

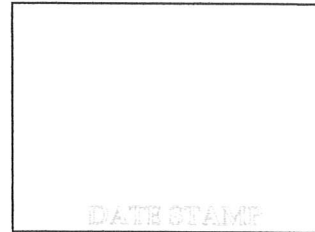


Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report

CITY OF OCEAN SPRINGS

BY [Signature]



Name of Candidate: Kenny Holloway
Address: P.O Box 1817, Ocean Springs, MS 39564
Telephone (Work): 228-669-0603
Contact Name: Kenny Holloway, Email Address: contact@mayorholloway.com
Office Sought: Mayor

Check here if above information is different from previous report

TYPE OF REPORT

X Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) 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

Table with 4 columns: Description, Itemized (+), Non-Itemized (=), Calendar Year-to-Date. Rows include JAN. 1, 2024 CASH ON HAND BALANCE, TOTAL AMT OF CONTRIBUTIONS, TOTAL AMT OF DISBURSEMENTS, and DEC. 31, 2024 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.

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

JAN. 1, 2024 CASH ON HAND BALANCE			\$ 14621.29
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 75800.00	\$ 3400.00	\$ 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

1/31/2024
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.

RECEIVED
JAN 31 2025
CITY OF OCEAN SPRINGS
BY Vicky Lupe

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>Sean Desporte</u>	<u>10/25/24</u>	\$ <u>1000.00</u>
Mailing Address <u>197 Caillavette Street</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39530</u>	___/___/___	\$
Name of Employer (Required) <u>Desporte Seafood</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>Cynthia Henderson</u>	<u>11/6/24</u>	\$ <u>1000.00</u>
Mailing Address <u>4003 Dunsinane Street</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Cypress Engineering</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>1000.00</u>
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>Overstreet + Associates, PLLC</u>	<u>11/5/24</u>	\$ <u>750.00</u>
Mailing Address <u>161 Lameuse Suite 203</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39530</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>750.00</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>Bradford - O'Keefe Funeral Homes</u>	<u>11/4/24</u>	\$ <u>750.00</u>
Mailing Address <u>P.O. Box 677</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>750.00</u>

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31, 2024

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>Waste Pro</u>	<u>11/6/24</u>	\$ <u>1000.00</u>
Mailing Address <u>2101 W. State Rd. 434 Suite 315</u>	___/___/___	\$
City, State, Zip Code <u>Longwood FL 32779</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
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 <u>Cadence Bank</u>	<u>10/28/24</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 789</u>	___/___/___	\$
City, State, Zip Code <u>Tupelo MS 38802-0789</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Corporation</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MP Design Group</u>	<u>11/7/24</u>	\$ <u>1000.00</u>
Mailing Address <u>918 Howard Avenue Suite F</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39530</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R+H Enterprises LLC</u>	<u>11/4/24</u>	\$ <u>1000.00</u>
Mailing Address <u>611 Rue Dauphine</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>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>ECO Homes LLC</u>	<u>10/14/24</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 783</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39533</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 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>Saltwater Fabrication LLC</u>	<u>10/31/24</u>	\$ <u>250.00</u>
Mailing Address <u>12612 Meadowglen Rd</u>	___/___/___	\$
City, State, Zip Code <u>Vanderve MS 39565</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>GBGC Ocean Springs LLC</u>	<u>10/30/24</u>	\$ <u>500.00</u>
Mailing Address <u>1107 Government Street</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Office Bar + Lounge LLC</u>	<u>10/30/24</u>	\$ <u>250.00</u>
Mailing Address <u>1000 Government St. Ste A</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>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Warren Paving</u>		<u>10 / 25 / 24</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>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ASM Outstalet III</u>		<u>10 / 30 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>9274 Highway 49</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Gulfport MS 39503</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Retired - self</u>		___ / ___ / ___	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>			
Full name <u>708 Washington Avenue LLC</u>		<u>10 / 30 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>708 Washington Avenue</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		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		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>			
Full name <u>Fort Bayou Restaurant LLC</u>		<u>11 / 1 / 24</u>	\$ <u>2500.00</u>
Mailing Address <u>1317 26th Avenue</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Gulfport MS 39501</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2500.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>LMS Inc.</u>	<u>10 / 22 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>806 Washington Ave.</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Ocean Springs Ms 39564</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$ 1000.00
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>Aladdin Construction</u>	<u>10 / 10 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>12273 B Shriners Blvd</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Biloxi MS 39532</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>Broad Avenue Medical Specialist LLC</u>	<u>11 / 1 / 24</u>	\$ <u>1250.00</u>
Mailing Address <u>1317 26th Ave. Ste 101</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1250.00</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>Day Alexander</u>	<u>7 / 29 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>1224 E Beach Blvd.</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required) <u>Brown Mitchel + Alexander</u>	<u>__ / __ / __</u>	\$
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>Broad Avenue Medical Specialists</u>	<u>11/1/24</u>	\$ <u>1250.00</u>
Mailing Address <u>1317 26th Ave. STE 101 LLC</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39504</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1250.00</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>Sy Easterling</u>	<u>11/4/24</u>	\$ <u>850.00</u>
Mailing Address <u>5510 Caymus Cove</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Cadence Insurance</u>	___/___/___	\$
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ <u>850.00</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>11/1/24</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 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>Downtown OS Management</u>	<u>10/16/24</u>	\$ <u>250.00</u>
Mailing Address <u>700 Bellande Avenue</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>

