2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
NOV 17 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Candidate: Akillie Malone Oliver

Address: P. O. Box 434 Pickens, MS 39146

Telephone: 662-468-3022 Fax: 662-834-1196

Contact Name: Akillie Oliver Email:

Office Sought: District Attorney Political Party: Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

_____ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010).....**Mandatory**

_____ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).....**Runoff Candidates**

✓ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010).....**All Candidates**

_____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....**Runoff Candidates**

_____ **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010).....**All Candidates and Political Committees**

_____ **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 receiving authority 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	$ 750 +$ 4600.00	$ 5350.00	$ 5350.00
Total amount of disbursements	$ 4811.39 +$ 500.00	$ 5311.39	$ 5311.39
Total amount of cash on hand		$ 39.00	

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

Akillie Malone O

Signature of Candidate **Date**

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 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Akillie Malone Oliver

Reporting period 10/26/10 - ~~10/29/10~~ through 10/29/10

ITEMIZED DISBURSEMENTS

A. Full name: Lamar Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 96030	__/__/__	$ 750.00
City, State, Zip Code: ~~billboard sign~~ Baton Rouge, LA 70896	__/__/__	$
Purpose of Disbursement (Optional): billboard	Aggregate Year-to-date	$ 750.00
B. Full name: WELZ Broadcasting Station	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 130	9/1/10	$ 200.00
City, State, Zip Code: ~~radio~~ Yazoo City, MS 39194	__/__/__	$ 100.00
Purpose of Disbursement (Optional): radio advertising	Aggregate Year-to-date	$ 300.00
C. Full name: DK Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 420 Lincoln Road Suite #305	10/12/10	$ 410.87
City, State, Zip Code: Miami Beach, FL 33139	10/29/10	$ 435.87
Purpose of Disbursement (Optional): push cards	Aggregate Year-to-date	$ 846.74
D. Full name: Candidate Signs.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 3640 S 138th Street	9/22/10	$ 1550.34
City, State, Zip Code: Omaha, NE 68144	__/__/__	$
Purpose of Disbursement (Optional): campaign signs	Aggregate Year-to-date	$ 1550.34
E. Full name: Premium Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 3512 Mitcheldale	7/27/10	$ 1365.00
City, State, Zip Code: Houston, TX 77092	__/__/__	$
Purpose of Disbursement (Optional): signs	Aggregate Year-to-date	$ 1365.00
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 Akillie Malone Oliver

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Edward Blackmon	__/__/__	$ 250.00
Mailing Address: P.O. Box 103	__/__/__	$
City, State, Zip Code: ~~Blackmon & Blackmon~~ Canton, MS	__/__/__	$
Name of Employer (Required): ~~Attorney~~ Blackmon & Blackmon	__/__/__	$
Occupation (Required): Attorney	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: Earline Malone	8/5/10	$ 500.00
Mailing Address: P.O. Box 640	__/__/__	$
City, State, Zip Code: Pickens, MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Retired, Daycare Provider	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	__/__/__	$
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	$