



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Gregory L. Holloway, Sr.
 Address 115 Edgewood Dr. County Copiah
 Telephone 601-894-4228 or 359-2435 Fax _____
 Office Sought State Representative Email Address gholloway@hose.ms.gov

Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, 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) 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).
- (3) 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>6,000.00</u> + \$ <u>400.00</u>	\$ <u>6,400.00</u>	\$ <u>6,647.35</u>
Total amount of disbursements	\$ _____ + \$ <u>952.00</u>	\$ <u>952.00</u>	\$ <u>952.00</u>
Total amount of cash on hand		\$ <u>6,647.35</u>	

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

Gregory L. Holloway, Sr.
Signature of Candidate

1-31-17
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: 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 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Gregory L. Holloway, Sr.
 Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Third Union Finance, Inc.</u>	<u>12/07/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 400</u>	□/□/□	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>	□/□/□	\$
Name of Employer (Required)	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TOWER Loan of Mississippi</u>	<u>12/7/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 32000</u>	□/□/□	\$
City, State, Zip Code <u>Flowood, MS 39232-0001</u>	□/□/□	\$
Name of Employer (Required)	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>World Acceptance Corporation PAC</u>	<u>12/28/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 6429</u>	□/□/□	\$
City, State, Zip Code <u>Greenville, SC 29606</u>	□/□/□	\$
Name of Employer (Required)	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leaders Political Action Committee</u>	<u>12/7/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 24087</u>	□/□/□	\$
City, State, Zip Code <u>Jackson, MS 39225-4087</u>	□/□/□	\$
Name of Employer (Required)	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Gregory L. Holloway, Sr.
 Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input checked="" type="checkbox"/> <u>Pioneer Credit Company Acct. Payable</u>	<u>12/22/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>1870 Executive Park Drive NW</u>	□ / □ / □	\$
City, State, Zip Code <u>Cleveland, TN 37312</u>	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input checked="" type="checkbox"/> <u>Republic Finance, LLC</u>	<u>12/9/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>7031 Commerce Circle Ste 100</u>	□ / □ / □	\$
City, State, Zip Code <u>Baton Rouge, LA 70809</u>	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input checked="" type="checkbox"/> <u>First Heritage Credit, LLC</u>	<u>12/17/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>605 Crescent Blvd, suite 101</u>	□ / □ / □	\$
City, State, Zip Code <u>Kidgeland, MS 39157</u>	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$