2015 ELECTION CYCLE

Delbert Hosemann

5 ELECTION CYCLE			X		_	elbert Hosemann CRETARY OF STATI
Name of Candidate	REPORT OF	Candida RECEIPTS AND 2015 Ele	DISBUR	SEMENTS	E C E	7 2015
				4 10 10	Campaig	n Finance
Address 648 14	binson Thompso	^ led .	Countyr	contromery	Secretary	/ of State
Telephone (Work) 66	7-283-2121	Home) 662-28	7-5709 (F	ax) 66 2-28	3-3339	
Contact Name Ka	NI Oliver	Email Add	ress_ Koli	ver63@live.	COM	_
Office Sought Dist	. 46 MS HOUSE	Political Party	Per	2 blican	7	
	f above is different from pre	vious report .			4	
✓ May 8, 2015 Period	ic Report (January 1, 201	5, through April 30, 20	F REPORT			Mandator
	odic Report (May 1, 2015					
	dic Report (June 1, 2015					
July 28, 2016 Pre-E	lection Report (July 1, 20	115, through July 25, 20	015)	All Prin	nary Candidate	Mandator as and Political Committee
August 18, 2015 Pr	e-Election Report (July 2	6, 2015, through Augus	st 15, 2015) All Pri		RI	
October 9, 2015 Pe	riodic Report (July 1, 201	5, through September	30, 2015)			Mandator
(Primary Election V	Pre-Election Report	5, through October 24, 20	15)		All Candidates	Mandator and Political Committees
November 17, 2018	Pre-Runoff Report (Oct	bber 25, 2015, through	November 14,	2015)	RI	unoff Candidates Onl
January 8, 2016 Pe	erlodic Report (October 1,	2015 through Decem	her 31, 2015)			nittees in a Runoff Electic Mandator
	t (Candidate will no longer acc outstanding campaign debt	ept contributions or make			Rec	quired to terminate porting obligations
Indicating "0" (Zero) for	re mandatory, even if no cor or total amount of reported o	contributions and expen	es have occurre ditures during t	nis period.		
 Until a Candidate files and (III). 	a Termination Report, annu	al and periodic reports r	nust still be file	d in accordance with	Miss. Code A	inn, § 23-16-807 (b) (ii)
(2) The Secretary of State	must be in actual receipt of at be in actual receipt of the	the required reports by required reports by 5:00	5:00 p.m. on the p.m. on the firs	e reporting day. If the tworking day before	e deadline fai the deadline	ls on a weekend or a . Faxed reports are
	REP	ORTED CONTRIBUT	IONS AND D	SBURSEMENTS		Calandar
	Itemized +	Non-Itemized		This Period	7-	Calendar year-to-date
Total amount of contribut	ions \$ 613300 +\$	0	\$ (6,13300	\$	613300
Total amount of disburser	ments \$ 4,908 ! +\$	50.00		4,958 !!	\$	4,9581
Total amount of cash on I	nand		\$			
I certify that	I have examined this repo	rt and to the best of m	y knowledge a			complete.
Signature of Car	ndidate			Date 6MA	1 -	
Authority: Refer to Miss, Cod	e Ann. §23-15-801 (1972) et. s equired reports, or failure to s rosecution in accordance with	ubmit reports in accordar	içe with statutory	r deadilnes, or failure (72).	o submit valid	i reports shall result in

- 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
 Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
 Candidates for Municipal office should return forms to the Municipal Clerk

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Page	 OT_	1

Name of Candidate or	r Committee	Karl Oliver				
Reporting period	Jan 1,2015	through	April	30	2015	

A. Full name Bottle Your Brand	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Light John John Sit 380 Kickland W	4,9,15	\$ 62319
Mailing Address 11 Zoo Kirkland Way Suite 380 Kirkland, May State, Zip Code Campaign Material Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 623.19
B. Full name Winonia Soveen Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 470 Winona M5 38967	3/25/15	s 3,642,92
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3.642.92
C. Full name Lawrence Printing Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address ADD Stribling Ave. Greenwood, MS 38930 City, State, Zip Code	4/8/15	\$ 642.00
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 642.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Gode		\$
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	S
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	\$

Page I of I

Name of Candidate or Commit	tee Kavi	Oliver		:
Reporting period \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	2015 t	hrough	April:	30,2015
	TFMIZ	FD I	REC	EIPTS

Other (please specify) LLC Full name Bientwood Funeral Services LLC	(Mo., Day, Year)	Amount of each receipt this period
Breatwood Funeral Services LLC	4/7/15	
III. I Address		\$ 500.00
Po Box 810 Hernando, MS 38632	1 1 1 1 1 1 1 1 1	\$ [
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Fineral Director	Aggregate	¢ [=
Occupation (Required)	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12 . 72 . 15	
Full name Stanley Devine	图1图15	\$ 333.00
Malling Address	\square / \square / \square	\$
403 Symmit St. City, State, Zip Code		\$
WINDRA, MS 38967		
Name of Employer (Required)	<u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ 333,00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	2123/15	\$ 300.00
Mailing Address		\$
1 2 2 C		
Po Box 358 Carrollton, M5 38947 City, State, Zip Code		\$
POBOX 358 Carrollton, MS 38741		\$
Po Box 358 Carrollton, M5 38741 City, State, Zip Code	Aggregate vear-to-date	
Po Box 358 Carrollton, M5 3874 I City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Aggregate yearto-date Date (Mo., Day, Year)	\$ 3co.co
Po Box 358 Carrollton, M5 3874 I City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$ 300.00 Amount of each receipt this period
Po Box 358 Carrollton, M5 3874 I City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date	\$ 3cc.cc Amount of each receipt this period \$ 5,000
Po Box 358 Carrollton, M5 38741 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kayl Oliver Mailing Address 648 Polanson Thompson Rd. Winda 38967	year-to-date Date (Mo., Day, Year)	\$ 300.00 Amount of each receipt this period \$ 5,000
Po Box 358 Carrollton, M5 3874 I City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$ 300.00 Amount of each receipt this period
Po Box 358 Carrollton, M5 38741 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kayl Oliver Mailing Address 648 Polanson Thompson Rd. Winda 38967	year-to-date Date (Mo., Day, Year)	\$ 300.00 Amount of each receipt this period \$ 5,000

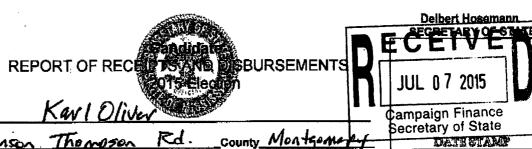
2015 ELECTION CYCLE Delbert Hosemann SECRETARY OF STATE SBURSEMENTS Name of Candidate ampaign Finance ecretary of Stole (Home) 630 live, com **Email Address Contact Name** MS HOUSE **Political Party** Check here if above is different from previous report TYPE OF REPORT June 10, 2015 Periodic Report (May 1 2016, through May 31, 2015) All Primary Candidates and Political Committees All Primary Candidates and Political Committees in a Runoff Election October 27, 2015 Pre-Election Report (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 All Candidates and Political Committees in a Runoff Election Termination Report (Candidate will no loriger accept contributions or make campaign expenditures and has no Required to terminate outstanding campaign debt obligation) reporting obligations IMPORTANT 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. 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). 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 Calendar Itemized Non-Itemized This Period rear-to-date 50000 633.00 Total amount of contributions \$ 500.00 O Total amount of disbursements \$ +5 * 1,674 8 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. 8 June 15 Signature of Candidate

- Authority: Refer to Miss. Code Ann. §23-16-801 (1972) et. seq. for statutory requirements.

