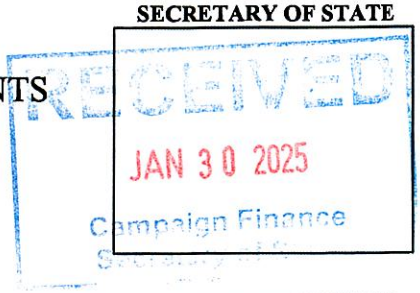
2024 ELECTION CYCLE

SECRETARY OF STATE



Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report

Name of Committee M. KEVIN HORAN

Address 1500 GATEWAY STREET **City/State/Zip** GRENADA, MS 38901

Telephone (662) 226-2185 **Fax** (662) 226-2127

Treasurer _____ **Email Address** aharris@horanandhoranlaw.com

☐ **Check here if above is different from previous report**

TYPE OF REPORT

X **Friday, January 31, 2025** (January 1, 2024 through December 31, 2024) ..... **Annual Report**

_____ **Termination Report** (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

(1) **Annual Reports are mandatory UNLESS the political committee filed all 2022 Periodic Reports OR the political committee filed a Termination Report prior to December 31, 2022.**

(2) **Until a committee files a Termination Report, annual, periodic and pre-election reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**

(3) **The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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. Political committees supporting or opposing candidates for State, State District, or Legislative Office file with the Secretary of State's Office. Political committees supporting or opposing candidates for county office or county ballot measures file with the circuit clerk's office. Political committees supporting or opposing municipal candidates or municipal ballot measures file with the municipal clerk's office.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JAN.1, 2024 CASH ON HAND BALANCE $28,215.35

	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	$ 22,350.00	$ 1,300.00	$ 23,650.00
TOTAL AMT OF DISBURSEMENTS	$ 31,889.42	$ 317.21	$ 32,206.63

DEC. 31, 2024 CASH ON HAND BALANCE $ 19, 658.72

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

M. Kevin Horan
Signature of Director or Treasurer

01/30/2025
Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) 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).

Name of Candidate or Committee M. Kevin Horan

Reporting period Jan 1, 2024 through Dec 31, 2024.

ITEMIZED DISBURSEMENTS

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Cork and Bottle Mailing Address: 1351 S. Street City, State, Zip Code: Grenada, MS 38901 Purpose of Disbursement (Optional): LEO Christmas Event	1/3/24	$ 847.32
	__/__/__	$
	Aggregate Year-to-date	$
B. Full name: Brooke Hamilton Mailing Address: 58 cr 332 City, State, Zip Code: Taylor, MS 38673 Purpose of Disbursement (Optional): Staff Pay	Date (Mo., Day, Year)	Amount of each disbursement this period
	4/5/24	$ 182.00
	__/__/__	$ 250.00
	Aggregate Year-to-date	$ 432.00
C. Full name: American Express Mailing Address: P.O Box 981535 City, State, Zip Code: El Paso TX 79998-1535 Purpose of Disbursement (Optional): Utah travel Exp.	Date (Mo., Day, Year)	Amount of each disbursement this period
	3/5/24	$ 2673.63
	__/__/__	$
	Aggregate Year-to-date	$
D. Full name: Horan Family Dental Mailing Address: 1450 oak st. City, State, Zip Code: Grenada, MS 38901 Purpose of Disbursement (Optional): Kirk Academy Donation	Date (Mo., Day, Year)	Amount of each disbursement this period
	4/9/24	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name: Junior Auxiliary of Grenada Mailing Address: P.O. Box 782 City, State, Zip Code: Grenada, MS 38902 Purpose of Disbursement (Optional): Charity Ball Donation	Date (Mo., Day, Year)	Amount of each disbursement this period
	04/05/24	$ 1500.00
	__/__/__	$
	Aggregate Year-to-date	$
A. Full name: Grenada Star Mailing Address: 355 W. Monroe St. City, State, Zip Code: Grenada, MS 38901 Purpose of Disbursement (Optional): advertisement	Date (Mo., Day, Year)	Amount of each disbursement this period
	11/9/24	$ 89.00
	12/13/24	$ 200.00
	Aggregate Year-to-date	$ 289.00

