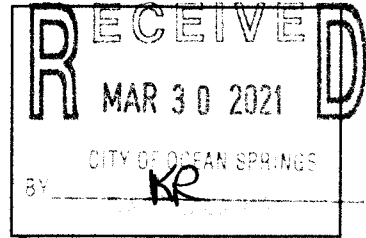


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2021 Municipal Election

SECRETARY OF STATE



Name of Candidate JOHN K (Kenny) Holloway
 Address 620 PORTER AVE City/State/Zip OCEAN SPRINGS, MS. 39564
 Telephone (Work) 228-669-0603 (Home) _____ (Fax) _____
 Contact Name Kenny Email Address Kenny@hollowayres.com
 Office Sought Mayor Political Party (if any) REPUBLICAN

Check here if above information is different from previous report

TYPE OF REPORT

- Tuesday, March 30, 2021** (January 1, 2021 through March 27, 2021) **Primary Pre-Election Report**
- Tuesday, April 20, 2021** (March 28, 2021 through April 17, 2021)..... **Primary Pre-Runoff Election Report**
- Tuesday, June 1, 2021** (January 1, 2021 through May 29, 2021*)..... **General Pre-Election Report**
- Monday, January 31, 2022** (January 1, 2021 through December 31, 2021)..... **Annual Report**
- Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) *For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tuesday, June 1, 2021 is March 28, 2021 through May 29, 2021.
- (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. Unopposed candidates are not required to file Pre-Election Reports.
- (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2021.
- (4) File with your Municipal Clerk's Office. The Municipal Clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Reports may be hand delivered, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	37,000	+\$	3,050	\$ 40,050.00	\$ 40,050
Total amount of disbursements \$	33,360.21	-\$	332.21	\$ 33,962.22	
Total amount of cash on hand				\$ 6,087.78	

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

[Signature]
 Signature of Candidate

3/30/21
 Date

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

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Miss. Code Ann. § 23-15-811 (1972).

Name of Candidate or Committee Holloway For MayorReporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>THOMAS MELLUM</u>	<u>2/12/21</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. BOX 1382</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>N/A</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>250⁰⁰</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>FREDERICK MORETON</u>	<u>2/12/21</u>	\$ <u>1,000⁻</u>
Mailing Address <u>2109 BELLEVILLE BLVD.</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required)	_ _ / _ _ / _ _	\$
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>1,000⁻</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>ADOLPH ROSS</u>	<u>2/20/21</u>	\$ <u>500⁻</u>
Mailing Address <u>717 GREENWOOD DR</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>NEW ORLEANS, LA. 70124</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>LOUIS GILBERT & ASSOCIATES</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>GEOLOGIST</u>	Aggregate year-to-date	\$ <u>500⁻</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>IVANA JENNIFER CAIN</u>	<u>3/2/21</u>	\$ <u>1,000⁻</u>
Mailing Address <u>2252 NORTH COUNTRY CLUB</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>BILOXI, MS. 39532</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>GENNATECH'S HEALTHCARE</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>1,000⁻</u>

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JEFFREY BRUND</u>	<u>3/5/21</u>	\$ <u>250</u>
Mailing Address <u>1015 CONLEY CIRCLE</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>INGRASSI SHIP BUILDING</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>PROGRAM MGR.</u>	Aggregate year-to-date	\$ <u>250</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>LAVELYN TEMMONS</u>	<u>3/4/21</u>	\$ <u>500</u>
Mailing Address <u>2112 BELLEVUE BLVD. STE. N1</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>TEMMONS FAMILY DENTAL</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>DENTIST</u>	Aggregate year-to-date	\$ <u>500</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>JOAN OROPEZA</u>	<u>3/4/21</u>	\$ <u>1,000</u>
Mailing Address <u>117 HARSTAD RD.</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>OCEAN CONSTRUCTION</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>BUILDER</u>	Aggregate year-to-date	\$ <u>1,000</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>ROY ANDERSON III</u>	_ _ / _ _ / _ _	\$ <u>1,000</u>
Mailing Address <u>4900 COURTHOUSE RD.</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>GULF PORT, MS. 39507</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>ANDERSON CORP</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee Holloway For MayorReporting period 1/1/21 through 1/27/21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NECOLE BULFICK</u>		<u>2/5/21</u>	\$ <u>500⁻</u>
Mailing Address <u>509 BECHTEL BLVD</u>		<u>__/__/__</u>	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>		<u>__/__/__</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>__/__/__</u>	\$
Occupation (Required) <u>ENTREPRENEUR</u>		Aggregate year-to-date	\$ <u>500⁻</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>BART EDMESTON</u>		<u>3/6/21</u>	\$ <u>1,500⁻</u>
Mailing Address <u>607 RUE DAUPHINE</u>		<u>__/__/__</u>	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>		<u>__/__/__</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>__/__/__</u>	\$
Occupation (Required) <u>PHYSICIAN</u>		Aggregate year-to-date	\$ <u>1,500⁻</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>NANCY POWELL</u>		<u>3/9/21</u>	\$ <u>1,000⁻</u>
Mailing Address <u>109 IBERVILLE LANDING</u>		<u>__/__/__</u>	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>		<u>__/__/__</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>__/__/__</u>	\$
Occupation (Required) <u>RETIRED</u>		Aggregate year-to-date	\$ <u>1,000⁻</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 CARTER</u>		<u>3/20/21</u>	\$ <u>500⁻</u>
Mailing Address <u>109 SURGLET</u>		<u>__/__/__</u>	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>		<u>__/__/__</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>__/__/__</u>	\$
Occupation (Required) <u>ENTREPRENEUR</u>		Aggregate year-to-date	\$ <u>500⁻</u>