 Penaltias: Failure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or presecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972). 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 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

Page 🗓 of 🗂 Kawl Olivar Name of Candidate or Committee through May 3 , 2015 Reporting period ... 2015 A. Source; C Corporation | PAC | Individual | Logn | Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 500,00 Kilmichen Mailing Address \$ PO BOK City, State, Zip Code 37747 Kilmichael Name of Employer (Required) <u> Oevtrans</u> Mostaner Occupation (Required) Aggregate 300,00 Backins year-to-date B. Source: Corporation 🔲 PAC 🔲 Individual 🗍 Loan 🎵 Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name Mailing Address \$ City, State, Zip Code Name of Employer (Required) \$ Occupation (Required) Aggregate year-to-dete \$ Individual 🔲 Loan 🌅 C. Source Corporation PAC Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name S Mailing Address City, State, Zip Code \$ Name of Employer (Required) \$ Occupation (Required) Aggregate \$ year-to-date D. Source: Corporation PAC individual 🔚 Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ Mailing Address City, State, Zip Code Ē Name of Employer (Required) \$ Occupation (Required) Aggregate year-to-date

2015 ELECTION CYCLE



Name of Candidate WI UIWW	¢ampaign Finance
Address 648 Robinson Thempson Rd. County Montgometry	Secretary of State
Telephone (Work) 662 283 2121 (Home) 662 283 5709 (Fax) 667 283	
Contact Name Karl Oliver Email Address Koliver 63@ /iv	72. (10/V)
Office Sought Dist. 46 MS House 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)	
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)	y Candidates and Political Committees
August 18, 2016 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only 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	
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only olitical 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.

	Itemized	+	PORTED CONTRIBUTI Non-Itemized	OHO MILE E	This Period	Calendar year-to-date	3
Total amount of contributions	\$ 1.000°	4 \$		\$	1.000	\$ 7.633	50
Total amount of disbursement		+ \$		\$	GO°°	\$ 5,598	<u> </u>
Total amount of cash on hand	,			\$	3,4050		

Signature of Candidate

Date (*

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penetities: 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).

- 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
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- 3. Candidates for Municipal office should return forms to the Municipal Clerk

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. ·_·· Name of Candidate or Committee	KarlOliver			
_	1, 20/5 through _	June	30, 2015	

A. Full name	Date	Amount of each
Winoma Times	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>61515</u>	\$ 284.00
City, State, Zip Code Winena, MS, 38967	//	\$
Purpose of Disburgement (Optional)	Aggregate Year-to-date	\$ 284.00
B. Full name Circenvood Commonwealth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Bok 8050	6/15/15	\$ 356.00
City, State, Zip Code Greanwood, M5 38935	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 356.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	tt	S
City, State, Zlp Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	'	S
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		s
City, State, Zip Code	_/_/_	s
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Y WEL	1	Λī	<u> </u>

Name of Candidate or Committee		
Reporting period Sac . Zol5 through Sac 30, 201:	<u> </u>	
ITEMIZED RECEIP	TS	
		Amount of each
A, Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		\$ 1,0000
William Liston 44		
Mailing Address 2648 Ridgewood Rd.	<u> </u>	\$
City, State, Zip Code		\$
Jackson, MS 39216	- Control of the Cont	The second secon
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1,000
And the state of t	year-to-date_	Frank (France design of the design of the
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		\$
Mailing Address	口/口/口	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt this period
Other (please specify)		
Full name		\$
Mailing Address		\$
City, State, Zip Code	<u> </u>	7
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan		Amount of each
D. double.	Date (Mo., Day, Year)	receipt this period
Other (please specify)		tille perior
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
The state of the s	<u> </u>	<u></u>
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

2015 ELECTION CYCLE Delbert Hosemann REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election Name of Candidate Campaign Finance Secretary of State obinson Thompson Telephone (Work)_ Contact Name Email Address TOUSE PERPOSITION Party Check here if above is different from previous report TYPE OF REPORT All Primary Candidates and Political Committees All Primary Candidates and Political Committees in a Runoff Election (Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political Committees in a Runoff Election Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no Required to terminate outstanding campaign debt obligation) reporting obligations IMPORTANT Pre-Election reports are mandatory, even if no contributions or expanditures 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. 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) (li) 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 (3) 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 Calendar Itemized Non-Itemized This Perlod /ear-to-date Total amount of contributions \$ 500.00 Total amount of disbursements \$ 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 Authority: Refer to Miss. Code Ann. §23-15-801 (1972) st. 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) 578-2545

3. Candidates for Municipal office should return forms to the Municipal Clerk

2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk

\$0\$ 10-14

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Page	1	of	,	

Name of Candidate of	r Committee _	K,	avloliver	 		
Reporting period	<u> </u>	, 2015	through	 y 25,	Z015	

146	
Date (Mo., Day, Year)	Amount of each disbursement this period
7/8/15	\$ 326 90
7 20 1 15	\$ 1,070 00
Aggregate Year-to-date	\$ 1,75290
Date (Mo., Day, Year)	Amount of each disbursement this period
7/9/15	s 241 88
//	\$
Aggregate Year-to-date	s 241 88
Date (Mo., Day, Year)	Amount of each disbursement this period
7/20/15	\$ 601.00
	s
Aggregate Year-to-date	\$ 885.00
Date (Mo., Day, Year)	Amount of each disbursement this period
7/2315	\$ 325.00
//	s
Aggregate Year-to-date	\$ 325.00
Date (Mo., Day, Year)	Amount of each disbursement this period
_''	\$
'/	\$
Aggregate Year-to-date	
	\$ \$ Amount of each
Year-to-date Date	\$ \$
Year-to-date Date	\$ Amount of each disbursement this period
	(Mo., Day, Year) 7 /8 / 15 7 /20 / 15 Aggregate Year-to-date Date (Mo., Day, Year) 7 / 9 / 15 Aggregate Year-to-date Date (Mo., Day, Year) 7 / 20 / 15 Aggregate Year-to-date Date (Mo., Day, Year) 7 / 23 15 Aggregate Year-to-date Aggregate Year-to-date Aggregate Year-to-date