SS04-06

Name of Candidate or Committee M. KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED DISBURSEMENTS

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: MISS College DU Mailing Address: MS College Law DU 151 James M Dr. (732) City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional): donation for event	6/13/24 __/__/__ Aggregate Year-to-date	$ 3473.00 $ $
B. Full name: Deep South Rodeo Productions Mailing Address: P.O. Box 273 (735) City, State, Zip Code: Batesville, MS 38606 Purpose of Disbursement (Optional): Panola Co. Sheriffs Dept. Rodeo donation	6/11/24 __/__/__ Aggregate Year-to-date	$ 500.00 $ $
C. Full name: Ariana Harris Mailing Address: 181 Dogwood Dr (736) City, State, Zip Code: Water Valley, MS Purpose of Disbursement (Optional): office work	6/11/24 __/__/__ Aggregate Year-to-date	$ 250.00 $ $
D. Full name: Friends of Marshall Academy Mailing Address: P.O. Box 849 (725) City, State, Zip Code: Holly Springs, MS 38635 Purpose of Disbursement (Optional): donation	7/22/24 __/__/__ Aggregate Year-to-date	$ 250.00 $ $
E. Full name: Shay Shuffield Mailing Address: PTO cr 224 (733) City, State, Zip Code: Water Valley, MS 38965 Purpose of Disbursement (Optional): donation for competition	7/24/24 __/__/__ Aggregate Year-to-date	$ 500.00 $ $
F. Full name: Murphree Productions Mailing Address: 120 Simmons St. (734) City, State, Zip Code: Water Valley, MS 38965 Purpose of Disbursement (Optional): Advertising WV Football Channel	9/13/24 __/__/__ Aggregate Year-to-date	$ 225.00 $ $

Name of Candidate or Committee M. KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED DISBURSEMENTS

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Double Down Hunting Mailing Address: 3628 Salem Cemetery Rd. City, State, Zip Code: Lonoke, AR 72086 Purpose of Disbursement (Optional): December Event	9/13/24	$ 2000.00
	__/__/__	$
	Aggregate Year-to-date	$
B. Full name: Boys & Girls Club of Grenada Mailing Address: 359 S Line St. City, State, Zip Code: Grenada, MS 38901 Purpose of Disbursement (Optional): donation	10/4/24	$ 1,250.00
	__/__/__	$
	Aggregate Year-to-date	$
C. Full name: Ten One Strategies LLC Mailing Address: 200 N. Congress Ste 501 City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional): constituent communication services	10/21/24	$ 3500.00
	__/__/__	$
	Aggregate Year-to-date	$
D. Full name: Grenada Visions Chmr Mailing Address: 253 S Main St. City, State, Zip Code: Grenada, MS 38901 Purpose of Disbursement (Optional): donation	10/31/24	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name: Committee to Elect Karl Oliver Mailing Address: MS House Representatives City, State, Zip Code: District 41 Jackson, MS Purpose of Disbursement (Optional):	10/18/24	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name: Grenada High Baseball Boosters Mailing Address: 253 S Main St. City, State, Zip Code: Grenada, MS 38901 Purpose of Disbursement (Optional): donation	11/12/24	$ 400.00
	__/__/__	$
	Aggregate Year-to-date	$

Name of Candidate or Committee M. KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED DISBURSEMENTS

