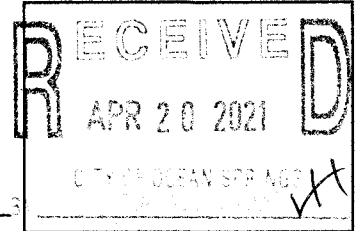


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2021 Municipal Election**

SECRETARY OF STATE



Name of Candidate Kenny Holloway  
 Address 620 Porter Ave City/State/Zip Ocean Springs, MS 39564  
 Telephone (Work) 228-669-0603 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Kenny Holloway 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	\$ 16,750.00	+	\$ 1300.00	\$ 18,050.00	\$ 55,099.00
Total amount of disbursements	\$ 12,846.81	+	\$ 484.19	\$ 13,331.00	\$ 47,323.19
<b>Total amount of cash on hand</b>				<b>\$ 7,775.81</b>	

*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 4/20/21  
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 Kenny Holloway For Mayor

Reporting period March 28, 2021 through April 17, 2019

## 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 MELLOR</u>	<u>4/18/21</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 1382</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>RETIRED</u>	_ _ / _ _ / _ _	\$
Occupation (Required)	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>JOAN AHERTON</u>	<u>4/12/21</u>	\$ <u>500.00</u>
Mailing Address <u>36 CAMBRIDGE AVE</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>GULFPORT, MS. 39507</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>WAYPOINT INC</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>CONSULTANT</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOAN BOOTHBY</u>	<u>4/12/21</u>	\$ <u>1,000.00</u>
Mailing Address <u>441 LEIST BLANCH</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>3954 APPLE CONSTRUCTORS</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>SELF</u>	Aggregate year-to-date	\$ <u>1,000.00</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>CORBAN GUNN</u>	<u>4/12/21</u>	\$ <u>1,000.00</u>
Mailing Address <u>175 LAMARUSE ST.</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>BILOXI, MS 39530</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>ATTORNEY</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>SELF</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Kenny Holloway For MayorReporting period March 28, 2021 through April 17, 2019

## 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>DAVID REIMAN</u>	<u>4/13/21</u>	\$ <u>1,000.00</u>
Mailing Address <u>5310 QUENCY AVE</u>	__-__-__	\$
City, State, Zip Code <u>GULFPORT MS. 39507</u>	__-__-__	\$
Name of Employer (Required) <u>REIMAN FAMILY FUNERAL HOMES</u>	__-__-__	\$
Occupation (Required) <u>DIRECTOR</u>	Aggregate year-to-date	\$ <u>1,000.00</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>STEVEN WARRON</u>	<u>4/13/21</u>	\$ <u>1,500.00</u>
Mailing Address <u>10907 WATERSCOPE DR.</u>	__-__-__	\$
City, State, Zip Code <u>GULFPORT, MS. 39563</u>	__-__-__	\$
Name of Employer (Required) <u>WARRON PAVERS</u>	__-__-__	\$
Occupation (Required) <u>PRESENT</u>	Aggregate year-to-date	\$ <u>1,500.00</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>BUDDY &amp; JANE BRICE</u>	<u>4/2/21</u>	\$ <u>500.00</u>
Mailing Address <u>445 WOODLAND PARK</u>	__-__-__	\$
City, State, Zip Code <u>BELORE MS 39531</u>	__-__-__	\$
Name of Employer (Required) <u>BRICE PODIATRIC DENTISTRY</u>	__-__-__	\$
Occupation (Required) <u>DENTIST</u>	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>ROY T. O'BRYEN II</u>	<u>4/8/21</u>	\$ <u>500.00</u>
Mailing Address <u>2914 RYDER AVE</u>	__-__-__	\$
City, State, Zip Code <u>PASCAGOULA, MS 39567</u>	__-__-__	\$
Name of Employer (Required) <u>INSURANCE COMMERCIAL</u>	__-__-__	\$
Occupation (Required) <u>FEED REP</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Kenny Holloway For Mayor

Reporting period March 28, 2021 through April 17, 2019

# 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>GEORGE JONES</u>	<u>4/8/21</u>	\$ <u>250.00</u>
Mailing Address <u>118 SEASIDE DR.</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>	__/__/__	\$
Name of Employer (Required) <u>DUBBLE SALES BUILDING</u>	__/__/__	\$
Occupation (Required) <u>MANAGEMENT</u>	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>JIMMY LANE</u>	<u>4/8/21</u>	\$ <u>3,000.00</u>
Mailing Address <u>3925 Hwy 57</u>	__/__/__	\$
City, State, Zip Code <u>OCEAN SPRINGS MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>LANE CONSTRUCTION</u>	__/__/__	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>3,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>COMMITTEE</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>COMMITTEE TO ELECT SCOTT DEZANO</u>	<u>4/9/21</u>	\$ <u>500.00</u>
Mailing Address <u>9490 TALLEY RIVIERE RD.</u>	__/__/__	\$
City, State, Zip Code <u>GULFPORT, MS 39503</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DUBBLE LITTLE PAGE</u>	<u>4/14/21</u>	\$ <u>1,000-</u>
Mailing Address <u>P.O. BOX 3558</u>	__/__/__	\$
City, State, Zip Code <u>GULFPORT, MS. 39505</u>	__/__/__	\$
Name of Employer (Required) <u>SLUR</u>	__/__/__	\$
Occupation (Required) <u>ENTREPRENEUR</u>	Aggregate year-to-date	\$ <u>1500-</u>