1/2.4	.	Page L of L
Name of Candidate or Committee KWI Oliver		
Reporting period July 1 Zo15 through July 25, 20	72.2	
ITEMIZED RECEIP	TS	•
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		· · · · · · · · · · · · · · · · · · ·
Mailing Address	<u> </u>	\$
		\$
City, State, Zip Code		
		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate	
2 Course Conserting Co	year-to-date	\$
B. Source: Corporation PAC. Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		\$ [
Mailing Address		In the second of the second control of the s
		\$
City, State, Zip Code		\$
Name of Employer (Required)	Institute of Land	7
		\$
Occupation (Required)	Aggregate	\$ [
	Aggregate year–to-date	\$ [
C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each
C. Source Corporation PAC Individual Loan C	year-to-date	L
C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt
C. Source Corporation PAC Individual Loan C	year-to-date Date	Amount of each receipt this period
Other (please specify) Other (please specify) Mailing Address	year-to-date Date	Amount of each receipt this period
Other (please specify) Other (please specify) Mailing Address	year-to-date Date	Amount of each receipt this period
Other (please specify) Cull name	year-to-date Date (Mo., Day, Year) / / /	Amount of each receipt this period \$
Other (please specify) Other (please specify) Full name Mailing Address Oity, State, Zip Code	year-to-date Date (Mo., Day, Year) /	Amount of each receipt this period
Other (please specify) Other (please specify) Full name Mailing Address Only, State, Zip Code Decupation (Required)	year-to-date Date (Mo., Day, Year) / / / / / / Aggregate	Amount of each receipt this period \$
Other (please specify) Other (please specify) Full name Mailing Address Only, State, Zip Code Decupation (Required)	year-to-date Date (Mo., Day, Year) / / / / / / / / / Aggregate year-to-date	Amount of each receipt this period \$ \$ \$
Other (please specify) Other (please specify) Full name Mailing Address Oity, State, Zip Code Jame of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year) / / / / / / Aggregate	Amount of each receipt this period \$
Other (please specify) Other (please specify) Mailing Address Oty, State, Zip Code Jame of Employer (Required) Occupation (Required) Other (please specify) Other (please specify)	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
Other (please specify) Other (please specify) Mailing Address Otty, State, Zip Code Jame of Employer (Required) Occupation (Required) Other (please specify) Other (please specify)	year-to-date Date (Mo., Day, Year) / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Other (please specify) Mailing Address Oty, State, Zip Code Jame of Employer (Required) Occupation (Required) Other (please specify) Other (please specify)	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
Other (please specify) Other (please specify) Mailing Address Oity, State, Zip Code Game of Employer (Required) Occupation (Required) Other (please specify) Other (please specify) Mailing Address	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
Other (please specify) Call name Mailing Address City, State, Zip Code Coupation (Required) Other (please specify) Other (please specify) Cull name Mailing Address	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address Dity, State, Zip Code Same of Employer (Required) Other (please specify) Other (please specify) full name failing Address	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
Other (please specify) Call name Mailing Address City, State, Zip Code Coupation (Required) Other (please specify) Other (please specify) Cull name Mailing Address	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$

2015 ELECTION CYCLE Delbert Hosemann REPORT OF REC Name of Candidate Campaign Finance Secretary of State County lastaomer. MARK BEAMS 2121 (Home) 662 @live.com Contact Name Email Address Political Party Check here if above is different from previous report TYPE OF REPORT 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) October 27, 2015 Pre-Election ReportMandatory (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) All Candidates and Political Committees in a Runoff Election _Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no Required to terminate outstanding campaign debt obligation) reporting obligations IMPORTANT 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. Until a Condidate 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). 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 Calendar **Item!zed** Non-Itemized This Period year-to-date Total amount of contributions ! 00 4.600 oo 6000 Total amount of disbursements \$ 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 Authority: Refer to Miss. Code Ann. §22-15-801 (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:

Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections

2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk

Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545

3. Candidates for Municipal office should return forms to the Municipal Clerk

=			Page of
ame of Candidate or Committee	KWIOli	iev , ,	
eporting period 7/26	15 through_	8/15/15	
•	•		

A. Full name Gilla Wood Common wealth Malling Address Po Box 8050 Gillawood, M5 38930 City, State, Zip Code Ads Purpose of Disbursement (Optional) B. Full name Gillawood Common wealth Mailing Address Po Box 8050 Gillawood. M5 38930 City, State, Zip Code Ads Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 7/27/15 7/30/15 Aggregate Year-to-date (Mo., Day, Year) 8/7/15 Aggregate Year-to-date Date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 68150 \$ 12230 \$ 12230 \$ Amount of each disbursement this period \$ 1.57850 \$
Po Box 8050 Gleenwood, M5 38930 City, State, Zip Code Ad5 Purpose of Disbursement (Optional) B. Full name Greenwood Common wealth Malling Address To Box 8050 Greenwood. M5 38930 City, State, Zip Code Ad5	Aggregate Year-to-date Date (Mo., Day, Year) 8/7/15 Aggregate Year-to-date	\$ 1223° \$ Amount of each disbursement this period \$ 1.578 °
Purpose of Disbursement (Optional) B. Full name Greenwood Common wealth Mailing Address Po Box 8050 Greenwood. MS 38930 City, State, Zip Code Ad-5	Aggregate Year-to-date Date (Mo., Day, Year) S/ 1/15 Aggregate Year-to-date	Amount of each disbursement this period \$ 1,578 =
B. Full name Greenwood Commonwealth Malling Address Po Box 8050 Greenwood. MS 38930 City. State, Zip Gode Ad-5	Year-to-date Date (Mo., Day, Year) S/ 1 / 15 Aggregate Year-to-date	Amount of each disbursement this period \$ 1,578
Greenwood Commonwealth Mailing Address Po Box 8050 Greenwood. MS 38930 City, State, ZIp Code Ad-5	(Mo., Day, Year) 8/7/15 -/_/ Aggregate Year-to-date	s 1.578 30
Po Box 8050 Greenwood. MS 38930 City. State, Zip Code Ad-5	// Aggregate Year-to-date	\$
Ad-5	Aggregate Year-to-date	
Purpose of Disbursement (Optional)	Year-to-date	s 4.13520
	Date	
C. Full name Webster Pregress	(Mo., Day, Year)	Amount of each disbursement this period
Melling Address DUNN St. Eupera, MS 39744 City State Zin Code	7/28/15	5 241 88°
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 48376
Winona Soveen Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Po Box 470 Winona M5 38967	7/31/15	\$ 2,586 ³³
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,229 25
E. Full name WINDAA TIMES	Date (Mo., Day, Year)	Amount of each disbursement this period
Po Box 151 Winona, MS 38967	8/12/15	\$ 187.00
City, State, Zip Code	′′	\$
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 Stribling Ave.	''	s 128 40
City, State, Zip Code CARCANODA. MS 38930	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 77040
Mailing Address 400 Stribling Ave. City, State, Zip Code CARCENWOOD, M5 38930	(Mo., Day, Year)	s 128 40