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name Kevin Horan for Performance Food Groups Mailing Address 1222 Hunter Run City, State, Zip Code Grenada, MS 38901 Purpose of Disbursement (Optional) PFG Invoice Sheriffs Dept & Judges Christmas Meat	12/23/24 __/__/__ Aggregate Year-to-date	$ 5144.70 $ $
B. Full name Murphree Productions Mailing Address 120 Simmons St. City, State, Zip Code Water Valley, MS 38965 Purpose of Disbursement (Optional) Advertisement WV Football	12/3/24 __/__/__ Aggregate Year-to-date	$ 225.00 $ $ 450.00
C. Full name Clear Choice LLC Mailing Address 2320 A Sunset Dr. City, State, Zip Code Grenada MS 38901 Purpose of Disbursement (Optional) Event Trailer Repair	12/19/24 __/__/__ Aggregate Year-to-date	$ 551.05 $ $
D. Full name Flower Company Mailing Address 1322 B Sunset Dr. City, State, Zip Code Grenada, MS 38901 Purpose of Disbursement (Optional) Arrangement for capitol sec. family funeral	12/19/24 __/__/__ Aggregate Year-to-date	$ 353.98 $ $
E. Full name Cork & Bottle Wks Mailing Address 1331 South St. City, State, Zip Code Grenada MS 38901 Purpose of Disbursement (Optional) Christmas Gifts GPD, GSO, Event Supp.	12/21/24 __/__/__ Aggregate Year-to-date	$ 518.64 $ $
F. Full name Garrett Self Storage VIA AMEX Mailing Address 3607 W Govan St. City, State, Zip Code Grenada, MS Purpose of Disbursement (Optional) Sign, Event equip storage	2024 __/__/__ Aggregate Year-to-date	$ 140 x 5 $ 141 $ 841.00

SS04-06

Name of Candidate or Committee M KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED CONTRIBUTIONS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify) Full name: Dettart Dental Mailing Address: 1825 Hill Dr. City, State, Zip Code: Grenada, MS 38901 Name of Employer (Required) Occupation (Required): Dentist	7/31/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 2,000.00 $ $ $ $
B. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan Other (please specify) Full name: MS Realtors PAC Mailing Address: P.O. Box 321000 City, State, Zip Code: Flowood, MS 39232 Name of Employer (Required) Occupation (Required): Relator	8/30/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 1,000.00 $ $ $ $
C. Source: ( ) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify) LLP Full name: Jones Walker LLP Mailing Address: 3100 N. State St. ste 300 City, State, Zip Code: Jackson, MS 39216 Name of Employer (Required) Occupation (Required): Attorney	10/22/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 250.00 $ $ $ $
D. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan Other (please specify) Full name: Capitol Resources PAC Mailing Address: 200 N. Congress St. ste 300 City, State, Zip Code: Jackson, MS 39201 Name of Employer (Required) Occupation (Required)	10/2/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 1000.00 $ $ $ $

Name of Candidate or Committee M KEVIN HORAN

Reporting period JANUARY 1, 2024 **through** DECEMBER 31, 2024

ITEMIZED CONTRIBUTIONS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify)_____		
Full name Friends of MS Hospitals	10/22/24	$ 500.00
Mailing Address 116 Woodgreen Crossing	__/__/__	$
City, State, Zip Code Madison, MS 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	**Aggregate year-to-date**	$
B. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name NUCOR Steel Recyclers of MS	9/13/24	$ 250.00
Mailing Address 3630 Fourth St.	__/__/__	$
City, State, Zip Code Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	**Aggregate year-to-date**	$
C. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) PLLC	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name Cassis Sanford Gov Law Group	10/19/24	$ 500.00
Mailing Address 825 N. President St.	__/__/__	$
City, State, Zip Code Jackson, MS 39202	__/__/__	$
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 MS Trucking Association	10/4/24	$ 500.00
Mailing Address 825 N President St	__/__/__	$
City, State, Zip Code Jackson, MS 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	**Aggregate year-to-date**	$

Name of Candidate or Committee M KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED CONTRIBUTIONS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify) Full name: Reynolds Services Company Mailing Address: 401 N Main St. City, State, Zip Code: Winston-Salem, NC 27101 Name of Employer (Required) Occupation (Required)	10/18/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 1000.00 $ $ $ $
B. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify) Full name: Comcast Corporation Mailing Address: 701 JFK Blvd. City, State, Zip Code: Philadelphia, PA 19103-2838 Name of Employer (Required) Occupation (Required)	8/22/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 1000.00 $ $ $ $
C. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify) Full name: Watkins Eager Mailing Address: P.O. Box 650 City, State, Zip Code: Jackson, MS 39205 Name of Employer (Required) Occupation (Required): Attorneys at law	8/29/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 250.00 $ $ $ $
D. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan Other (please specify) Full name: Capitol Advocacy Group Mailing Address: P.O. Box 217 City, State, Zip Code: Jackson, MS 39205 Name of Employer (Required) Occupation (Required)	10/22/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 2000.00 $ $ $ $

