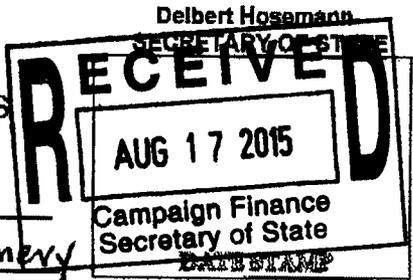


2016 ELECTION CYCLE



REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate: Karl Oliver
Address: PO Box 95 Winona, MS 38967 County: Montgomery
Telephones (Work): 662 283 2121 (Home): 662 614 1888 (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
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) Mandatory
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
January 8, 2016 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

Table with 4 columns: Itemized, Non-Itemized, This Period, Calendar year-to-date. Total amount of contributions \$4,000.00 + \$600.00 = \$4,600.00. Total amount of disbursements \$5,525.91. Total amount of cash on hand \$42.39.

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: [Handwritten Signature]

Date: 17 AUG 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

7/26/15

through

8/15/15

ITEMIZED DISBURSEMENTS

A. Full name Greenwood Commonwealth		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 8050 Greenwood, MS 38930		7/27/15	\$ 681 ⁵⁰
City, State, Zip Code Ads		7/30/15	\$ 122 ³⁰
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name Greenwood Commonwealth		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 8050 Greenwood, MS 38930		8/7/15	\$ 1,578 ⁵⁰
City, State, Zip Code Ads		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 4,135 ²⁰
C. Full name Webster Progress		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Dunn St. Eupora, MS 39744		7/28/15	\$ 241 ⁸⁸
City, State, Zip Code Ad		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 483 ⁷⁶
D. Full name Winona Screen Printing		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 470 Winona, MS 38967		7/31/15	\$ 2,586 ³³
City, State, Zip Code Signs		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 6,229 ²⁵
E. Full name Winona Times		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 151 Winona, MS 38967		8/12/15	\$ 187.00
City, State, Zip Code Ad		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,072.00
F. Full name Lawrence Printing		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 400 Stripling Ave.		___/___/___	\$ 128 ⁴⁰
City, State, Zip Code Greenwood, MS 38930		___/___/___	\$
Purpose of Disbursement (Optional) push cards		Aggregate Year-to-date	\$ 770 ⁴⁰

Name of Candidate or Committee Karl Oliver
 Reporting period 7/26/15 through 8/15/15

ITEMIZED RECEIPTS

A. 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>MSMA PAC</u>	<u>7/28/15</u>	\$ <u>500.00</u>
Mailing Address <u>Po Box 2548</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland MS 39158</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
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>EMPOWER PAC</u>	<u>8/10/15</u>	\$ <u>1,000</u>
Mailing Address <u>Po Box 4028</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Madison MS 39130</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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 checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Karl Oliver</u>	<u>7/20/15</u>	\$ <u>2500</u>
Mailing Address <u>Po Box 95 Numa MS 38967</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____