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GARY SENOPOLI</u>	<u>3/27/21</u>	\$ <u>500⁻</u>
Mailing Address <u>619 EAST BLANCH BLVD</u>	_/_/_	\$
City, State, Zip Code <u>OLIVAN SPRINGS, MS. 39564</u>	_/_/_	\$
Name of Employer (Required) <u>JACKSON COUNTY ANESTHESIA</u>	_/_/_	\$
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>500⁻</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>WAYPOINT INC.</u>	<u>2/2/21</u>	\$ <u>500⁻</u>
Mailing Address <u>36 CAMBRIDGE AVE</u>	_/_/_	\$
City, State, Zip Code <u>GULFPORT, MS, 39507</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>BILADELLO BK LIFE FUNERAL HSE</u>	<u>2/2/21</u>	\$ <u>250⁻</u>
Mailing Address <u>611 JACKSON AVE</u>	_/_/_	\$
City, State, Zip Code <u>OLIVAN SPRINGS MS. 39564</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁻</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>ROBERT JUNEFER SEAMPT</u>	<u>2/6/21</u>	\$ <u>250⁻</u>
Mailing Address <u>1245 KENSINGTON</u>	_/_/_	\$
City, State, Zip Code <u>BILOXI, MS. 39538</u>	_/_/_	\$
Name of Employer (Required) <u>SELF</u>	_/_/_	\$
Occupation (Required) <u>REALTOR</u>	Aggregate year-to-date	\$ <u>250⁻</u>

Name of Candidate or Committee

Holloway For Mayor

Reporting period

1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. 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 MARIL MAVAL		2/3/21	\$ 1,000 ⁻
Mailing Address P.O. Box 730		__/__/__	\$
City, State, Zip Code BILOXI, MS. 39064		__/__/__	\$
Name of Employer (Required) M & M Scaffolding		__/__/__	\$
Occupation (Required) owner		Aggregate year-to-date	\$ 1,000 ⁻
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 JAMES HARDEN JR.		2/6/21	\$ 1,000 ⁻
Mailing Address 2330 BLAU CIRCLE,		__/__/__	\$
City, State, Zip Code BILOXI, MS. 39532		__/__/__	\$
Name of Employer (Required) ALADDEN CONSTRUCTION		__/__/__	\$
Occupation (Required) V.P.		Aggregate year-to-date	\$
C. 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 ARTHUR JUAN CUSTALLET		2/11/21	\$ 1,000 ⁻
Mailing Address 4515 HARRISON AVE		__/__/__	\$
City, State, Zip Code GULFPORT, MS. 39507		__/__/__	\$
Name of Employer (Required) RITCH CUSTALLET FORD		__/__/__	\$
Occupation (Required) owner		Aggregate year-to-date	\$ 1,000 ⁻
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) _____			
Full name JOSEPH C. CAVIZARO		__/__/__	\$ 1,000 ⁻
Mailing Address 909 POYDRAS #1700		__/__/__	\$
City, State, Zip Code NEW ORLEANS, LA. 70112		__/__/__	\$
Name of Employer (Required) CORPORATE CAREER, LLC		__/__/__	\$
Occupation (Required) PAID		Aggregate year-to-date	\$ 1,000 ⁻