	P	age 🔲 of 🔲
Name of Candidate or Committee Kayl Oliver,		
Reporting period 7/26/15 through 8/15/15		
' ITEMIZED RECEIP	rs	
A. Source: Corporation APAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name MSMA PAC	7 128 1 15	\$ 500.00
Mading Address		s
Po 3-x 2548 City, State, Zip Code		
Ridar and M5 39158	<u> </u>	\$ [-
Name of Employer (Required)		\$
Occupation (Raquired)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	F1 / 10 / 13	\$ 1.000
Mailing Address		
Po Box 4028		\$
City, State, Zip Code	\square , \square , \square	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
	year-to-date	And the second s
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name KWI Olive	17.130/15	\$ 2,500
The state of the s		\$
PO Box 95 Winna MS 38967 City, State, Zip Code		\$
	Segund Council	The second secon
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
	year-to-date	I report of the same of the sa

2015

ELECTION CYCLE	Delbert Hosemann
REPORT OF RECEIPTS AND DISBURSEMENTS	ECEIVE
Name of Candidate Kaw I Oliva	OCT 0 6 2015 Campaign Finance
To T and I we allow the	
· · · · · · · · · · · · · · · · · · ·	
Telephone (Work) 662 283 2121 (Home) 662 614 1888 (Fax) 662 28	(3 <u>5339</u>
Contact Name KAN (Oliver Email Address Koliver 63 @ [ive Com
Office Sought State Representative Political Party Republican	<u> </u>
Check here if above is different from previous 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)	
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	-
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory v Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	,
All Primary Candidates and Po	olitical Committees in a Runoff Election.
Cotober 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	'
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Candidates and Political Committees
,	Altical 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
<u>IMPORTANT</u> (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the ca	ndidate chall exhaut 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 Mand (iii).	iss. Code Ann. § 23-15-807 (b) (ii)
(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 choliday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the acceptable.	leadline falls on a weekend or a ne deadline. Faxed reports are
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	Colondar
itemized + Non-itemized This Period	Calendar year-to-date
Total amount of contributions \$ 11,600 + \$ 100 00	18,033.00
Total amount of disbursements \$ (7,07342 \$ 0 \$ 17,073.42	\$ 17,073.42
Total amount of cash on hand \$ 959.58	•
the the things and the manes and to the heat of my knowledge and hellefit it frue pro-	ursta and complete

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or fallure 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).

- 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

Page	of	3

Name of Candidate or Committee KWI Cliver
Reporting period SNV1, 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	7 / 28 / 15	\$ 500.00
MSMA PAC		\$ 500.00
Mailing Address	913015	\$ 500.00
Po Box 2548	<u> </u>	
City, State, Zip Code		\$
Ridge land, MS 39158	Surry Col.	Company and the contract of th
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ \$1000
B. Source: Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mos., pay, real)	this period
Full name		\$ 500.00
MS Concrete Industries Assoc		The state of the s
Mailing Address		\$
C/o Corbitto Co., LLC POBOX 14225		
City, State, Zip Code		\$
Jackson, MS 39236		And the second second second second second
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
Occupation (Redunes)		\$ 500.00
§	year-to-date	harmonia (All Paramental All Paramen
C. Source Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)		Amount of each
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name MS Polity Association	Date	Amount of each receipt this period
Other (please specify) Full name M5 Poutty Association Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name MS Postty Association Mailing Address 110 Airport Rd. Suite C	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
Other (please specify) Full name MS Pouttry Association Mailing Address ILO Air port Rd. Suite C City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name MS Positry Association Mailing Address IIO Airport Rd. South Suite C City, State, Zip Code Pearl, MS 361208	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
Other (please specify) Full name MS Pouttry Association Mailing Address ILO Air port Rd. Suite C City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
Other (please specify) Full name MS Positry Association Mailing Address IIO Airport Rd. South Suite C City, State, Zip Code Pearl, MS 361208	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 500.00
Other (please specify) Full name MS Postty Association Mailing Address ILO Airport Rd. Suth Suite C City, State, Zip Code Pewil, MS 39208 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 500.00 \$ \$ 500.00
Other (please specify) Full name MS Postty Association Mailing Address ILO Air port Rd. South Suite C City, State, Zip Code Pearl MS 351208 Name of Employer (Required)	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year—to-date Date	Amount of each receipt this period \$ 500.00 \$ Amount of each receipt
Other (please specify) Full name MS Postty Association Mailing Address ILO Airport Rd. Suth Suite C City, State, Zip Code Pewil, MS 39208 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 500.00 \$ Amount of each
Other (please specify) Full name MS Portry Association Mailing Address IIO Air port Rd. Suite C City, State, Zip Code Pray I MS 351208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year—to-date Date	Amount of each receipt this period \$ 500.00 \$ Amount of each receipt this period
Other (please specify) Full name MS Portry Association Mailing Address ILO Air Port Rd. South Suite C City, State, Zip Code Pray L MS 351208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MAR PAC	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year—to-date Date	Amount of each receipt this period \$ 500.00 \$ Amount of each receipt
Other (please specify) Full name MS Porty Association Mailing Address ILO Air Port Rd. Suite C City, State, Zip Gode Pray MS 351208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MAR PAC Mailing Address	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year—to-date Date	Amount of each receipt this period \$ 500.00 \$ Amount of each receipt this period
Other (please specify) Full name MS Postty Association Mailing Address ILO Airport Rd. South Suite C City, State, Zip Code Pewl, MS 39208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MAR PAC Malling Address PO Box 321000	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year—to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2500.00 \$
Other (please specify) Full name MS Porty Association Mailing Address ILO Air Port Rd. Suite C City, State, Zip Gode Pray MS 351208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MAR PAC Mailing Address	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year—to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2500.00
Other (please specify) Full name MS Pouttry Association Mailing Address IIO Air port Ro. Sorth Suite C City, State, Zip Code Pearl MS 35,208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MAR PAC Mailing Address PO Box 321000 City, State, Zip Code	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year—to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2500.00 \$
Other (please specify) Full name MS PoJHTY Association Mailing Address IIO Air port Rd. South Suite C City, State, Zip Code Pearl MS 39208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MAR PAC Mailing Address PO Box 321000 City, State, Zip Code Sackson MS 39232	Date (Mo., Day, Year) 9 / 29 / 75 1 / 1 / 1 Aggregate year—to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2500.00 \$ 1

Page	Z	of	3
- 450	mar m. 17-7	~~	

Name of Candidate or Co	ommittee K	av I di	ver	
Reporting period	1 2015	through	Sept 30, 20	[2]
	ITEMI	ZED	RECEIP	TS

