

2016 ELECTION CYCLE

Delbert Hoemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Steve Holland
Address 5281 Cliff Cookin Blvd County Lee
Tupelo, MS 38801
Telephone 662-840-5000 Fax 662-840-5606
Office Sought State Rep. Email Address hollandfuneraldirectors@comcast.net

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		Calendar Year-To-Date
Itemized + Non-Itemized =	This Period	
Total amount of contributions	\$ 1,200.00+\$	\$ 16,589.58
Total amount of disbursements	\$ 1,617.67+\$ 3969.61	\$ 5,587.28
Total amount of cash on hand	\$ 11,002.30	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Steve Holland
Signature of Candidate Date 01-31-17

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:**
- 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 39208 or fax to (601) 576-2545.
 - Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
 - Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Steve Holland
Reporting period 01-01-16 through Dec. 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Comfort Inn</u>	<u>01/19/16</u>	\$ <u>218.20</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Lodging</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Comfort Inn</u>	<u>02/22/16</u>	\$ <u>218.20</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Lodging</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Comfort Inn</u>	<u>02/29/16</u>	\$ <u>218.20</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Lodging</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Comfort Inn</u>	<u>03/20/16</u>	\$ <u>218.20</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Lodging</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Comfort Inn</u>	<u>04/18/16</u>	\$ <u>218.20</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Lodging</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Comfort Inn</u>	<u>04/22/16</u>	\$ <u>218.20</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Lodging</u>		

Name of Candidate or Committee Steve Holland
 Reporting period 01-01-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Home Depot</u>	<u>11/7/16</u>	\$ <u>308.47</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Entertainment</u>		
B. 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	\$
C. 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	\$
D. 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	\$
E. 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	\$
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	\$

Name of Candidate or Committee Steve Holland
 Reporting period 01-01-16 through 12-31-16

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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS. Assoc of nurse Practitioner</u>	<u>6/28/16</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 1309</u>		\$ _____
City, State, Zip Code <u>Canton, MS. 39046</u>		\$ _____
Name of Employer (Required)		\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
B. 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>BNSF Railroad company</u>	<u>7/30/16</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Low Mark DR. AOB-3</u>		\$ _____
City, State, Zip Code <u>Fort Worth, Texas 76131</u>		\$ _____
Name of Employer (Required)		\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
C. Source <input checked="" 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 <u>M R Builders Assoc.</u>	<u>8/30/16</u>	\$ <u>500.00</u>
Mailing Address <u>601 George St.</u>		\$ _____
City, State, Zip Code <u>Jackson, MS. 39202</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>Advance America</u>	<u>11/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Cloud St.</u>		\$ _____
City, State, Zip Code <u> Spartanburg, SC 29306</u>		\$ _____
Name of Employer (Required)		\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____