Name of Candidate or Committee Kenny Holloway For MayorReporting period March 28, 2021 through April 17, 2019

## 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>REN NELSON GOLF</u>		<u>4/12/21</u>	\$ <u>500</u> -
Mailing Address <u>243 INDUSTRIAL DR N</u>		__/__/__	\$
City, State, Zip Code <u>MADISON, MS. 39110</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 type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FRIENDS OF JOEL CARTER</u>		<u>4/12/21</u>	\$ <u>1,000</u> -
Mailing Address <u>P.O. BOX 1842</u>		__/__/__	\$
City, State, Zip Code <u>GULFPORT, MS. 39502</u>		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required) <u>STATE SENATOR</u>		Aggregate year-to-date	\$ <u>1,000</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>DAVID MORALES</u>		<u>4/13/21</u>	\$ <u>1,500</u> -
Mailing Address <u>6 PROVENIER PLACE</u>		__/__/__	\$
City, State, Zip Code <u>GULFPORT, MS. 39507</u>		__/__/__	\$
Name of Employer (Required) <u>MACHADO PARRAO ENGINEERS</u>		__/__/__	\$
Occupation (Required) <u>PRINCIPAL</u>		Aggregate year-to-date	\$ <u>4,000</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>GREG IVANSON</u>		<u>4/16/21</u>	\$ <u>250</u> -
Mailing Address <u>1592 LUCIUS STREET</u>		__/__/__	\$
City, State, Zip Code <u>BELOIT, MS. 39564</u>		__/__/__	\$
Name of Employer (Required) <u>ADVENTURE RESTAURANT</u>		__/__/__	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>250</u> -

Name of Candidate or Committee Kenny Holloway For Mayor

Reporting period March 28, 2021 through April 17, 2019

# 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>GBGC OS LLC</u>		<u>4/16/21</u>	\$ <u>1,000-</u>
Mailing Address <u>1107 GOVERNMENT ST.</u>		___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <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) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FIFTEEN D ENT. INC</u>		<u>4/16/21</u>	\$ <u>500-</u>
Mailing Address <u>3919 BELLEVUE BLVD</u>		___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS. 39564</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		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>SCAWARTZ, ORGULA &amp; TORWAN</u>		___/___/___	\$ <u>1,000-</u>
Mailing Address <u>12260 Hwy 49</u>		___/___/___	\$
City, State, Zip Code <u>GULFPORT, MS 39503</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000-</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 Kenny Holloway

Reporting period March 28 2021 through April 17, 2021

# 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>WPMD RADIO</u>	<u>4/12/21</u>	\$ <u>500.00</u>
Mailing Address <u>5115 TULLAHAMOC RD.</u>		\$
City, State, Zip Code <u>PASCAGOULA, MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1000.00</u>
<b>B. Full name</b> <u>IMAGES GALORE STORES LLC</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>3002 BENVILLE BLVD.</u>	<u>4/12/21</u>	\$ <u>252.80</u>
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	<u>4/9/21</u>	\$ <u>385.20</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>941.60</u>
<b>C. Full name</b> <u>PRIMUM CONSULTING GROUP</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>18237 Hwy 53</u>	<u>4/17/21</u>	\$ <u>7,370.00</u>
City, State, Zip Code <u>GULFPORT, MS 39502</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>33,477.92</u>
<b>D. Full name</b> <u>HILL TRICE MARKETING</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>1103 HAWLEY RD.</u>	<u>4/13/21</u>	\$ <u>2,598.00</u>
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,897.00</u>
<b>E. Full name</b> <u>EDL</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>Porter Ave</u>	<u>3/8/21</u>	\$ <u>354.48</u>
City, State, Zip Code <u>OCEAN SPRINGS</u>	<u>1/1/</u>	\$ <u>222.36</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>576.84</u>
<b>F. Full name</b> <u>1360 WALK</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>I PACING APP</u>	<u>3/8/21</u>	\$ <u>430.00</u>
City, State, Zip Code	<u>3/8/21</u>	\$ <u>430.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>860.00</u>