·		
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 , 22 , 15	\$ 400.00
Malling Address		
Po Box 358		\$
City, State, Zip Code		
North Carrellton MS 38947		\$
Name of Employer (Required)		
Towns of antibody (vertains)	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 700.00
	year-to-date	\$ 700.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)		this period
Full name	9 /22/15	\$ 2.500.00
Empower, MS		Commission and Commission of the Commission of t
Mailing Address	8/10/15	\$ 1.000.00
Po Box 4028		7
City, State, Zip Code		\$
Madison, MS 39130		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 3500,00
	year-to-date	\$ 3,500,00
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(MO., Day, Tear)	this period
Full name	4 / 14 / 13	\$ 500.00
Full name Ms Manyfachusers Assoc. PAC Mailing Address		
Ms Manyfacturers Assoc. PAC Mailing Address PO Box 22607		\$ 500.00
Full name Ms Man/facturers Assoc. PAC Mailing Address PO Box 22607 City, State, Zip Code		\$ 500.00
Ms Manyfacturers Assoc. PAC Mailing Address PO Box 22607		\$ 500.00
Full name Ms Man/facturers Assoc. PAC Mailing Address PO Box 22607 City, State, Zip Code		\$ 500.00
Full name Ms Manyfacturiers Assoc, PAC Mailing Address PO Box 22607 City, State, Zip Code Sack-See MS 39225 Name of Employer (Required)	9 / 14 / 13 1 / 1 / 1 / 1 1 / 1 / 1 / 1	\$ 500.00 \$
Full name Ms Manyfachusers Assoc, PAC Mailing Address PO BOX 22607 City, State, Zip Code Sack-Sen, MS 39225		\$ 500.00
Ms Man/facturiers Assoc. PAC Mailing Address PO Box 22607 City, State, Zip Code Sack Son MS 39225 Name of Employer (Required) Occupation (Required)	4 / 14 / 13 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	\$ 500.00 \$ \$ \$ \$ \$ \$
Mailing Address PO BOK 22607 City, State, Zip Code Sac FSon MS 39225 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Aggregate year-to-date A 1 1 4 1 1 5 Aggregate year-to-date	\$ 500.00 \$ \$ Amount of each receipt
Ms Man/facturiers Assoc. PAC Mailing Address PO Box 22607 City, State, Zip Code Sack Son MS 39225 Name of Employer (Required) Occupation (Required)	Aggregate year-to-date (Mo., Day, Year)	\$ 500.00 \$ \$ \$ \$ \$ \$
Manufacturiers Assec. PAC Mailing Address PO BOK 22607 City, State, Zip Code SACI=SON MS 39225 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Aggregate year-to-date A 1 1 4 1 1 5 Aggregate year-to-date	\$ 500.00 \$ \$ Amount of each receipt this period
Ms Many facturiers Assoc, PAC Mailing Address PO BOK 27607 City, State, Zip Code Sack-Sen MS 39225 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Home Builders Association	Aggregate year-to-date (Mo., Day, Year)	\$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Ms Many facturiers Assoc, PAC Mailing Address PO BOK 22607 City, State, Zip Code Sack-Sen MS 39225 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Home Builders Association	Aggregate year-to-date (Mo., Day, Year)	\$ 500.00 \$ \$ Amount of each receipt this period
Mailing Address PO BOK 22607 City, State, Zip Code Jack-Son MS 39225 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Home Builders Association Mailing Address Po Box 3556	Aggregate year-to-date (Mo., Day, Year)	\$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Ms Many factoriers Assoc, PAC Mailing Address PO BOK 22607 City, State, Zip Code Jack-Son MS 39225 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Home Builders Association Mailing Address Po Box 3556 City, State, Zip Code	Aggregate year-to-date (Mo., Day, Year)	\$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Ms Many factoriers Assoc. PAC Mailing Address PO BOK 22607 City, State, Zip Code Sackson MS 39225 Name of Employer (Required) Occupation (Required) Other (please specify) Full name MS Home Builders Association Mailing Address Po Box 3556 City, State, Zip Code Sackson MS 39207	Aggregate year-to-date (Mo., Day, Year)	\$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,000.00 \$ 5
Ms Many factoriers Assoc, PAC Mailing Address PO BOK 22607 City, State, Zip Code Jack-Son MS 39225 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Home Builders Association Mailing Address Po Box 3556 City, State, Zip Code	9/14/13 1///// Aggregate year-to-date (Mo., Day, Year) 9///// ///// ///////////////////////	\$ 500.00 \$
Ms Many factoriers Assoc. PAC Mailing Address PO BOK 22607 City, State, Zip Code Sackson MS 39225 Name of Employer (Required) Occupation (Required) Other (please specify) Full name MS Home Builders Association Mailing Address Po Box 3556 City, State, Zip Code Sackson MS 39207	Aggregate year-to-date (Mo., Day, Year)	\$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,000.00 \$ 5

Page	3	of	3

Name of Candidate or Committee KWIDIV					
Reporting period July , 2015 through Sept. 30, 2015					
ITEMIZED RECEIP	TS				
		Amount of each			
A. Source: Corporation PAC Individual Loan	Date	receipt			
Other (please specify)	(Mo., Day, Year)	this period			
Full name Electric Powers Assoc. PAC	91015	\$ 400.00			
Mailing Address		\$			
PO Box 3300					
City, State, Zip Code Ridge and MS 39158		\$			
Name of Employer (Required)		\$			
		Ψ			
Occupation (Required)	Aggregate vear–to-date	\$ 400.00			
B. Source: Corporation PAC Individual Loan	Data	Amount of each			
Other (please specify)	Date (Mo., Day, Year)	receipt this period			
Full name					
	<u> </u>	S MARKET ST AND AND			
Mailing Address		\$			
City, State, Zip Code		\$			
Name of Employer (Required)		\$.			
Occupation (Required)	Aggregate vear-to-date	\$			
	year-to-date	\$ Amount of each			
Occupation (Required) C. Source Corporation PAC Individual Loan Cother (please specify)	Aggregate year-to-date Date (Mo., Day, Year)	Service State - management and the control of			
C. Source Corporation PAC Individual Loan	year–to-date Date	Amount of each receipt			
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date	Amount of each receipt this period			
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date	Amount of each receipt this period			
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date	Amount of each receipt this period			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zlp Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zlp Code Name of Employer (Required)	year-to-date Date (Mo., Day, Year) / / / / / / / /	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zlp Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, Stats, Zlp Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) / / / / / / Aggregate	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zlp Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, Stats, Zlp Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zlp Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$			

Page	1	аŧ	3
LANG		UI.	_

Name of Candidate or C	ommittee	KANI Oliver			
Reporting period	ily 1, 2015	through	Sept.	30, 2015	

A. Full name Green wood Common wealth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 8050 Greenwood, M5 38930	7/8/15	s 326.90
City, State, Zip Code Ad	7/20/15	\$ 1,070.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 🗸
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7 127 15	\$ 681. 5 0
City, State, Zip Code	7/30/15	\$ 122.30
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s ↓
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	817115	\$ 1,578.50
City, State, Zip Code	8128115	\$ 2 5 8.68
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s ↓
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	91515	\$ 190.20
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4,584.08
E Full name Webster Progress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Dunn Street Eupona M5 39744	7,9,15	\$ 241.88
City, State, Zip Code Ad	712815	\$ 241.88
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s ↓
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	919115	\$ 35.00
	, ,	\$
City, State, Zip Code		

Page 2 of	2
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Name of Candidate or	Committee	KANIOINEN	
	July 1, 2015	through	Sept. 30, 2015

