2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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OCT 06 2015
Campaign Finance
Secretary of State

Candidate
2015 Election

REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Candidate Karl Oliver

Address PO Box 95 Winona, MS 38967 **County** Montgomery

Telephone (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 Dist. 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.

X **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)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees

____ **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, 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

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	$ 11,600.00	+ $ 100.00	$ 11,700.00	$ 18,033.00
Total amount of disbursements	$ 17,073.42	$ 0	$ 17,073.42	$ 17,073.42
Total amount of cash on hand			$ 959.58	

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

Date 10/5/15

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: Kent Oliver

Reporting period: July 1, 2015 through Sept 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MSMA PAC	7 / 28 / 15	$ 500.00
Mailing Address: PO Box 2548	9 / 30 / 15	$ 500.00
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ $1000

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Concrete Industries Assoc.	/ /	$ 500.00
Mailing Address: C/o Corbitt Co., LLC PO Box 14225	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Poultry Association	9 / 29 / 15	$ 500.00
Mailing Address: 110 Airport Rd. South, Suite C	/ /	$
City, State, Zip Code: Pearl, MS 39208	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAR PAC	/ /	$ 2,500.00
Mailing Address: PO Box 321000	/ /	$
City, State, Zip Code: Jackson, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2,500.00

Name of Candidate or Committee: Karl Oliver

Reporting period: July 1, 2015 through Sept 30, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve Slocum	9 / 22 / 15	$ 400.00
Mailing Address: PO Box 358	/ /	$
City, State, Zip Code: North Carrollton, MS 38947	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 700.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Empower MS	9 / 22 / 15	$ 2,500.00
Mailing Address: PO Box 4028	8 / 10 / 15	$ 1,000.00
City, State, Zip Code: Madison, MS 39130	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 3,500.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Manufacturers Assoc. PAC	9 / 14 / 15	$ 500.00
Mailing Address: PO Box 22607	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Home Builders Association	9 / 10 / 15	$ 2,000.00
Mailing Address: PO Box 3556	/ /	$
City, State, Zip Code: Jackson, MS 39207	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2,000.00

Name of Candidate or Committee Ken Oliver

Reporting period July 1, 2015 through Sept. 30 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Powers Assoc. PAC	9 / 10 / 15	$ 400.00
Mailing Address: PO Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

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	$

Name of Candidate or Committee Karl Oliver

Reporting period July 1, 2015 through Sept. 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Greenwood Commonwealth		
Mailing Address: Po Box 8050 Greenwood, MS 38930	7/8/15	$ 326.90
City, State, Zip Code: Ad	7/20/15	$ 1,070.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ ↓
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: "	7/27/15	$ 681.50
City, State, Zip Code	7/30/15	$ 122.30
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ ↓
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: "	8/7/15	$ 1,578.50
City, State, Zip Code	8/28/15	$ 258.68
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ ↓
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: "	9/15/15	$ 190.20
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,584.08
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Webster Progress		
Mailing Address: Dunn Street Eupora, MS 39744	7/9/15	$ 241.88
City, State, Zip Code: Ad	7/28/15	$ 241.88
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ ↓
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: "	9/9/15	$ 35.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 518.76

Name of Candidate or Committee Kay Oliver

Reporting period July 1, 2015 through Sept. 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name: Winona Times	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 151 Winona, MS 38967	7/20/15	$ 601.00
City, State, Zip Code: Ad	8/12/15	$ 187.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ ↓
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: "	8/31/15	$ 349.00
City, State, Zip Code	9/15/15	$ 176.20
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,313.20
C. Full name: Winona Christian School	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Hwy 51 S. Winona, MS 38967	7/23/15	$ 325.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Ad/Sign	Aggregate Year-to-date	$ 325.00
D. Full name: Winona Screen Print	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	__/__/__	$
Purpose of Disbursement (Optional): Signs	Aggregate Year-to-date	$ 6,229.25
E. Full name: WONA Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 1006 South Applegate	8/25/15	$ 150.00
City, State, Zip Code: Winona, MS 38967	__/__/__	$
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 150.00
F. Full name: Roberts Group, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 107 South Magnolia St. Laurel, MS 39440	__/__/__	$ 1,250.00
City, State, Zip Code: TV Ad	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,250.00

Name of Candidate or Committee Karl Oliver

Reporting period July 1, 2015 through Sept. 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stone bridge Group, LLC		
Mailing Address 4400 North Point Parkway, Ste. 190	9/26/15	$ 2,703.13
City, State, Zip Code Alpharetta, GA	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2,703.13
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	$