REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

Secretary of State Capital Office Min Check here if above is different from previous report All candidates, excluding judicial candidates on the November 2016 General Election ballot. Termination Report (Candidate will no longer accept contributions, make Required to terminate reporting Expenditures, has no outstanding debt obligation and zero cash on hand balance.) obligations **IMPORTANT** 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. 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).

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 Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions Total amount of disbursements 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. Signature of Candidate

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.

Page LL of 🖳

Reporting period through ITEMIZED RECEIPTS	Name of Candidate or C	Committee M. Kevin	Horan
ITEMIZED RECEIPTS			T
		ITEMIZED	RECEIPTS

I EMIZED RECEIP	10	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name LKQ CARP. Employee Good Government Fund	01/06/16	\$ 500.00
Mailing Address 1 500 West Madison Street - Swite 2800		\$
City, State, Zlp Code (MCAGO, TL GOGG)		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	<u>69</u> 1 <u>79</u> 1 <u>76</u>	this period
ENOVA Mailing Address		\$ 500.00
175 W. Jackson BLv2 Suite 1000 City, State, Zlp Code		\$
Chicago, IL 60604		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Advance America	6911416	\$ 250.00
Mailing Address 135 N. Church Street		\$
city, State, Zip Code Spartan burg, SC 29306		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Power Company State PAC	回烟水	\$ 250.00
P.O. Box 4079		\$
City, State, Zip Code [TWF PORT MS 39502-		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$

Page Of 3

Other (please specify) Full name You in the Mozenan Mailing Address Mailing Address	nt of each
A. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Mailing Address	
Other (please specify) Other (please specify) Full name Your Dozeman Mailing Address	
Full name You ille m. Bozeman Mailing Address	ceipt period
Mailing Address	00.00
P.O.Box 1038	
City, State, Zip Code	
Name of Employer (Required)	
Occupation (Required) Aggregate year-to-date \$	
B. Source: Corporation PAC Individual Loan Date re	nt of each ceipt period
Full name ATGT Mississippi Political Action Committee 10,106,106 \$ 6	150,00
Mailing Address [1] E. Capitol Street - Suite 6030 [1] \$ [
City, State, Zip Code	
Name of Employer (Required) \$	
Occupation (Required) Aggregate year-to-date \$	
Date re	nt of each celpt period
11:11:11:11:11:11:11:11:11:11:11:11:11:	500
Malling Address [625 North State Street - Suite 20] [1] 1 \$	
City, State, Zip Code	
Name of Employer (Required) \$	
Occupation (Required) Aggregate year-to-date	
Other (please specify) Date (Mo., Day, Year) this	nt of each ceipt period
Full name Mississi ppi Democratic Trust 11/23/16 \$ 2, Mailing Address	000,00
Mailing Address 1	
City, State, Zip Code SalkSon, MS-39202 [1] [1] \$	
Name of Employer (Required)	
Occupation (Required) Aggregate \$	