A. Full name Date (Mo., Day, Year) Mo., Day, Year) Amount disbursement	
WINDY TIMES	of each it this period
Mailing Address), oo
City, State, Zip Code	7.00
Purpose of Disbursement (Optional) Aggregate Year-to-date	<i>\</i>
	of each of this period
Mailing Address 1	9.00
City, State, Zip Code 9 / 15 / 15 \$ 170	6.20
Purpose of Disbursement (Optional) Aggregate Year-to-date \$ 1.31	3.20
	of each nt this period
Mailing Address	5.00
City, State, Zip Code	
Purpose of Disbursement (Optional) Ad Sign Aggregate Year-to-date \$ 32	∕5. ve
D. Full name Date Amount	t of each nt this period
Mailing Address	86.33
City, State, Zip Code/ \$	
	29.25
Et / 40/ Hallo	t of each nt this period
Mailing Address	0.00
City, State, Zip Code Winsha, M5 38967\$	
	0.00
710	t of each
F. Full name Date Amoun	nt this period
F. Full name Roberts GIOUP, LLC Mailing Address Mailing Address	50.00
Roberts Gloup, LLC. Date Amount (Mo., Day, Year) Amount disburseme	

Page 3 of 3

Name of Candidate or	Committee	KANIOliver		
Reporting period	July 1, 2015	through	<u>50. اح مح</u>	2015

Stone bridge Group, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Stone bridge Group, LLC Mailing Address 4400 North Ponte Parkway, Ste. 190 City, State, Zip Code Alphavetta, GA	9126115	s 2.703.13
City, State, Zip Gode Alphavella, 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	//	\$
Clty, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
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	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S .
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Gode	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

2015 ELECTION CYCLE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

P	Delbert Hosemann SECRETARY OF STATE	
	ECEIVE	h
	OCT 2 6 2015	U
],	Campaign Finance	

1/- 1	一个 人名德格		001 2 0 2015
	Oliver		Campaign Finance
ddress Po Box 95 Wi	Nona M5 38967 co.	•	Secretary of State
Telephone (Work) 662 283 2121		09 (Fax) 662 283	<u> </u>
Contact Name KANI Oliven	Email Address_	Koliver 63@live	. Com
Office Sought State Representative	46 Political Party	Republican	
Check here if above is different from	previous report		
	TYPE AT DE	<u>PORT</u>	Mandatory
May 8, 2016 Periodic Report (January 1,	2015, through April 30, 2015)		Mondatory
June 10, 2015 Periodic Report (May 1, 20	315, through May 31, 2015)		Randston
July 10, 2015 Periodic Report (June 1, 20)15, through June 30, 2015)		Mandatory
July 28, 2015 Pre-Election Report (July 1	i, 2015, through July 25, 2015)	All Primary C	Candidates and Political Committees
August 18, 2015 Pre-Election Report (Ju		2015)	
October 9, 2015 Periodic Report (July 1,	2015, through September 30, 20	015)	Mandatory
October 27, 2016 Pre-Election Report	2015, through October 24, 2015)	Ali C	Mandator, Mandator, andklates and Political Committees
(Independent Candidates report January 1, November 17, 2015 Pre-Runoff Report (Cotober 25, 2015, through Nove	mber 14, 2015)	Runoff Candidates Only
······································		7 111 44	
January 8, 2015 Periodic Report (Octob	er 1, 2015, through December 3	1, 2015)	
Termination Report (Candidate will no long outstanding campaign	er accept contributions or make camp debt_obligation)	algn expenditures and has no	Required to terminate reporting obligations
 Pre-Election reports are mandatory, even if n indicating "0" (Zero) for total amount of report. Until a Candidate files a Termination Report, and (iii). The Secretary of State must be in actual receipt of the indicated receipt of th	annual and periodic reports must	still be filed in accordance with Mis	s, Code Ann, § 23-15-807 (b) (ii)
ngontahla	REPORTED CONTRIBUTION		
	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$. 5,850	25 923.00	\$ 5.850.00	\$ 24.806.00
Total amount of disbursements \$7 560	945	\$ 7,560°°	\$ 24,633.42
Total amount of cash on hand		\$	
I certify that I have examined this	s report and to the best of my kn	owledge and belief it is true, acc	urate, and complete.
Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (197 Penelties: Fallure to submit required reports, or fallifines of \$50 per day and/or prosecution in accordan	2) et. seg, for statutory requirements ure to submit reports in accordance \ ce with Miss. Code Ann. §§ 23-15-81	with statutory deadlines, or failure to	aubmit valld reports shall result in

- 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

Page	l	of _	2

- Condidate or Committee	Karl Oliver 1	
Name of Candidate or Committee _	through	
Reporting period		

-uli name	Date (Mo., Day, Year)	Amount of each disbursement this period
WFCA Radio	10/2/15	\$ 960.00
y State, Zip Code	_/_/_	\$
Trench Camp. MS	Aggregate Year-to-date	\$ 960.00
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cableone Advertising	1015115	\$ 1.296.00
283 Debuys Rd. Gulfrent, MS 39507 by, State, Zip Gode	//	\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1.296.00
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name Gleenwood Common Wealth lailing Address Po Box 8050 Greenwood. MS 38935	10/5/15	\$ 978.40
Sity, State, Zip Code	10 /21 / 15	\$ 540.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,102.48
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Roberts Creative Gloup. LLC Malling Address 107 Magnolia St. Lawrel. M5 39440	10/5/15	\$ 1275.00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,525.00
E. Full name	Date (Mo., Day, Year	Amount of each disbursement this perio
Mailing Address 3192 Browning Rd. Greenwood, MS 38930	0 1016115	\$ 5/00.00
City, State, Zip Code		, s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
F. Full name	Date (Mo., Day, Yea	Amount of each disbursement this period
Mailing Address 1006 S. Applegate Winona, MS 38967	10/22/	\$ 800.60
City, State, Zip Code	!!_	
Purpose of Disbursement (Optional)	Aggregate Year-to-dat	

& Condidate or Con	nmittee /	KANI OLIVEN		
Name of Candidate or Con	10/1/15	through	10/24/15	
Reporting period			/ · · · · · · · · · · · · · · · · · · ·	

7 7		
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Webster Progress Dunn St. Erpera, MS 39744	10/22/15	\$ 360.00
ity, State, Zip Code	'	\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 878.76
i. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
falling Address	'	\$
City, State, Zip Code		S
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	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	'	\$
City, State, Zip Code		S
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, Yea	Amount of each r) disbursement this period
Mailing Address	'	S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Page Tof 2

