, State, Zip Code Ms. 39574		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$

Reporting period 01/01/2023

through 12/31/2023

Tail name Comparison Compa	A. Source: Corporation PAC Individual Loan		
Full name BEC TOTTCTATENS L/E/27 \$ 7500 - Mailing Address L/E/27 \$ 7500 - Mailing Address L/E/27 \$ 7500 - L/E/27 \$ L/E/27 \$	Other (please specify) LLC /NON PROFER		receipt
Mailing Address City, State, Zip Code	Full name	61/9123	^{\$} 750 -
Name of Employer (Required) Name of Employer	Mailing Address	//	\$
Occupation (Required) B. Source: Corporation OPAC OIndividual OLoan Other (please specify) Full name WARRW PAVING Mailing Address City, State, 2ip Coge Full name of Employer (Required) Other (please specify) Cocupation (Required) Cocupation (PAC OIndividual OLoan Other (please specify) Cocupation (Required) Cocupation (PAC OIndividual OLoan Other (please specify) Cocupation (Required) Cocupation (Requ	City. State. Zin Code	//	\$
B. Source: O'Corporation OPAC OIndividual OLoan Other (please specify) Full name WARRW PATNE Mailing Address P. O. BOY S 72 City, State, 2ip Code Other (please specify) Name of Employer (Required) Other (please specify) City, State, 2ip Code Ofter (please specify) Occupation (Required) Date (Mo., Day, Year) Amount of each receipt this period C. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) City, State, 2ip Code Occupation (Required) Occupation (Required) Occupation (Required) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) City, State, 2ip Code Ofter (please specify) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) D. Source: Ocrporation OPAC OINDIVIDUAL OTAL Amount of each receipt this period Total Company (Required) D. Source: Ocrporation OPAC OINDIVIDUAL OTAL Amount of each receipt this period Amount of each receipt this period Total Company (Required) D. Source: Ocrporation OPAC OINDIVIDUAL OTAL Amount of each receipt this period Amount of each receipt this period Total Company (Required) D. Source: Occupation OPAC OINDIVIDUAL OTAL Amount of each receipt this period Total Company (Required) D. Source: Occupation OPAC OINDIVIDUAL OTAL Amount of each receipt this period Total Company (Required) Total Company (Req	Name of Employer (Required)	'	\$
Other (please specify) Full name WANRW PAVING Mailing Address P. D. BOY 572 City, State, 2p Code Other (please specify) Name of Employer (Required) C. Source: Ocorporation OPAC Oindividual OLoan Other (please specify) Mailing Address Occupation (Required) Mailing Address Occupation (Required) Mailing Address Occupation (Required) Mailing Address Occupation (Required) Date (Mo., Day, Year) S C. Source: Ocorporation OPAC Oindividual OLoan Other (please specify) C. Source: Ocorporation OPAC Oindividual OLoan Mailing Address Mailing Address Occupation (Required) 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) D. Source: Ocorporation OPAC Oindividual OLoan Other (please specify) Mailing Address Ma	Occupation (Required)		\$
Mailing Address City, State, Zip Code Occupation (Required) Date (Mo., Day, Year) Name of Employer (Required) C. Source: OCorporation OPAC OIndividual OLoan Other (please specify) City, State, Zip Code Date (Mo., Day, Year) S Amount of each receipt this period City, State, Zip Code Date (Mo., Day, Year) S Amount of each receipt this period City, State, Zip Code Date (Mo., Day, Year) S Aggregate year-to-date Amount of each receipt this period City, State, Zip Code Date (Mo., Day, Year) S Aggregate year-to-date Amount of each receipt this period Date (Mo., Day, Year) S Amount of each receipt this period City, State, Zip Gode Date (Mo., Day, Year) S I DOO Mailing Address Mailing Addr	B. Source: Corporation OPAC OIndividual OLoan Other (please specify)		receipt
Mailing Address City, State, Zip Code	Full name WARRON PAVING	7/1/23	\$ 1000
Name of Employer (Required) Occupation (Required) Aggregate (Mo., Day, Year) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Aggregate (Mo., Day, Year) Occupation (Required) Aggregate (Mo., Day, Year) Source: Occupation OPAC Olindividual Oloan Other (please specify) LLC Full name (Mo., Day, Year) Mailling Address Occupation (Required) Aggregate (Mo., Day, Year) Source: Occupation OPAC Olindividual Oloan Other (please specify) LLC Source: Occupation OPAC Olindividual Oloan Other (please specify) LLC Source: Occupation OPAC Olindividual Oloan Other (please specify) LLC Source: Occupation OPAC Olindividual Oloan Other (please specify) LLC Occupation (Required) Aggregate (Mo., Day, Year) Source: Occupation OPAC Olindividual Oloan Other (please specify) LLC Occupation (Required) Aggregate (Mo., Day, Year) Source: Occupation OPAC Olindividual Oloan Other (please specify) LLC Occupation (Required) Aggregate (Mo., Day, Year) Source: Occupation OPAC Olindividual Oloan Occupation (Required) Occupation (Required) Aggregate (Mo., Day, Year)	Malling Address	//	\$
