ND DISBURSEMENTS REPORT OF RECEIPTS 2021 Municipal

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	MAY	28	202	canal.a	-

CEODETA DV OF CTATE

Name of Candidate NENNELH A. CAPANIA	TATE OF SHAPE
Address 133 WATERSEDGE LN City/State/Zip OCEANSPUN	65 MS 39564
Telephone (Work) 2282823004 (Home) (Fax)	
Contact Name Email Address KAPAPANIA @ S	MAIL. COM
Contact Name Email Address KAPAPANIA & S Office Sought NOERMAN WAND 4 Political Party (if any) REPUBLIC	40/
Check here if above information is different from previous report	
TYPE OF REPORT	
Tuesday, March 30, 2021 (January 1, 2021 through March 27, 2021)Pr	imary Pre-Election Report
Tuesday, April 20, 2021 (March 28, 2021 through April 17, 2021)	Pre-Runoff Election Report
	eneral Pre-Election Report
Monday, January 31, 2022 (January 1, 2021 through December 31, 2021)	Annual Report
X Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations
(1) *For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tuesc	day, 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. It submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. Urrequired to file Pre-Election Reports.	n such case, the candidate shall nopposed candidates are not
(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 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 deadline. Reports may be hand delivered, mailed, faxed, or e-mailed.	p.m. on the reporting day. If the first working day <i>before</i> the
DEPODTED CONTRIBUTIONS AND DISRURSEMENTS	

Itemized	+	Non-Itemized	•	This Period	 Calendar year-to-date
Total amount of contributions \$ 25000	+ \$		\$	90000	\$ 115000
Total amount of disbursements \$ 10 10 "	+ \$		\$	212469	\$ 3/348
Total amount of cash on hand			\$		

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

| Hennetha Papenco | May 28 201 |
| Signature of Candidate | 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 renuneration for the office unless and until he files all reports required by statute. Miss. Code Ann. § 23-15-811 (1972).

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Name of Candidate or Committee KEN PAPANIA		
Reporting period 3-2-21 through 5	.29-2/	
ITEMIZED DISBURSE	EMENTS))
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Jan	nuary 1, 2018
A. Full name IMAGES GALVEE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3002 BIENVILLE BLd	4 127 24	\$ 42.80
City, State, Zip Code OCEAN SPRINGS, MS 3 4564	//	\$
Purpose of Disbursement (Optional) SIGNS	Aggregate Year-to-date	\$
B. Full name IMA GES GALONE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3002 BIENVILLE BLOZ	513121	\$ 106 25
City, State, Zip Code OCEM SPRINGS 45 39564	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name IMGES GALORE Molling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3002 Bienville Blud	51112	\$ 90 36
City, State, Zip Code OCEAN SPRINGS MS 39564	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name PDQ PWATING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 16313 Le Hoyne Blud	5127121	s 75 21
City, State, Zip Code BILORY, MS 39532	//	\$
Purpose of Disbursement (Optional) Doe a Note Pads	Aggregate Year-to-date	\$
E. Full name NATHAN BARRETT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10117 SKYHAWK CT	517121	\$ 1809 99
City, State, Zip Code 39532	//	\$
Purpose of Disbursement (Optional) MARIC Outs And FIRE BOOK Setup	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period

Mailing Address

City, State, Zip Code

Purpose of Disbursement (Optional)

\$

\$

Aggregate Year-to-date

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Name of Candidate or Committee / CEN PAPANIA				
Reporting period <u>\$-2-2/</u> through <u>\$-2</u>	7-2/			
ITEMIZED RECE	EIPTS	_		
A. Source: Corporation OPAC Ondividual Loan	Date (Mo., Day, Year)	Amount of each receipt this period		
Other (please specify)	3/12/21	\$ 20000		
Mailing Address 409 WAND ANE		\$		
City, State, Zip Code OCEAN SPRINGS MS 37564		\$		
Name of Employer (Required)	/	\$		
Occupation (Required)	Aggregate year–to-date	.\$		
B. Source: Corporation OPAC Individual Cloan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name GEOFFREY CLEMEUS	3/12/4	\$ 20000		
Mailing Address 4418 CEAM 51	//	\$		
City, State, Zip Code PASEA GOULA, MS 39556		\$		
Name of Employer (Required)	/	\$		
Occupation (Required)	Aggregate year–to-date	\$		
C. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name ADAM DIAL	5120121	\$50000		
Mailing Address 9880 BRIARCREST LN	/	\$		
City, State, Zip Code VANCLEAVE M5 39565		\$		
Name of Employer (Required)	/	\$		
Occupation (Required)	Aggregate year–to-date	\$		
D. Source: OCorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period		

Other (please specify)_

Full name

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

\$

\$

\$

\$

\$

Aggregate year–to-date