

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate M. Kevin Horan  
 Address P.O. Box 2166 Grenada MS 38902 County Grenada  
 Telephone 662-226-2185 Fax 662-226-2127  
 Office Sought ~~State Representative~~ HR Dist 34 Email Address horanandhoran1@bellsouth.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

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>4700</u> + \$ <u>1000</u>	\$ <u>5700</u>	\$ <u>26,700</u>
Total amount of disbursements	\$ <u>8087</u> + \$ <u>0</u>	\$ <u>8047</u>	\$ <u>28,174.00</u>
Total amount of cash on hand		\$ <u>1890.65</u>	

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

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.

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Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>LKQ Corp. Employee Good Government Fund</u>	<u>01</u> / <u>06</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>500 West Madison Street - Suite 2800</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Chicago, IL 60661</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ENOVA</u>	<u>09</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>175 W. Jackson Blvd. - Suite 1000</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Chicago, IL 60604</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Advance America</u>	<u>09</u> / <u>14</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church Street</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Spartanburg, SC 29306</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mississippi Power Company State PAC</u>	<u>09</u> / <u>02</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 4079</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>WATFORD, MS 39502</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>

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Name of Candidate or Committee

M. Kevin Heran

Reporting period

through

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Willie M. Bozeman</u>	<u>09</u> / <u>26</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1038</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS. 39215</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>AT &amp; T Mississippi Political Action Committee</u>	<u>10</u> / <u>06</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E. Capitol Street - Suite 6030</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS. 39201</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Anheuser-Busch - The Clay Firm</u>	<u>08</u> / <u>26</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>625 North State Street - Suite 201</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS. 39205</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mississippi Democratic Trust</u>	<u>11</u> / <u>23</u> / <u>16</u>	\$ <u>2,000.00</u>
Mailing Address <u>775 N. Congress Street</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS. 39202</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>

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Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Baker Donelson Caldwell &amp; Berkowitz, PC MPAC</u>	<u>12</u> / <u>31</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>4268 I-55 North, Meadowbrook Office Park</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS. 39211</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>



Name of Candidate or Committee M. Kevin Horan

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

A. Full name <u>Murphree Productions</u>	Date (Mo., Day, Year) <u>01/18/16</u>	Amount of each disbursement this period \$ <u>266.67</u>
Mailing Address <u>120 Simmons Street</u>		
City, State, Zip Code <u>Water Valley, MS. 38965</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>advertising</u>	Aggregate Year-to-date	\$
B. Full name <u>American Express</u>	Date (Mo., Day, Year) <u>02/05/16</u>	Amount of each disbursement this period \$ <u>1,825.25</u>
Mailing Address <u>P.O. Box 650448</u>		
City, State, Zip Code <u>Dallas, Texas 75265-0448</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>payment on campaign expenses</u>	Aggregate Year-to-date	\$
C. Full name <u>Grenada High School National Honors</u>	Date (Mo., Day, Year) <u>02/12/16</u>	Amount of each disbursement this period \$ <u>50.00</u>
Mailing Address <u>1875 Fairground Road</u>		
City, State, Zip Code <u>Grenada, MS. 38901</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>donation</u>	Aggregate Year-to-date	\$
D. Full name <u>Ableson Enterprises, LLC</u>	Date (Mo., Day, Year) <u>03/09/16</u>	Amount of each disbursement this period \$ <u>466.00</u>
Mailing Address <u>114 Bent Creek Drive</u>		
City, State, Zip Code <u>Brandon, MS. 39047</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>campaign manager</u>	Aggregate Year-to-date	\$
E. Full name <u>Yazoo County Justice Court</u>	Date (Mo., Day, Year) <u>05/13/16</u>	Amount of each disbursement this period \$ <u>229.50</u>
Mailing Address <u>211 E. Broadway Street</u>		
City, State, Zip Code <u>Yazoo City, MS. 39194</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>travel expenses</u>	Aggregate Year-to-date	\$
F. Full name <u>Kim H. Bruner</u>	Date (Mo., Day, Year) <u>07/12/16</u>	Amount of each disbursement this period \$ <u>5,000.00</u>
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>loan repayment</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee

M. Kevin Horen

Reporting period

through

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Burning Bush M.B. Church</u>	<u>12/20/16</u>	\$ <u>250.00</u>
Mailing Address		
City, State, Zip Code		
<u>Gore Springs, MS. 38926</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Laurelton</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	\$