Name of Employer (Required) Occupation (Required) Occupation (Required) Occupation (Required) Other (please specify) Other (please specify) City, State, Zip Gode Other (please specify) Other (please specify) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Other (please specify) Occupation (Required) Other (please specify) Occupation (Required) Other (please specify) Other (plea	City, State, Zip Code / LATTE & BUNG MS. 39403	//	\$
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LCC Full name Cockens C TRVC/L FRESION Mailling Address Mailling Addres	Name of Employer (Required)		\$
Other (please specify)	Occupation (Required)	00 0.	\$
Mailing Address City, State, Zip Code CULPIONI, MS. 39505 Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name City, State, Zip Code Washing Address City, State, Zip Code Mailing Address Name of Employer (Required) Aggregate S Cocupation (Required) Aggregate S	C. Source: OCorporation OPAC OIndividual OLoan Other (please specify) L L C		receipt
Mailing Address S S S S S S S S S	Full name ROCKENG & TRVCK + TRAILA	7,11,23	\$ 250-
City, State, Zip Code CULFRONT, MS. 39505 Name of Employer (Required) Occupation (Required) Description (Required) Occupation (Required) Aggregate year-to-date Other (please specify) Full name of Employer (Required) Amount of each receipt this period Full name of Employer (Required) City, State, Zip Gode Name of Employer (Required) Aggregate S Occupation (Required) Aggregate S Aggregate S Aggregate S Aggregate S Aggregate S			•
Name of Employer (Required) Occupation (Required) Aggregate year-to-date D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LLC Full name Mailing Address The specification of Employer (Required) Date (Mo., Day, Year) Amount of each receipt this period This period Full name City, State, Zip Code Name of Employer (Required) Aggregate S Occupation (Required) Aggregate Aggregate S	Mailing Address	//	
D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Mailing Address City, State, Zip Gode Name of Employer (Required) Date (Mo., Day, Year) Amount of each receipt this period Table Company Amount of each receipt this period Table City State, Zip Gode Mailing Address Table City State, Zip Gode Aggregate Aggregate	Mailing Address POBOX 3327 City, State, Zip Code	//	\$
Other (please specify) LLC Full name Address Mailing Address City, State, Zip Gode Name of Employer (Required) Date (Mo., Day, Year) Full name (Mo., Day, Year) This period Treceipt (Mo., Day, Year) This period This p	Mailing Address 1.0 Bo × 3327 City, State Zip Code 6 ULPPOUT, MS. 39505	''	\$
Mailing Address Security Security Aves City, State, Zin Gode Name of Employer (Required) Aggregate Aggregate Aggregate	Mailing Address OBOX 3327 City, State, Zip Code CULPIONS, MS 39505 Name of Employer (Required)		\$ \$
Mailing Address	Mailing Address City, State, Zip Code CULPIONT, MS 39505 Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC OIndividual OLoan	year-to-date Date	\$ \$ \$ Amount of each receipt
Name of Employer (Required) Aggregate Aggregate	Mailing Address City, State, Zip Code CULPPONT, MS 39505 Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$ \$ \$ Amount of each receipt this period
Occupation (Required) Aggregate \$	Mailing Address College College	year-to-date Date (Mo., Day, Year)	\$ \$ \$ Amount of each receipt this period \$ 1000
	Mailing Address City, State, Zip Code CULPART, MS. 39505 Name of Employer (Required) Occupation (Required) D. Source: OCorporation OPAC OIndividual OLoan Other (please specify) LLC Full name Full name Address WASITTME TEN ACC	year-to-date Date (Mo., Day, Year)	\$ \$ \$ Amount of each receipt this period \$ \$ [Show the series of the ser
year-to-date year	Mailing Address City, State, Zip Code CULPRONT, MS. 39505 Name of Employer (Required) Occupation (Required) D. Source: OCorporation OPAC OIndividual OLoan Other (please specify) Full name Other (please specify) Full name Mailing Address City, State, Zip Gode	year-to-date Date (Mo., Day, Year)	\$ \$ \$ Amount of each receipt this period \$ \$ \$ \$