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>Alpha Plus Omega LLC</u>	<u>10 / 16 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>1016 Government Street Unit B</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>
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>Mark Mavar</u>	<u>10 / 14 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 730</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs MS</u>	__ / __ / __	\$
Name of Employer (Required) <u>M+M Seafood</u>	__ / __ / __	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>500.00</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>		
Full name <u>D+G Management Group LLC</u>	<u>10 / 16 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>1213 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>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		
Other (please specify) <u>LLC</u>		
Full name <u>J+E Night + Day LLC</u>	<u>10 / 16 / 24</u>	\$ <u>250.00</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	\$ <u>250.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>C. Roberds General Contractors</u>		<u>9/24/24</u>	\$ <u>500.00</u>
Mailing Address <u>2211 Government Street</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		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>Rain Residential Inc.</u>		<u>8/30/24</u>	\$ <u>1000.00</u>
Mailing Address <u>401 Porter Avenue</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</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>Big Yella LLC</u>		<u>8/30/24</u>	\$ <u>1000.00</u>
Mailing Address <u>433 E Beach Drive</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</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 Warren</u>		<u>8/20/24</u>	\$ <u>1000.00</u>
Mailing Address <u>10907 Waterside Drive</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Gulfport MS 39503</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Warren faving</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. 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>Schwartz, Orgler, Jordan + Williams PLLC</u>		<u>8 / 19 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>2137 E. Pass Rd. Ste B</u>		__ / __ / __	\$
City, State, Zip Code <u>Gulfport MS 39507</u>		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
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>Roderick Alexander</u>		<u>8 / 15 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>10744 Bayou Plantation Ln.</u>		__ / __ / __	\$
City, State, Zip Code <u>Gulfport MS 39503</u>		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
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>Waypoint Inc.</u>		<u>8 / 16 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>36 Cambridge Avenue</u>		__ / __ / __	\$
City, State, Zip Code <u>Gulfport</u> <u>Ocean Springs MS 39507</u>		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		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) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cigar Shops</u>		<u>8 / 7 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>2611 Pass Road</u>		__ / __ / __	\$
City, State, Zip Code <u>Biloxi MS 39531</u>		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>Brown Bag Social Club LLC</u>	<u>8/15/24</u>	\$ <u>1000.00</u>
Mailing Address <u>929 Washington Avenue</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</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>William G. Yates Jr.</u>	<u>8/6/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 456</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Philadelphia MS 39350</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>Yates Construction</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>owner</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>Kari + Rocky Ransonet</u>	<u>8/15/24</u>	\$ <u>500.00</u>
Mailing Address <u>Bowen Avenue</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>Self employed</u>	<u>__/__/__</u>	\$
Occupation (Required)	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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rocking C Truck + Trailer Parts</u>	<u>8/14/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3327</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Gulfport MS 39505</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>J E Borries Inc</u>	<u>8 / 15 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>16701 Hwy 57</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Vandeventer MS 39565</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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 Inc.</u>	<u>8 / 9 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>1000 Government St. Ste A</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ben Stone</u>	<u>8 / 14 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 130</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Gulfport MS 39502</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required) <u>Butler Snow Firm</u>	<u>__ / __ / __</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 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>8 / 13 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>2300 14th Street</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>Platt Industrial Complex LLC</u>	<u>8 / 09 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1506</u>	<u> / / </u>	\$
City, State, Zip Code <u>Escatawpa, MS 39552</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dan Magruder</u>	<u>8 / 15 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>605 Rue Dauphine</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Retired</u>	<u> / / </u>	\$
Occupation (Required) <u>Retired</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>Bradley Patano</u>	<u>8 / 15 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>147 Pittman Rd.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u> / / </u>	\$
Name of Employer (Required) <u>MP Design</u>	<u> / / </u>	\$
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>1000.00</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>Anna + Jason Overstreet</u>	<u>8 / 8 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>53 Walton Rd</u>	<u> / / </u>	\$
City, State, Zip Code <u>Wiggins MS 39577</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Overstreet Engineering</u>	<u> / / </u>	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>Marc Foster</u>	<u>8/15/24</u>	\$ <u>1000.00</u>
Mailing Address <u>4003 Dunbinane St.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS</u>	___/___/___	\$
Name of Employer (Required) <u>Cypress Engineering</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 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>Ocean Springs Senior Development LLC</u>	<u>8/15/24</u>	\$ <u>1000.00</u>
Mailing Address <u>3905 Ocean Springs Rd</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Spring MS 39564</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 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>Plaid Properties LLC</u>	<u>8/15/24</u>	\$ <u>1000.00</u>
Mailing Address <u>433 East Beach Drive</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>
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>Cloyd & Associates LLC</u>	<u>8/15/24</u>	\$ <u>1000.00</u>
Mailing Address <u>433 East Beach Drive</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>