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HENRY LAURE DECK</u>	<u>3/2/21</u>	\$ <u>1,000⁻</u>
Mailing Address <u>2340 N. COUNTRY CLUB DR.</u>	__-__-__	\$
City, State, Zip Code <u>BELOIT, MS. 39532</u>	__-__-__	\$
Name of Employer (Required) <u>PAGE MARINO PLESICH</u>	__-__-__	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>1,000⁻</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>RONALD G. PLESICH</u>	<u>3/2/21</u>	\$ <u>1,000⁻</u>
Mailing Address <u>P.O. BOX 289</u>	__-__-__	\$
City, State, Zip Code <u>BELOIT, MS. 39533</u>	__-__-__	\$
Name of Employer (Required) <u>PAGE MARINO PLESICH</u>	__-__-__	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>1,000⁻</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>BUDDY'S PARTNERSHIP LLC</u>	<u>3/4/21</u>	\$ <u>1010⁻</u>
Mailing Address <u>663 HOWARD AVE</u>	__-__-__	\$
City, State, Zip Code <u>BELOIT, MS. 39538</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000⁻</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>C ROBLIDS GENERAL CONTRACTOR</u>	<u>3/4/21</u>	\$ <u>500⁻</u>
Mailing Address <u>15506 LEMOYNE BLVD #A</u>	__-__-__	\$
City, State, Zip Code <u>BELOIT, MS. 39532</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DUNN STEFFEL & ASSOC., P.A. INC</u>	<u>3/4/21</u>	\$ <u>500</u>
Mailing Address <u>13061 SATEWALKS BLVD STE. C</u>	__/__/__	\$
City, State, Zip Code <u>BELOXE, MS. 39532</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>PHYSICIAN SERVICES OF GULF COAST^{LLC}</u>	<u>3/4/21</u>	\$ <u>1,000</u>
Mailing Address <u>729 DUSTENY PLANTATION</u>	__/__/__	\$
City, State, Zip Code <u>BELOXE, MS. 39532</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000</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>R & H ENTERPRISES, LLC</u>	<u>2/3/21</u>	\$ <u>1,000</u>
Mailing Address <u>23 IV PASS RD</u>	__/__/__	\$
City, State, Zip Code <u>BELOXE, MS. 39531</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</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>MICHAEL DEAR</u>	<u>3/2/21</u>	\$ <u>500</u>
Mailing Address <u>936 TOMMY MUIRO DR.</u>	__/__/__	\$
City, State, Zip Code <u>BELOXE, MS. 39532</u>	__/__/__	\$
Name of Employer (Required) <u>MICHAEL DEAR, P.C.</u>	__/__/__	\$
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOHN B. RAFF</u>	<u>3/4/21</u>	\$ <u>500-</u>
Mailing Address <u>134 S FOWAN AVE</u>	_ _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ _	\$
Name of Employer (Required) <u>MEMORIAL HOSPITAL</u>	_ _ _	\$
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>500-</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>ROY T. O'BRYEN</u>	<u>3/3/21</u>	\$ <u>500-</u>
Mailing Address <u>111 SPANISH TRAIL</u>	_ _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ _	\$
Name of Employer (Required) <u>SELF</u>	_ _ _	\$
Occupation (Required) <u>ENTREPRENEUR</u>	Aggregate year-to-date	\$ <u>500-</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>MUNRO PRODUCTS, INC</u>	<u>3/3/21</u>	\$ <u>250-</u>
Mailing Address <u>2701 13th AVE</u>	_ _ _	\$
City, State, Zip Code <u>GULFPORT, MS. 39501</u>	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250-</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>KEITA WELLS</u>	<u>3/2/21</u>	\$ <u>1000-</u>
Mailing Address <u>1061 LAFAYETTE ST</u>	_ _ _	\$
City, State, Zip Code <u>BILOXI, MS. 39530</u>	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required) <u>RETIRED BANKER</u>	Aggregate year-to-date	\$ <u>1000-</u>

Name of Candidate or Committee Holloway For Mayor

Reporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DEBRA LITTLEPAGE</u>	<u>3/4/21</u>	\$ <u>500-</u>
Mailing Address <u>134 SLOWAN</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
Name of Employer (Required) <u>N/A</u>	__/__/__	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500-</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>BRADLEY PATANO</u>	<u>3/4/21</u>	\$ <u>1,500-</u>
Mailing Address <u>1417 PITMAN RD.</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
Name of Employer (Required) <u>MARSHALL PATANO ENGINEERS</u>	__/__/__	\$
Occupation (Required) <u>PRINCIPAL</u>	Aggregate year-to-date	\$ <u>1,500</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>ONE SOURCE</u>	<u>2/23/21</u>	\$ <u>500-</u>
Mailing Address <u>3004 BELLEVILLE BLVD. # 1</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000 500-</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>BRUND MELANLSE</u>	<u>3/10/21</u>	\$ <u>1000-</u>
Mailing Address <u>P.O. 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</u>