Page of D

Corporation PAC Individual Loan Date (Mo., Day, Year) It is perior Saveres Corporation PAC Individual Loan Date (Mo., Day, Year) It is perior Saveres Date (Mo., Day, Year) Date (M	Name of Candidate or Committee M. Kevin Horan		rage 12: 01 12
A. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify)		• •	
Other (please specify)	ITEMIZED RECEIP	TS	
Other (please specify) Full name Backer Donelson Caldwell & Berkowitz PC mpac Walling Address City, State, Zip Code Name of Employer (Required) City, State, Zip Code City, State, Zip Code City, State, Zip Code Malling Address City, State, Zip Code Cother (please specify) City, State, Zip Code C	A. Source: Corporation PAC Individual Loan		Amount of each receipt
Baker Dine Son Caldwell Berkowi Z PC MPRC Individual Loan Date (Mo., Day, Year)			this period
Halbs -5.5 North, Meadewhrek Office Park	Baker Donelson Caldwell & Berkowitz PC MPAC	<u>V2</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 200.00
Name of Employer (Required) Name of Employer (Required) Date (Mo., Day, Year) Walling Address City, State, Zip Code Corporation PAC Individual Loan Aggregate year-to-date Other (please specify) Name of Employer (Required) Other (please specify) Aggregate year-to-date Amount of experience in this period Aggregate year-to-date Aggregate year-to-date Aggregate year-to-date Amount of experience in this period Aggregate year-to-date Date (Mo., Day, Year) Amount of experience in this period Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Amount of experience in this period Aggregate year-to-date year-to-date Aggregate year-to-date year-	4268 1-55 North, Meadowbrook Office Park		\$
Name of Employer (Required) Decupation (Required) Aggregate year-to-date Amount of er receipt this period Full name Other (please specify) Signature City, State, Zip Code Mailing Address Mailing Address City, State, Zip Code			\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Mailing Address City, State, Zip Code Name of Employer (Required) Other (please specify) Other (please specify) Amount of expected this period (Mo., Day, Year) Full name Aggregate year-to-date Cocupation (Required) Other (please specify) Amount of expected this period (Mo., Day, Year) Full name I			\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Self-to-date (Mo., Day, Year) Mailing Address Self-ty, State, Zip Code Self-ty, S	Occupation (Required)		\$
Other (please specify) Other (please specify) Mailing Address City, State, Zip Code Cocupation (Required) Other (please specify) Other (please specify) Mailing Address City, State, Zip Code Aggregate (Mo., Day, Year) This period Amount of expecient (Mo., Day, Year) Scily, State, Zip Code Amount of expecient (Mo., Day, Year) City, State, Zip Code Amount of expecient (Mo., Day, Year) City, State, Zip Code Aggregate (Mo., Day, Year) Scily, State, Zip Code Aggregate (Mo., Day, Year) City, State, Zip Code Amount of expecient (Mo., Day, Year) City, State, Zip Code Cocupation (Required) Aggregate (Mo., Day, Year) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Aggregate (Mo., Day, Year) Amount of expecient (Mo., Day, Year) This period Amount of expecient (Mo., Day, Year) Amount of expecient (Mo., Day, Year) City, State, Zip Code Amount of expecient (Mo., Day, Year) City, State, Zip Code Amount of expecient (Mo., Day, Year)	2 Source Composition C. DAC E. Ledivistant E. Lore E.	year–to-date	1
Malling Address Lili Lili S Lili Lili S Lili Lili	To add the second to the secon		
City, State, Zip Code			\$
Name of Employer (Required) Coccupation (Required)	Malling Address		\$
Decupation (Required) Aggregate year-to-date C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Cother (please specify) Mailing Address City, State, Zip Code Name of Employer (Required) Date (Mo., Day, Year) Scity, State, Zip Code Amount of expected this period Aggregate year-to-date PAC Individual Loan Date (Mo., Day, Year) Cocupation (Required) Date (Mo., Day, Year) Full name Mailing Address Date (Mo., Day, Year) Full name Mailing Address Date (Mo., Day, Year) Full name Mailing Address Date (Mo., Day, Year) Scity, State, Zip Code Mailing Address Date (Mo., Day, Year) City, State, Zip Code	City, State, Zip Code		\$
C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Mailing Address City, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code Date (Mo., Day, Year) S Coccupation (Required) Aggregate year-to-date Date (Mo., Day, Year) S Coccupation (Required) Date (Mo., Day, Year) Amount of ear receipt (Mo., Day, Year) City State Zip Code Mailing Address City State Zip Code S Corporation PAC Individual Loan Date (Mo., Day, Year) S Coccupation (Mo., Day, Year) S Coccupation PAC Individual S Coccupation PAC S Coccupation PA	Name of Employer (Required)		\$
C. Source Corporation PAC Individual Loan Date receipt (Mo., Day, Year) Other (please specify) Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Date receipt this period Amount of ear receipt this period This period Aggregate year-to-date Occupation (Required) Date receipt (Mo., Day, Year) Aggregate year-to-date Other (please specify) Other (please specify) Mailing Address Mailing Address Mailing Address Mailing Address	Occupation (Required)		\$
Other (please specify) Mailing Address Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Aggregate year-to-date Other (please specify) Other (please specify) Mailing Address	C. Source Corporation PAC Individual Loan		Amount of each
Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Name of Employer (Required) Aggregate year-to-date Date (Mo., Day, Year) Full name Mailing Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code			receipt this period
City, State, Zip Code	Full лате		\$
Name of Employer (Required) Coccupation (Required)	Mailing Address		\$
Occupation (Required) Aggregate year-to-date Date (Mo., Day, Year) Full name Mailing Address Amount of ear receipt this period \$ [] [] [] [] [] [] [] [] [] [City, State, Zip Code		\$
D. Source: Corporation PAC Individual Loan Date Other (please specify) \$ Full name	Name of Employer (Required)	$\Box_I \Box_I \Box$	\$
Other (please specify) Other (please specify) Full name Malling Address Date (Mo., Day, Year) ** This period ** This	Occupation (Required)		\$
Other (please specify) (Wo., Day, Year) this period Full name Mailing Address City State Zin Code	D. Source: Corporation PAC Individual Loan	Date	Amount of each
Mailing Address // \$		(Mo., Day, Year)	this period
City State Zin Code			\$
City, State, Zip Code	Mailing Address		\$
The state of the s			\$
Name of Employer (Regulred) \$	Name of Employer (Reguired)		\$
Occupation (Required) Aggregate year-to-date	Occupation (Required)		\$