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31, 2024

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>Sarah + Sy Easterling</u>	<u>8 / 15 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>5510 Caymus Cove</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Cadence Insurance</u>	___/___/___	\$
Occupation (Required) <u>Sales</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) <u>LLC</u>		
Full name <u>VM Thomas LLC</u>	<u>8 / 16 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>214 Dewey Avenue</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>
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>Douglas S. Loper</u>	<u>8 / 15 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>300 Ward Avenue</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Hancock Whitney Bank</u>	___/___/___	\$
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Gregory Cronin</u>	<u>8 / 15 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>105 Surgeres Pl.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Trustmark Bank</u>	___/___/___	\$
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>8 / 15 / 2024</u>	\$ <u>1000.00</u>
Mailing Address <u>15012 W. El Bonito Drive</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>Ricky Cox</u>	<u>8 / 13 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>1344 E Beach Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	___/___/___	\$
Name of Employer (Required) <u>Balch + Bingham</u>	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</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>G.E Properties LLC</u>	<u>8 / 15 / 24</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>
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>Dani Polen + Ronald Neil Polen</u>	<u>8 / 15 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>115 San Souci Avenue</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>500.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>Kenneth Finnegan</u>	<u>8/15/24</u>	\$ <u>250.00</u>
Mailing Address <u>1012 Tullier Ct.</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39530</u>	___/___/___	\$
Name of Employer (Required) <u>Self employed</u>	___/___/___	\$
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mart Windham</u>	<u>8/15/24</u>	\$ <u>250.00</u>
Mailing Address <u>202 Ashley Place</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Waring Oil</u>	___/___/___	\$
Occupation (Required) <u>Manager</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>George Albert Brumfield Jr</u>	<u>8/15/24</u>	\$ <u>250.00</u>
Mailing Address <u>3625 Perryman Rd</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS</u>	___/___/___	\$
Name of Employer (Required) <u>Self employed</u>	___/___/___	\$
Occupation (Required) <u>Entrepreneur</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>Jimmy Lane</u>	<u>8/15/24</u>	\$ <u>250.00</u>
Mailing Address <u>Po Box 1437</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39566</u>	___/___/___	\$
Name of Employer (Required) <u>Lane Construction</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>Jerry Munro</u>	<u>8 / 15 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>118 Siowan Avenue</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Specialty Bolt + Screw</u>	<u> / / </u>	\$
Occupation (Required) <u>owner</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harold Todd Coulter</u>	<u>8 / 15 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>3309 Government Street</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required) <u>Physician</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>Mathew Minor</u>	<u>8 / 14 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>511 Azalea Lane</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Abundant Wealth</u>	<u> / / </u>	\$
Occupation (Required) <u>self employed</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>Robert Watts</u>	<u>8 / 14 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>2559 S. Shore Drive</u>	<u> / / </u>	\$
City, State, Zip Code <u>Biloxi MS 39532</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Gulf Coast Oral Surgery</u>	<u> / / </u>	\$
Occupation (Required) <u>Oral Surgeon</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>Steven Dick</u>	<u>8 / 1 / 24</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>
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 <u>Andy Taggart</u>	<u>10 / 1 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>1212 Harbor Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Taggart, Rimes Lawyers</u>	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</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>Laredo Properties LLC</u>	<u>7 / 11 / 24</u>	\$ <u>5000.00</u>
Mailing Address <u>457 Waldo Drive</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39531</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>5000.00</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>Neel Schaffer</u>	<u>7 / 3 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box B2625</u>	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39225-2625</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31, 2024