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8-		-	

Name of Candidate or Committee Kenny Holloway

Reporting period 01/01/2023

through 12/31/2023

A. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
Full name OVENSTRISET AND ASSOC. PUC	7121122	\$ 1000-
Mailing Address 161 LAME USE ST. #203	//	\$
City, State, Zip Code STLOYE MS. 39530	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate yearto-date	\$
B. Source: OCorporation OPAC OIndividual OLoan 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: OCorporation OPAC OIndividual OLoan 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 yearto-date	\$
D. Source: OCorporation OPAC OIndividual OLoan 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 yearto-date	\$

Name of Candidate or Committee Kenny Hollow	9m		
Reporting period JAN 1, 2023 through DEC 31, 2023			
ITEMIZED DISBURSEMENTS			
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Jan	nuary 1, 2018	
PRESERVE GOLF COURSE	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	4126123	\$ 7,540,00	
City, State, Zip Code, AN CLEAVE, MS	412023	\$ 1,506.60	
Purpose of Disbursement (Optional) GOLF TOUNN AMONT TWO RATSON	Aggregate Year-to-date	\$ 9,044,60	
B. Full name STUNAGE KING	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address Hw 1 90	711123	\$ 516.00	
City, State, Zip Code BUAN SPRINGS, MS. 39524	12,31,23	\$	
Purpose of Disbursement (Optional) LAMPATU SIGNS / MATERIALS	Aggregate Year-to-date	\$ 516.00	
C. Full name 5050 STRONG FOUNDATEN	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	9,12,23	\$ 310.88	
City, State, Zip, Code BTOXE, MS.	//	S	
Purpose of Disbursement (Optional)	Aggregate Wear-to-date	\$ 310,88	
D. Full name GRAND VIEW SECURITY	Date (Mo., Day, Year)	Amount of each disbursement this period	
Malling Address P. O. R&X 1232	10/18/23	2,996.60	
City, State, Zip Fode CCCAN SPRINGS MS 39553	'	S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,996,00	
E. Full name SWLTMAN CREATING	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address MAURE PAS LANDENB	101/11/23	\$ 2,150,00	
City, State, Zip Gode CCLAN SPRINGS, 3564	//	\$1,355,00	
Purpose of Disbursement (Optional) SBCTAL MUDTA	Aggregate Year-to-date	\$ 3,505.00	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address Hwy 90	10,13,	\$ 226.00	
City, State, Zip Code (ZCLAN SPINGS, MS.		S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 226.00	

	Page	2 of 2
Name of Candidate or Committee		
Reporting period through		
ITEMIZED DISBURSE	EMENTS	
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name GCCA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Howm D Ac	817123	\$ 475.00
City, State, Zip Code DFLOXI 1 M (- 38530		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 475.08
B. Full name IMAGUS GALORES Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 90	819123	\$ 248.67
Mailing Address Hwy GO City, State, Zip Code Cow Spatists, MS. 39564 Purpose of Disbursement (Optional)	//	\$
	Aggregate Year-to-date	\$ 248.67
C. Full name CETY OF BCCAN SPETNES Mailing Address Port on Ave	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PORTER AVE	12/19/23	\$ 450.00
City, State, Zip Code Second Spreads MS 39574 Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursement (Optional) CHERT WAS LEGHTS WASHWERE	Aggregate AyYear-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	//	S
City, State, Zip Code		S
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