	1		1
Page	1	of	2

Name of Candidate or Committee	M. Kevin Horan	
Reporting period	through	

ITEMIZED DISBURSEMENTS

A. Full name	T	
Wlurphree Productions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01/18/16	\$ 266.67
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name American Express	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. BOY 650448	02105/16	\$ 1,825,25
City, State, Zip Code Dallas, Texas 15265-0448	//	\$
Purpose of Disbursement (Optional) Regred or conflow reces	Aggregate Year-to-date	\$
Grenada High School Mational Honors	Date (Mo., Day, Year)	Amount of each disbursement this period
1875 Fairaroup d. Road	021/21/16	\$ 50.00
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
114 Bent Creek Drive	03/10/16	\$ 466,00
Brandon, MS. 39047	//	\$
-	Aggregate Year-to-date	\$
august mance		
E. Full name Taxice Court	Date (Mo., Day, Year)	Amount of each disbursement this period
E. Full name 1 AZOO County Justice Court Mailing Address 211 E. Broadway Street	A COLUMN TO THE REAL PROPERTY OF THE PERTY O	
E. Full name 1 AZOO County Justice Court Mailing Address 211 E. Broadway Street City, State, Zip Code Vazao City, MS- 39194	(Mo., Day, Year)	disbursement this period
E. Full name 1 AZOO County Justice Court Mailing Address 211 E. Broadway Street City, State, Zip Code VAZOO City, MS- 39194 Purpose of Disbursement (Optional)	(Mo., Day, Year)	s 229.50
E. Full name / AZOO County Justice Court Mailing Address 21) E. Broadway Street City, State, Zip Code Vazao City, MS- 39194	(Mo., Day, Year) 05 / 13/ 16 // Aggregate	s 229.50
E. Full name AZOO County Justice Court Mailing Address 211 E. Broadway Street City, State, Zip Code AZOO City, MS- 39194 Purpose of Disbursement (Optional) trad cross F. Full name Kim H. Bruner Mailing Address	(Mo., Day, Year) 05 13 10	s Amount of each disbursement this period
E. Full name AZOO County Justice Court Mailing Address 211 E. Broadway Street City, State, Zip Code AZOO City, MS- 39194 Purpose of Disbursement (Optional) trad cross F. Full name Kim H. Bruner	(Mo., Day, Year) OS 13110 Aggregate Year-to-date Date (Mo., Day, Year)	s 229.50 \$ Amount of each disbursement this period
E. Full name AZOO County Justice Court Mailing Address 211 E. Broadway Street City, State, Zip Code VAZOO City, MS- 39194 Purpose of Disbursement (Optional) trad cross F. Full name Kim H. Bruner Mailing Address	(Mo., Day, Year) OS 13110 Aggregate Year-to-date Date (Mo., Day, Year)	s amount of each disbursement this period Amount of each disbursement this period 5,000.00
City, State, Zip Code Brandon, MS. 39047 Purpose of Disbursement (Optional)	//	s
	A COLUMN TO THE REAL PROPERTY OF THE PERTY O	
E. Full name V AZOO County Justice Court	(Mo., Day, Year)	disbursement this period
E. Full name V AZOO County Justice Court	(Mo., Day, Year)	disbursement this period
E. Full name 1 AZOO County Justice Court Mailing Address 211 E. Broadway Street	(Mo., Day, Year)	disbursement this period
E. Full name 1 AZOO County Justice Court Mailing Address 211 E. Broadway Street	(Mo., Day, Year)	disbursement this period
E. Full name V AZOO County Justice Court	(Mo., Day, Year)	disbursement this period
	A COLUMN TO THE PARTY OF THE PA	
	rour to duto	
4		\$
Purpose of Disbursement (Optional)		
Brandon, MS. 39047	//	
Brandon, MS. 39047		\$
City, State, Zip Code	05101114	
114 Bent Creek Drive	03/109/16	\$ 466,00
Mailing Address	 	
Ahleson Enterprises, LLC		
	Date	
Purpose of Disbursement (Optional)	Aggregate	\$
City, State, Zip Code J Grenada, MS. 38901	//	\$
City, State, Zip Code		50.00
1875 Fairground Road	02/1/1/16	\$ 50.00
1875 Fairgroup & Road	02/12/16	\$ 50.00
Mailing Address	 	
C. Full name	Date	
		\$
City, State, Zip Code		
Mailing Address	 	
B. Full name	Date	
Purpose of Disbursement (Optional)		\$
Water Valley, MS. 38965		\$
Mailing Address	01/18/16	\$ 266.67
Murphree Hoductions		

	1	~
Page	\sim	of O
1 age	~	01 -

Name of Candidate or Committee	m. Kevin	Horan	
Reporting period	thro	ugh	

ITEMIZED DISBURSEMENTS

A. Full name Burning Bush M.B. Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 120116	\$ 250.00
City, State, Zip Code Fore Springs, MS. 38924	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
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	s
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	S