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 Hardy</u>	<u>7/12/24</u>	\$ <u>500.00</u>
Mailing Address <u>1091 Tommy Munro Drive</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39532</u>	___/___/___	\$
Name of Employer (Required) <u>Eley Guild Hardy Architects</u>	___/___/___	\$
Occupation (Required) <u>Architect</u>	Aggregate year-to-date	\$ <u>500.00</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>Southeast Commercial of MS LLC</u>	<u>7/9/24</u>	\$ <u>500.00</u>
Mailing Address <u>2310 19th Street</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	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>Cecelia + Gregory Cenac</u>	<u>7/11/24</u>	\$ <u>1000.00</u>
Mailing Address <u>13201 Arbor Circle</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>self employed</u>	___/___/___	\$
Occupation (Required) <u>self employed</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>Acadian Ambulance Employee PAC-MS Inc.</u>	<u>7/10/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 98000</u>	___/___/___	\$
City, State, Zip Code <u>La Fayette LA 70509-800</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>Crosby Enterprises LLC</u>	<u>8 / 15 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>12405 Moreton Place</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jonathan + Jennifer Maisano</u>	<u>7 / 8 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>5602 Caycus Cove</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required) <u>Self employed</u>	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" 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>Michael Baker International PAC</u>	<u>7 / 31 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>500 Grant St. Suite 5400</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Pittsburg PA 15219</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>George Sliman</u>	<u>7 / 10 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>797 Iberville</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required) <u>Sunstates Management</u>	<u>__ / __ / __</u>	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>D+G Management Group LLC</u>	<u>7/22/24</u>	\$ <u>1000.00</u>
Mailing Address <u>1213 Government St.</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>D+E Night + Day LLC</u>	<u>7/22/24</u>	\$ <u>1000.00</u>
Mailing Address <u>1010 Government Street</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
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>Slaughter & Associates PLLC</u>	<u>7/16/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 2401</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Oxford MS 38655</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>James Hardin</u>	<u>7/23/24</u>	\$ <u>1000.00</u>
Mailing Address <u>2330 Beau Chene</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Biloxi MS 39532</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>self employed</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>Downtown OS Management LLC</u>	<u>7/22/24</u>	\$ <u>1000.00</u>
Mailing Address <u>702 Bellande Avenue</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>
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>1019 Government Management LLC</u>	<u>7/22/24</u>	\$ <u>1000.00</u>
Mailing Address <u>1019 Government St.</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>
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 <u>Michael Fritz Development</u>	<u>7/30/24</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 283</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39533</u>	___/___/___	\$
Name of Employer (Required) <u>Self employed</u>	___/___/___	\$
Occupation (Required) <u>contractor</u>	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>Golden Nugget Biloxi</u>	<u>7/24/24</u>	\$ <u>500.00</u>
Mailing Address <u>151 Beach Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39530</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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>Aladdin Construction Co Inc.</u>	<u>7/24/24</u>	\$ <u>1000.00</u>
Mailing Address <u>12273B Shriners Blvd.</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39532</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
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>Michael Diaz MD, PC</u>	<u>8/1/24</u>	\$ <u>1000.00</u>
Mailing Address <u>936 Tommy Munro Dr.</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39532-2130</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ <u>1000.00</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>C.H. Fenstermaker + Associates LLC</u>	<u>8/1/24</u>	\$ <u>1000.00</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>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>Roy Anderson</u>	<u>7/29/24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 520</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39502-0520</u>	___/___/___	\$
Name of Employer (Required) <u>Roy Anderson</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. 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 T. Lockard</u>	<u>8/16/24</u>	\$ <u>500.00</u>
Mailing Address <u>1505 Beach Blvd.</u>	_/_/___	\$
City, State, Zip Code <u>Pascagoula MS 39567</u>	_/_/___	\$
Name of Employer (Required) <u>self employed</u>	_/_/___	\$
Occupation (Required) <u>Insurance Agent</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>Victor Mavar</u>	<u>8/2/24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1910</u>	_/_/___	\$
City, State, Zip Code <u>Biloxi MS 39533</u>	_/_/___	\$
Name of Employer (Required) <u>self employed</u>	_/_/___	\$
Occupation (Required)	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>Gregory Descher</u>	<u>7/29/24</u>	\$ <u>500.00</u>
Mailing Address <u>1312 Fort Avenue</u>	_/_/___	\$
City, State, Zip Code <u>Ocean Springs</u>	_/_/___	\$
Name of Employer (Required) <u>Descher Companies</u>	_/_/___	\$
Occupation (Required) <u>owner</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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SBKL33 LLC</u>	<u>8/5/24</u>	\$ <u>1000.00</u>
Mailing Address <u>806 Washington Avenue</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>

