2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 11 2016
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate: Karl Oliver

Address: PO Box 95 Winona 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) ..... 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
(Primary Election Winners report October 1, 2015, through October 24, 2015) All Candidates and Political Committees
(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	$ 6,250.00 +	$ 923.00	$ 6,250.00	$ 25,206.00
Total amount of disbursements	$ 7560.00 +	$ ✓	$ 4,221.53	$ 28,854.97
Total amount of cash on hand			$ 974.03	

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: 1/8/16

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 12/31/15

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: WFCA Radio Mailing Address: City, State, Zip Code: French Camp, MS Purpose of Disbursement (Optional):	10/2/15	$ 960.00
	__/__/__	$
	Aggregate Year-to-date	$ 960.00
B. Full name: Cableone Advertising Mailing Address: 283 Debuys Rd. Gulfport, MS 39507 City, State, Zip Code: Purpose of Disbursement (Optional):	10/5/15	$ 1,296.00
	__/__/__	$
	Aggregate Year-to-date	$ 1,296.00
C. Full name: Greenwood Commonwealth Mailing Address: Po Box 8050 Greenwood, MS 38935 City, State, Zip Code: Purpose of Disbursement (Optional):	10/5/15	$ 978.40
	10/21/15	$ 540.00
	Aggregate Year-to-date	$ see below
D. Full name: Greenwood Commonwealth Mailing Address: Po Box 8050 Greenwood, MS 38935 City, State, Zip Code: Purpose of Disbursement (Optional):	11/1/15	$ 1,961 30
	11/2/15	$ 800.65
	Aggregate Year-to-date	$ see below
E. Full name: Greenwood Commonwealth Mailing Address: Po Box 8050 Greenwood, MS 38935 City, State, Zip Code: Purpose of Disbursement (Optional):	11/17/15	$ 356.00
	__/__/__	$
	Aggregate Year-to-date	$ 9220 43
F. Full name: WONA Radio Mailing Address: 1006 S. Applegate St. Winona, MS 38967 City, State, Zip Code: Purpose of Disbursement (Optional):	10/22/15	$ 800.60
	__/__/__	$
	Aggregate Year-to-date	$ 950.60

Name of Candidate or Committee Karl Oliver

Reporting period 10/1/15 through 12/31/15

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Webster Progress Mailing Address: Dunn St. Eupora, MS 39744 City, State, Zip Code Purpose of Disbursement (Optional)	10/22/15	$ 360.00
	11/16/15	$ 225.00
	Aggregate Year-to-date	$ 1103.86
B. Full name: Winona Times Mailing Address: Po Box 151 Winona, MS 38967 City, State, Zip Code Purpose of Disbursement (Optional)	11/17/15	$ 688.60
	__/__/__	$
	Aggregate Year-to-date	$ 2001.80
C. Full name: Winona Printing Mailing Address: Po Box 470 Winona, MS 38967 City, State, Zip Code Purpose of Disbursement (Optional)	12/2/15	$ 100.00
	__/__/__	$
	Aggregate Year-to-date	$ 6,329.25
D. Full name: Winona Christian School Mailing Address: Hwy 51 S Winona, MS 38967 City, State, Zip Code Purpose of Disbursement (Optional)	12/10/15	$ 40.00
	__/__/__	$
	Aggregate Year-to-date	$ 365.00
E. Full name: Montgomery Co. 4H Mailing Address City, State, Zip Code: County Fair Ad Purpose of Disbursement (Optional)	12/16/15	$ 50.00
	__/__/__	$
	Aggregate Year-to-date	$ 50.00
F. Full name: WTCD Radio Mailing Address: 3192 Browning Rd. Greenwood MS 38930 City, State, Zip Code Purpose of Disbursement (Optional)	10/6/15	$ 800.00
	__/__/__	$
	Aggregate Year-to-date	$ 800.00

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Reporting period 10/1/15 through 12/31/15

ITEMIZED DISBURSEMENTS

A. Full name: Roberts Creative Grp. LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 107 Magnolia St. Laurel, MS 39440	10/5/15	$ 1,275.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2,525.00
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: Kent Oliver

Reporting period: 10/1/15 through 12/31/15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Independent Ins. Agents of MS PAC	10/22/15	$ 500.00
Mailing Address: 124 Riverview Dr. Flowood, MS 39232	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve Slocum	10/19/15	$ 400.00
Mailing Address: PO Box 358 N. Carrollton, MS 38947	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,100.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Koch Industry	10/16/15	$ 750.00
Mailing Address: 600 14th St. NW Suite 800 Washington DC	/ /	$
City, State, Zip Code: 20005	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Petroleum Marketers & Convenience Stores	10/7/15	$ 250.00
Mailing Address: PO Drawer 3859 Jackson, MS 39207	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Karl Oliver

Reporting period: 10/1/15 through 12/31/15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bully Bloc	10 / 7 / 15	$ 1,000.00
Mailing Address: Po Box 320925 Flowood, MS 39232	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glen Pearson	10 / 21 / 15	$ 250.00
Mailing Address: 253 Bethel Rd. Kilmichael MS 39747	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobby Howell	10 / 21 / 15	$ 200.00
Mailing Address: Po Box 213 Kilmichael MS 39747	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bank PAC	10 / 15 / 15	$ 2,000.00
Mailing Address: Po Box 1091 Jackson, MS 39215	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2,000.00

Name of Candidate or Committee: Karl Oliver

Reporting period: 10/1/15 through 12/31/15

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tower Loan of MS, LLC	10/15/15	$ 500.00
Mailing Address: PO Box 32000 Flowood, MS 39232	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Power Co	12/11/15	$ 400.00
Mailing Address: PO Box 4079 Gulfport, MS 39502	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

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	$