Name of Candidate or Committee Ray 1 O (1)		
Reporting period 10/1/15 through 19/24/15		
TEMIZED RECEIPT	S	
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Day, Year)	this period
Independent Insurance Agents of MS PAC	10 / 22/ 15	\$ 500.00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
The second secon	<u> </u>	Company of the Compan
Occupation (Reduired)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Stuck Spour	हि। १९। वर्	\$ 400.00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1.100.00
	year-to-date	Amount of each
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt
Other (please specify)		this period
Full name	10 1 16 1 15	\$ 750.00
Mailing Address GOD 14th St. NW Suite 800 Washington DC		\$
City State Zin Code		\$
ZEODS	Comment Commen	And the second s
Name of Employer (Required)	<u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ 750.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
	10/17/15	\$ 250.00
Ms Petroleum Marketurs i Convenience Street Mailing Address Association F.O. Drawer 3859		\$
Association F.O. Drawer 3037		\$
City, State, Zip Code Dackson, MS 35207		
Name of Employer (Required)	<u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00

Page 2 of 3

		^`	-g- <u></u>	
Name of Candidate or Committee KW (C)(1947)				
	TS	3		
I EIVIZED NEOLI				
A. Source: Corporation PAC Individual Loan	_	Date		unt of each receipt
	(Ma	., Day, Year)		is period
Other (please specify)	1/0	17/13	\$ [1.000 -
Full name Bully Bloc PAC	223	, / <u>Lak</u> / <u>East</u>	<u> </u>	Conference of the second street, and the second second
Malling Address			\$ [Alexander and another Alexander
Malling Address PO Box 320925 Flowood, MS 39232				
City, State, Zip Code	1	<i>: </i>	\$	The state of the s
	1		\$ [
Name of Employer (Required)	<u> </u>			i
Occupation (Required)	١.	Aggregate rear-to-date	\$ [,000
· · · · · · · · · · · · · · · · · · ·	1-3			ount of each
B. Source: Corporation PAC Individual Loan	1	Date lo., Day, Year)	1	receipt
Other (please specify)	1 (100	io., Day, Tem/	<u> </u>	his period
Full name		9/21/15	\$	250.00
Gless Kearson	╁╤		1	
Mailing Address	\ <u>L</u>	<u> </u>	\$	
253 Bethe Rd. Kilmichael MS	╅╤	7.67.6	\$	
City, State, Zip Code	<u> L</u>	<u></u>	Ψ	***************************************
A STATE OF THE PARTY OF THE PAR	T		\$	To make summer
Name of Employer (Required)	┤ै	Aggregate	+	
Occupation (Required)	1	year-to-date	\$	250.00
C. Source Corporation PAC Individual Loan		Date	A	mount of each
C. Source Corporation PAG	10	Mo., Day, Year)	,	receipt this period
Other (please specify)				
			. S	200.00
Ker. Dobby Nowell			S	
Mailing Address POBOX 213 Kilmichael MS 39747			- -	
City, State, Zip Code	Ì		\$	
City, State, ZIP Cour			7 -	
Name of Employer (Required)		<u> </u>	\$	g rapide minister on him was compared to the
A STATE OF THE PARTY OF THE PAR		Aggregate	5	200.00
Occupation (Required)		year-to-date		Amount of each
D. Source: Corporation PAC Individual Loan	İ	Date (Mo., Day, Yea	- 1	receipt
Other (please specify)		(Mo., Day, 1ea		this period
		10/15/18	5 \$	2,000.00
MS Bank PAC				
Mailing Address	j	<u>//</u>	1	
and the same of th			<u> </u>	8
City, State, Zip Code				
Name of Employer (Required)	-			\$
		Aggregate year-to-dat		\$ 2,000.00
Occupation (Required)	İ	year-to-dat	<u>- L</u>	

Page 3 of 3

Name of Candidate or Committee Kawl Oliver				
Penarting period /e/1/15 through	T	•		
TEMIZED RECEIP	18	5	•	_
A Sauras Corporation PAC Individual Loan		Date	Amount of each receipt	_
A. Source: Corporation	(Mo	., Day, Year)	this period	_
Other (please specify)	10	(图)	\$ 500.00	
Tower Loan of MD LLC			s	— İ
Mailing Address PO Box 320001 Flowood, MS 39232	-	<u> </u>	4	
City, State, Zip Code			\$]
	Г		\$	_]
Name of Employer (Required)	-	Aggregate	t [2000]	
Occupation (Required)	د_	/ear-to-date	\$ 500-00	
B. Source: Corporation PAC Individual Loan		Date	Amount of each receipt	ı
Other (please specify)	(M	lo., Day, Year)	this period	
Full name			\$]
	1	7,070	\$	_
Mailing Address	1=	Annual Land	Lamp	
City, State, Zip Code			\$	
	- -			
I Carlose (Bedilfed)	11		\$	
Name of Employer (Required)	<u> </u>	/ / / / Aggregate	\$ [
Occupation (Required)		Aggregate year-to-date	\$	
The second secon		year-to-date Date	\$ Amount of eac	
Occupation (Required)		year-to-date	Amount of eac receipt this period	
Occupation (Required) C. Source Corporation PAC Individual Loan	(year-to-date Date	\$ Amount of eac	in the second se
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify)	(year-to-date Date	Amount of eac receipt this period	
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address		Date Mo., Day, Year)	Amount of eac receipt this period \$	
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify)		year-to-date Date	\$ Amount of eac receipt this period \$ \$ \$ \$	
Occupation (Required) C. Source Gorporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code		Date Mo., Day, Year) / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _	Amount of eac receipt this period \$	
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Euli name Mailing Address City, State, Zip Code Name of Employer (Required)		Date Mo., Day, Year) / _ / _ / _ / _ / _ Aggregate	\$ Amount of eac receipt this period \$ \$ \$ \$	
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)		Date Mo., Day, Year) / / / / / / / Aggregate year-to-date	Amount of eac receipt this period \$ \$ Amount of eac receipt this period \$ Amount of eac receipt this period \$ \$ Amount of eac receipt this period \$ \$	
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Euli name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan		Date Mo., Day, Year) / _ / _ / _ / _ / _ Aggregate	\$ Amount of eac receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ich
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)		Date Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ Amount of eac receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ich
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Euli name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan		Date Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ Amount of eac receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ich
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)		Date Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of eac receipt this period \$ \$ Amount of eac receipt this period \$ Amount of eac receipt this period \$ \$	ich
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address		Date Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ Amount of eac receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ich
Occupation (Required) C. Source Gorporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code		Date Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of eac receipt this period \$ \$ Amount of eac receipt this period \$ Amount of eac receipt this period \$ \$	ich
Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address		Date Mo., Day, Year) / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of eac receipt this period \$	ich