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CASINO MOTORS, INC</u>	<u>3/4/21</u>	\$ <u>300-</u>
Mailing Address <u>10074 TREAD AVE</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>D'IBLAVELLE, MS. 39532</u>	<u>__-__-__</u>	\$
Name of Employer (Required)	<u>__-__-__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300-</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LAW FIRM</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAMES K WETZEL + ASSOC. P.A.</u>	<u>__-__-__</u>	\$ <u>300-</u>
Mailing Address <u>P.O. DRAWER 1</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>GULFBURT, MS. 39502</u>	<u>__-__-__</u>	\$
Name of Employer (Required)	<u>__-__-__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300-</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>DAVID MACHADO</u>	<u>2/25/21</u>	\$ <u>2,500-</u>
Mailing Address <u>6 PROVINCE PLACE</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>GULFBURT, MS. 39507</u>	<u>__-__-__</u>	\$
Name of Employer (Required) <u>MACHADO PATANO ENGINEERS</u>	<u>__-__-__</u>	\$
Occupation (Required) <u>PRINCIPAL</u>	Aggregate year-to-date	\$ <u>2,500-</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOHN G CARTER</u>	<u>3/16/21</u>	\$ <u>250-</u>
Mailing Address <u>1117 IBLAVELLE DR.</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>BEAN SPRINGS, MS. 39524</u>	<u>__-__-__</u>	\$
Name of Employer (Required) <u>BEFORE ANESTHESIOLOGY</u>	<u>__-__-__</u>	\$
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>250-</u>

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAK CAPITAL LLC</u>	<u>3/24/21</u>	\$ <u>1,000-</u>
Mailing Address <u>112 SEASIDE DR.</u>	_ _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000-</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>EATON PROPERTIES, LLC</u>	_ _ _	\$ <u>1,000-</u>
Mailing Address <u>P.O. Box 773</u>	_ _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000-</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>STEVEN M. WARREN</u>	<u>3/25/21</u>	\$ <u>1,500-</u>
Mailing Address <u>9815 JEFFERSON AVE</u>	_ _ _	\$
City, State, Zip Code <u>GULFPORT, MS. 39507</u>	_ _ _	\$
Name of Employer (Required) <u>WARREN PAVING CO.</u>	_ _ _	\$
Occupation (Required) <u>PRINCIPAL</u>	Aggregate year-to-date	\$ <u>1,500-</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>BRAX CLARK</u>	<u>2/15/21</u>	\$ <u>500-</u>
Mailing Address <u>5515 KINDALL AVE</u>	_ _ _	\$
City, State, Zip Code <u>GULFPORT, MS. 39507</u>	_ _ _	\$
Name of Employer (Required) <u>ROCKY C TRUCK & TRAILER INC</u>	_ _ _	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>500-</u>

Name of Candidate or Committee Holloway For Mayor

Reporting period 1/1/21 through 3/31/21

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NRB&G, LLC</u>	<u>2/15/21</u>	\$ <u>500-</u>
Mailing Address <u>2533 MERCADOS DR.</u>	__/__/__	\$
City, State, Zip Code <u>BELOZE, MS. 39531</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500-</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>ADAM DEAR</u>	<u>2/23/21</u>	\$ <u>500-</u>
Mailing Address <u>9880 BIRCHCREST LANE</u>	__/__/__	\$
City, State, Zip Code <u>VANCLAVE, MS. 39564</u>	__/__/__	\$
Name of Employer (Required) <u>SELF</u>	__/__/__	\$
Occupation (Required) <u>DEVELOPER</u>	Aggregate year-to-date	\$ <u>500-</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOHN K. HOLLOWAY</u>	<u>2/1/21</u>	\$ <u>2500</u>
Mailing Address <u>620 PORTER AVE</u>	__/__/__	\$
City, State, Zip Code <u>DELAN SPRENOS, MS. 39564</u>	__/__/__	\$
Name of Employer (Required) <u>HILLS COMMERCIAL REAL ESTATE</u>	__/__/__	\$
Occupation (Required) <u>BROKER</u>	Aggregate year-to-date	\$ <u>2500-</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	__/__/__	\$
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Holloway For Mayor

