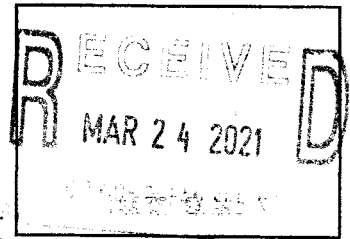

 Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2021 Municipal Election



Name of Candidate KENNETH A. PAPANIA
 Address 123 WATEREDGE LN City/State/Zip OCEAN SPRINGS MS 39564
 Telephone (Work) 2282823004 (Home) _____ (Fax) _____
 Contact Name _____ Email Address KAPAPANIA
 Office Sought ALDERMAN Ward 4 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 \$	<u>250⁰⁰</u>	+\$	\$	\$	\$ <u>250⁰⁰</u>
Total amount of disbursements \$	<u>1010¹⁴</u>	+\$	\$	\$	\$ <u>1010¹⁴</u>
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.

Ken Papania
Signature of Candidate

March 24, 2021
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 KEN PAPANIAReporting period 1-1-21 through 3-30-21

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name <u>PDQ PRINTING</u>	Date (Mo., Day, Year) <u>2/11/21</u>	Amount of each disbursement this period \$ <u>139¹⁰</u>
Mailing Address <u>16313 LEMOYNE BLVD</u>		\$
City, State, Zip Code <u>BILOXI MS 39532</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>PRINTING</u>	Aggregate Year-to-date	\$ <u>139¹⁰</u>
B. Full name <u>WALMART</u>	Date (Mo., Day, Year) <u>1/29/21</u>	Amount of each disbursement this period \$ <u>83⁸⁸</u>
Mailing Address <u>3911 BIENVILLE BLVD</u>		\$
City, State, Zip Code <u>OCEAN SPRING MS 39564</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>PRINTER INK</u>	Aggregate Year-to-date	\$ <u>83⁸⁸</u>
C. Full name <u>SHAUGHNESSY PRINTING</u>	Date (Mo., Day, Year) <u>2/3/21</u>	Amount of each disbursement this period \$ <u>272⁸⁵</u>
Mailing Address <u>234 CAILLAUET ST</u>		\$
City, State, Zip Code <u>BILOXI MS 39530</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>PRINTING</u>	Aggregate Year-to-date	\$ <u>272⁸⁵</u>
D. Full name <u>IMAGES GALORE</u>	Date (Mo., Day, Year) <u>2/9/21</u>	Amount of each disbursement this period \$ <u>514³¹</u>
Mailing Address <u>3002 BIENVILLE BLVD</u>		\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>YARD SIGNS</u>	Aggregate Year-to-date	\$ <u>514³¹</u>
E. Full name <u>JACKSON COUNTY CIRCUIT CLERK</u>	Date (Mo., Day, Year) <u>1/29/21</u>	Amount of each disbursement this period \$ <u>20³⁰</u>
Mailing Address <u>PASCAGOULA ST</u>		\$
City, State, Zip Code <u>PASCAGOULA MS 39550</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>WARD 4 VOTER ROLL</u>	Aggregate Year-to-date	\$ <u>20³⁰</u>
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	\$

Name of Candidate or Committee KEN PAPANIA

Reporting period 1-1-21 through 3-30-21

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>OS MARINE MART / KENNY DENMO</u>	<u>2 / 19 / 21</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>1320 HARBOR ROAD</u>	___ / ___ / ___	\$
City, State, Zip Code <u>OCEAN SPRINGS MS 39564</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>OWNER</u>	___ / ___ / ___	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>250⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
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) _____		
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee KEN PAPANIA

Reporting period 1-1-21 through 3-30-21

ITEMIZED RECEIPTS – IN-KIND CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name		___/___/___
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name		___/___/___
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.