Name of Candidate or Committee John Kenneth HollowayReporting period January 1, 2024 through December 31, 2024

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 Machado</u>	<u>8/7/24</u>	\$ <u>1500.00</u>
Mailing Address <u>6 Povenir Place</u>	__/__/__	\$
City, State, Zip Code <u>Gulfport MS 39507</u>	__/__/__	\$
Name of Employer (Required) <u>MP Design</u>	__/__/__	\$
Occupation (Required) <u>Principal</u>	Aggregate year-to-date	\$ <u>1500.00</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>Bruno Milanese</u>	<u>8/1/24</u>	\$ <u>1000.00</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>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>Daniel Mobley</u>	<u>8/15/24</u>	\$ <u>500.00</u>
Mailing Address <u>527 Front Beach Dr. # 78</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>500.00</u>
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>GBGC Ocean Springs LLC</u>	<u>7/29/24</u>	\$ <u>500.00</u>
Mailing Address <u>1107 Government Street</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Kenneth Holloway

Reporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

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>708 Washington Ave LLC</u>	<u>7/29/24</u>	\$ <u>500.00</u>
Mailing Address <u>708 Washington Avenue</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>Mask Properties</u>	<u>7/20/24</u>	\$ <u>500.00</u>
Mailing Address <u>1110 Poplar Blvd</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39202-2107</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
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	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
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	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kenny HollowayReporting period 1/1/24 through 12/31/24

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>City of Ocean Springs</u>	<u>2/14/24</u>	\$ <u>365.99</u>
Mailing Address <u>1013 Porter Avenue</u>		
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Mardi Gras Parade</u>	Aggregate Year-to-date	\$ <u>365.99</u>
B. Full name <u>Storage King</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>3532 Bienville Blvd</u>	<u>1/1/24</u>	\$ <u>662.00</u>
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>12/31/24</u>	\$
Purpose of Disbursement (Optional) <u>Storage Unit</u>	Aggregate Year-to-date	\$ <u>662.00</u>
C. Full name <u>Frontier Strategies</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>740 Avignon Dr. # A</u>	<u>7/1/24</u>	\$ <u>14500.00</u>
City, State, Zip Code <u>Ridgeland MS 39157</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>14,500.00</u>
D. Full name <u>Alliance Business Services</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>125 E. South St.</u>	<u>8/14/24</u>	\$ <u>1885.59</u>
City, State, Zip Code <u>Jackson MS 39201</u>	<u>10/17/24</u>	\$ <u>41.75</u>
Purpose of Disbursement (Optional) <u>Fundraiser</u>	Aggregate Year-to-date	\$ <u>1927.34</u>
E. Full name <u>Preserve Golf Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>8901 MS-57</u>	<u>11/5/24</u>	\$ <u>7565.90</u>
City, State, Zip Code <u>Vanceleave MS 39565</u>	<u>11/5/24</u>	\$ <u>992.70</u>
Purpose of Disbursement (Optional) <u>Fundraiser</u>	Aggregate Year-to-date	\$ <u>8558.60</u>
F. Full name <u>Swetman Creative</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Ocean Springs MS 39564</u>	<u>11/6/24</u>	\$ <u>700.85</u>
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Web Design</u>	Aggregate Year-to-date	\$ <u>700.85</u>

Name of Candidate or Committee Kenny Holloway
 Reporting period 1/1/24 through 12/31/24

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>USPS</u>		
Mailing Address	<u>11/1/24</u>	\$ <u>232.00</u>
City, State, Zip Code	<u> / / </u>	\$
<u>Ocean Springs MS 39564</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>232.00</u>
<u>P.O. Box</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$