Reporting period 1/1/21 through 3/27/21

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>NATHAN BARRITT/PROMISE CONSULT.</u>	<u>3/10/21</u>	\$ <u>1,920.00</u>
Mailing Address <u>18237 Hwy 53</u>	<u>3/10/21</u>	\$ <u>262.00</u>
City, State, Zip Code <u>GULFPORT, MS. 39503</u>	<u>3/10/21</u>	\$ <u>2182.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2182.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>KINGS WINE & LIQUOR</u>	<u>3/12/21</u>	\$ <u>207.50</u>
Mailing Address <u>1765 Popp's Ferry Rd</u>	<u>3/12/21</u>	\$ <u>207.50</u>
City, State, Zip Code <u>BILOXI, MS. 39569</u>	<u>3/12/21</u>	\$ <u>207.50</u>
Purpose of Disbursement (Optional) <u>FUND RAISER</u>	Aggregate Year-to-date	\$ <u>207.50</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SAMS</u>	<u>3/12/21</u>	\$ <u>205.19</u>
Mailing Address <u>10431 OLD Hwy 49</u>	<u>3/12/21</u>	\$ <u>205.19</u>
City, State, Zip Code <u>GULFPORT, MS. 39503</u>	<u>3/12/21</u>	\$ <u>205.19</u>
Purpose of Disbursement (Optional) <u>FUND RAISER</u>	Aggregate Year-to-date	\$ <u>205.19</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BMH MARKETING</u>	<u>3/17/21</u>	\$ <u>1,504.74</u>
Mailing Address <u>148 GREENWAY LANE</u>	<u>3/17/21</u>	\$ <u>1,504.74</u>
City, State, Zip Code <u>MADISON, MS. 39110</u>	<u>3/17/21</u>	\$ <u>1,504.74</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,504.74</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HILL TOP MARKETING</u>	<u>3/17/21</u>	\$ <u>1,299.00</u>
Mailing Address <u>14020 GLENDALE RD.</u>	<u>3/17/21</u>	\$ <u>1,299.00</u>
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39079</u>	<u>3/17/21</u>	\$ <u>1,299.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,299.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JOHN MCCORMACK</u>	<u>3/17/21</u>	\$ <u>430.00</u>
Mailing Address <u>3737 KINGS Hwy</u>	<u>3/17/21</u>	\$ <u>430.00</u>
City, State, Zip Code <u>JACKSON, MS. 39216</u>	<u>3/17/21</u>	\$ <u>430.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>430.00</u>

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

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>1360</u>		
Mailing Address <u>N/A</u>	<u>3/17/21</u>	\$ <u>430.00</u>
City, State, Zip Code <u> </u>	<u> </u>	\$
Purpose of Disbursement (Optional) <u>PACNE APP.</u>	Aggregate Year-to-date	\$ <u>430.00</u>
B. Full name <u>PREMIUM CONSULTANTS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>18237 Hwy 53</u>	<u>3/17/21</u>	\$ <u>5,133.00</u>
City, State, Zip Code <u>GULFPORT, MS. 39500</u>	<u>3/17/21</u>	\$ <u>4,975.22</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>10,008.22</u>
C. Full name <u>WPMD RADIO</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5115 TELLHAWK RD</u>	<u>3/16/21</u>	\$ <u>500</u>
City, State, Zip Code <u>PASCAGOULA, MS. 39567</u>	<u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
D. Full name <u>PREMIUM CONSULTANTS (CONT.)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>18237 Hwy 53</u>	<u>3/12/21</u>	\$ <u>2,750</u>
City, State, Zip Code <u>GULFPORT, MS. 39503</u>	<u> </u>	\$ <u>8,000</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>10,750.00</u>
E. Full name <u>OCEAN SPRINGS DRUGSTORE</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2408 GOVERNMENT</u>	<u>3/25/21</u>	\$ <u>299.17</u>
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	<u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>299.17</u>
F. Full name <u>IMAGES CALORE SIGNS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>3002 BELLEVILLE BLVD Ste A</u>	<u> </u>	\$ <u>486.89</u>
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	<u> </u>	\$ <u>299.60</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>786.49</u>

Name of Candidate or Committee Holloway For Mayor
 Reporting period 1/1/21 through 3/27/21

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>PRIME CONSULTING</u>	<u>2/1/21</u>	\$ <u>4757.70</u>
Mailing Address <u>18237 Hwy 53</u>		\$
City, State, Zip Code <u>GULFPORT, MS. 39503</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4757.70</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	\$