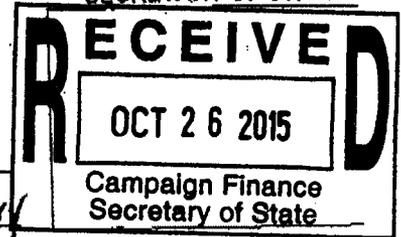


2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Karl Oliver
 Address PO Box 95 Winona MS 38967 County Montgomery
 Telephone (Work) 662 283 2121 (Home) 662 283 5709 (Fax) 662 283 3339
 Contact Name Karl Oliver Email Address Koliver63@live.com
 Office Sought State Representative 46 Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory
- June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandatory
- July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) Mandatory
- July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) Mandatory
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
- October 27, 2015 Pre-Election Report Mandatory
All Candidates and Political Committees
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
- November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election 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 this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. 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. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	5,850. ⁰⁰	923.00	\$ 5,850. ⁰⁰	\$ 24,806.00
Total amount of disbursements \$	7,560. ⁰⁰	-	\$ 7,560. ⁰⁰	\$ 24,633.42
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 [Signature] Date 10/26/15

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:**
1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Karl Oliver
 Reporting period 10/1/15 through 10/24/15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WFCA Radio</u>	<u>10/2/15</u>	\$ <u>960.00</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
<u>French Camp, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>960.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cableone Advertising</u>	<u>10/5/15</u>	\$ <u>1,296.00</u>
Mailing Address	<u> / / </u>	\$
<u>283 Debays Rd. Gulfport, MS 39507</u>		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,296.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Greenwood Commonwealth</u>	<u>10/5/15</u>	\$ <u>978.40</u>
Mailing Address	<u> / / </u>	\$
<u>Po Box 8050 Greenwood, MS 38935</u>		
City, State, Zip Code	<u>10/21/15</u>	\$ <u>540.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>6,102.48</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Roberts Creative Group, LLC</u>	<u>10/5/15</u>	\$ <u>1275.00</u>
Mailing Address	<u> / / </u>	\$
<u>107 Magnolia St. Laurel, MS 39440</u>		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,525.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WTCD Radio</u>	<u>10/6/15</u>	\$ <u>800.00</u>
Mailing Address	<u> / / </u>	\$
<u>3192 Browning Rd. Greenwood, MS 38930</u>		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>800.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WONA Radio</u>	<u>10/22/15</u>	\$ <u>800.60</u>
Mailing Address	<u> / / </u>	\$
<u>1006 S. Applegate Winona, MS 38967</u>		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>950.60</u>

Name of Candidate or Committee Karl Oliver
 Reporting period 10/1/15 through 10/24/15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Webster Progress</u>	<u>10/24/15</u>	\$ <u>360.00</u>
Mailing Address		\$
<u>Dun St. Eupora, MS 39744</u>		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>878.76</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 Karl Oliver
 Reporting period 10/1/15 through 10/24/15

ITEMIZED RECEIPTS

A. 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>Independent Insurance Agents of MS PAC</u>	<u>10/22/15</u>	\$ <u>500.00</u>
Mailing Address <u>124 River View Dr. Flowood, MS 39232</u>	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steve Slocum</u>	<u>10/19/15</u>	\$ <u>400.00</u>
Mailing Address <u>PO Box 358 N. Carrollton, MS 38947</u>	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1,100.00</u>
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>Koch Industries</u>	<u>10/16/15</u>	\$ <u>750.00</u>
Mailing Address <u>600 14th St. NW Suite 800 Washington DC</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>20005</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>750.00</u>
D. 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>Ms Petroleum Marketers & Convenience Store</u>	<u>10/7/15</u>	\$ <u>250.00</u>
Mailing Address <u>Association P.O. Drawer 3859</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39207</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee KAN OLIVER
Reporting period 10/1/15 through 10/24/15

ITEMIZED RECEIPTS

A. 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>Bully Blac PAC</u>	<u>10/7/15</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 320925 Flowood, MS 39232</u>	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. 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>Glen Pearson</u>	<u>10/21/15</u>	\$ <u>250.00</u>
Mailing Address <u>253 Bethel Rd. Kilmichael, MS</u>	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. 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>Rep. Bobby Howell</u>	<u>10/21/15</u>	\$ <u>200.00</u>
Mailing Address <u>PO Box 213 Kilmichael, MS 39747</u>	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
D. 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>MS Bank PAC</u>	<u>10/15/15</u>	\$ <u>2,000.00</u>
Mailing Address <u>PO Box 1091 Jackson, MS 39215</u>	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>2,000.00</u>

Name of Candidate or Committee Kaw/Oliver
Reporting period 10/1/15 through 10/24/15

ITEMIZED RECEIPTS

A. Source: <input checked="" 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>Tower Loan of MS, LLC</u>	<u>10/13/15</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 320001 Flowood, MS 39292</u>	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	□ / □ / □	\$ _____
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____	□ / □ / □	\$ _____
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____