Name of Candidate or Committee M KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED CONTRIBUTIONS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) Association Full name Entertainment Software Assoc. Mailing Address 601 Massachusetts Ave, NW #300W City, State, Zip Code Washington, DC 20001 Name of Employer (Required) Occupation (Required)	8/6/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 500.00 $ $ $ $
B. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) Full name MS Healthcare Political Action Mailing Address 303 Brame Rd City, State, Zip Code Ridgeland, MS 39157-9423 Name of Employer (Required) Occupation (Required)	6/25/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 500.00 $ $ $ $
C. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) Full name Bain & Bowen Mailing Address 6180 E Waldron St City, State, Zip Code Corinth, MS 38834 Name of Employer (Required) Occupation (Required) LAW firm	11/15/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 500.00 $ $ $ $
D. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) Full name Build MS Mailing Address 4209 Lakeland Dr. #214 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required) Occupation (Required)	12/29/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 2500.00 $ $ $ $

Name of Candidate or Committee M KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ⊘PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entergy PAC MS	12/04/24	$ 350.00
Mailing Address: P.O. Box 1640	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ◯Corporation ⊘PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ten One PAC	12/19/24	$ 1000
Mailing Address: 200 N Congress St. Ste 403	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
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: MS Independent Rx	12/20/24	$ 500.00
Mailing Address: 4209 Lakeland Dr. Ste 399	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Ind. Package Stores	10/25/24	$ 500.00
Mailing Address: 921 E. Fortification St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee M KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ⊗PAC ◯Individual ◯Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Dental PAC	10/16/24	$ 1000.00
Mailing Address: 439 B Katherine Dr.	__/__/__	$
City, State, Zip Code: Flowood, MS 39232-9781	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ◯Corporation ⊗PAC ◯Individual ◯Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Every State Political Act Committee	10/14/24	$ 250.00
Mailing Address: P.O. Box 1639	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bail Agents Assoc.	11/12/24	$ 1000.00
Mailing Address: 118 Canton One Dr.	__/__/__	$
City, State, Zip Code: Canton, MS 39046	__/__/__	$
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: MS Asphalt Contractor PAC	11/07/24	$ 250.00
Mailing Address: 711 N. President St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee M KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Keystone Strategies LLC	10/22/24	$ 250.00
Mailing Address: P.O. Box 947	__/__/__	$
City, State, Zip Code: Brandon, MS 39043	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bankers Assoc. PAC	10/22/24	$ 500.00
Mailing Address: P.O. Box 1091	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ( ) Corporation (X) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ten One Strategies	10/21/24	$ 1000.00
Mailing Address: 200 N. Congress St. Ste 403	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$ 2000.00
Occupation (Required)	Aggregate year-to-date	$

D. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify) Incorp.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Southern Consulting Assoc. INC	10/21/24	$ 500.00
Mailing Address: 622 Aberdeen Cove	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee M KEVIN HORAN

Reporting period JANUARY 1, 2024 through DECEMBER 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: (X) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Inner Loans of MS LLC	10/28/24	$ 1,000.00
Mailing Address P.O. Box 320001	__/__/__	$
City, State, Zip Code Flowood, MS 39232-0001	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year–to-date	$
B. Source: ( ) Corporation ( ) PAC ( ) Individual ( ) Loan 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	$
C. Source: ( ) Corporation ( ) PAC ( ) Individual ( ) Loan 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	$
D. Source: ( ) Corporation ( ) PAC ( ) Individual ( ) Loan 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	$