Delbert Hosemann

2015 ELECTION CYCLE

Address

Name of Candidate

Telephone (Work)_

Contact Name

Office Sought

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

CTION CYCLE			SECRETARY OF STATE
Voul	Candidate RECEIPTS AND DISBURS 2015 Election	SEMENTS	JAN 1'1 2016
ress Po Box 95 Wil	NOVA 38967 County_	Montgomer/	Campaign Finance Secretary of State
ress	(Warma) 14.7.2835709 (F	ax) 662 283 3	339 <u> </u>
ntact Name Kawl Oliver	Email Address Ko	liver 63@ live	, com
	46 Political Party Party	publican	
Check here If above Is different from	previous report TYPE OF REPORT		
May 8, 2016 Periodic Report (January 1, 2	WOO 0046\	153	Mandatory
May 8, 2016 Periodic Report (Ja∩uary 1, 2 June 10, 2015 Periodic Report (May 1, 20	Mas through May 31 2015)		Mandatory
June 10, 2015 Periodic Report (May 1, 20 July 10, 2016 Periodic Report (June 1, 20	115, through May 01, 2015)	***************************************	Mandatory
July 10, 2016 Periodic Report (June 1, 20 July 28, 2015 Pre-Election Report (July 1)15, through June 30, 2015)		Mandatory
July 28, 2015 Pre-Election Report (July 1	, 2015, through July 25, 2013)	All Primary C	Candidates and Political Committees
A 40 2045 Pre-Election Report (Ju	ity 26, 2015, through August 15, 2015)	Dimery Candidates and Polis	ical Committees in a Runoff Election
October 9, 2016 Periodic Report (July 1		***************************************	Mandatory
October 9, 2016 Periodic Report (July 1,	2015, through September 30, 2010/		Mandatory
October 27, 2015 Pre-Election Report	2015, through October 24, 2015)	All C	andidates and Political Committees.
Name to 2015 Pre-Runoff Report	(October 25, 2015, through November 1	4, 2015)	tical Committees in a Runoff Election
January 8, 2015 Periodic Report (Octob	oer 1, 2015, through December 31, 2015	í)	
Termination Report (Candidate will no long outstanding campaign	er accept contributions or make campaign ex	penditures and has no	Required to terminate reporting obligations
	IMPORTANT	d In such case, the cal	ndidate shall submit a report
1) Pre-Election reports are mandatory, even it indicating "0" (Zero) for total amount of repr	no contributions or expenditures have occurred contributions and expenditures during the contributions are expenditures.	ig this pariod,	ss. Code Ann. § 23-45-807 (b) (ii)
2) Until a Candidate files a Termination Report	annual and periodic reports must be a		leadline falls on a weekend or a
and (iii). (3) The Secretary of State must be in actual receipt holiday, the office must be in actual receipt.	•		e deadline. Faxed reports are
acceptable.	REPORTED CONTRIBUTIONS AND) DISBURSEMENTS	Calendar
isInnd	a securiosed	This Period	year-to-date

October 9, 2016 Periodic Report (July 1, 2010, through our	·		Mandatory
October 9, 2015 Periodic Report (ass) 1, 2015 Periodic Report (Condend of the Condend of the Con			
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 25, 2015)	All Cand	idetes and Political C	Committees in a Runon Electron
	H 2015)		Mandatory
January 8, 2015 Periodic Report (October 1, 2015, through December 3 Termination Report (Candidate will no longer accept contributions or make cam outstanding campaign debt obligation)	paign expenditures an	d has no	Required to terminate reporting obligations
	Ollà of bossus	h case, the candida	te shall submit a report
(1) Pre-Election reports are mandatory, even if no contributions or expenditures in Indicating "0" (Zero) for total amount of reported contributions and expenditure that a Until a Candidate files a Termination Report, annual and periodic reports must	es during this parloc still be filed in acco	dance with Miss. C	ode Ann. § 23-15-807 (b) (ii)
holiday, the office filest be in partie.			
acceptable. REPORTED CONTRIBUTION	AS AND DISPONS	LINGIVIO	Calendar.
Itemized + Non-Itemized	This	Period	year-to-date
	\$ 6,2	5000	\$ 25,206.00
	\$ 47	2153	\$ 28.854.97
Total amount of disbursements \$ 7560°°+\$		4 0 2	
	\$ 974	4.03	te. and complete.
Total amount of cash on hand I certify that I have examined this report and to the best of my i	mowledge and belie	i it is true, accord	3/16
all	Da		7
Signature of Candidate	•	,	
Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement Penalties; Fallure to submit required reports, or failure to submit reports in accordance Penalties; Fallure to submit required reports, or failure to submit reports in accordance fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-8	rs. With statutory deadli 111 and 813 (1972).	nes, or fallure to sub	o Secretary of State, Elections
CONTRACTOR OF THE CONTRACTOR O	•.	- I'd entury form to	Secretary of Swie, Piegram.

- 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

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	Karl Oliver		
Name of Candidate or Committee	through	12/31/15	
Reporting Face	·		

I FIMIZED DISBONSE	IAIT	<u></u>
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/2/15	\$ 960.00
	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 960.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Cableone Advertising Mailing Address 283 Debuys Rd. Gulfport, M5 39507	10/5/15	\$ 1,296.00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,296.00
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 8050 Granwood, MS 3893:	10/5/5	\$ 978.40
City, State, Zip Code	10/21/15	\$ 540.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s see below
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name GLELAWOOD Commonwealth Mailing Address PO Box 8050 GLELAWOOD, MS 38935 Clay State Zip Gode	11/1/15	\$ 1,96139
City, State, Zip Code	11/2/15	\$ 800.65
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s see below
E. Full name	Date (Mo., Day, Yea	Amount of each r) disbursement this period
Mailing Address Po Box 8050 Gleenwood. M5 3893:	5 11: 17/15	\$ 356.00
City, State, Zip Code	''	_ \$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
F. Full name	Date (Mo., Day, Ye:	Amount of each disbursement this period
Mailing Address	10 / 22/ 1	5 \$ 800.60
Mailing Address WONA Padus City, State, Zip Code 1006 S. Appleant St. Winna, MS 38967		\$
Purpose of Diabursement (Optional)	Aggregate Year-to-dat	\$ 950.60
	•	. SS04-06

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	Kav I Oliver
Name of Candidate or Committee	through 12 31 15
Reporting period 0 115	through

I EMIZED DISBORGE		
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Webster Progress Dunn St. Erpora: MS 39744	10/22/15	\$ 360.00
y, State, Zip Code	11/16/15	\$ 225.∞
rpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1103.86
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Winoma Times Winoma Times Alling Address Po Box 151 Winoma, MS 38967	11/17/15	\$ 688.60
ity, State, Zip Code		s
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2001 50
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Halling Address Po Box 470 Winena, MS 38967	12/2/15	\$ 100.00
City, State, Zip Code	'	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,329.25
D. Full name School	Date (Mo., Day, Year	Amount of each disbursement this period
Mailing Address Huy 51 5 Winara, M5 38967	124_10/15	\$ 40.00
City, State, Zip Code	!!	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 365,00
E. Full name Montagnery Go. 4H	Date (Mo., Day, Yea	Amount of each r) disbursement this period
Montgomery Co. 411	12+16/1	5 \$ 50.00
City, State, Zlp Code	/_/_	. \$
Purpose of Disbursement (Optional)	Aggregate Yeer-to-date	
F. Full name	Date (Mo., Day, Ye	Amount of each ar) disbursement this perio
Mailing Address Mailing Address Blowning Rd. Gleenwood MS 389	130 10/6/1	5 \$ 800.00
City, State, Zip Code	!!	s
Purpose of Disbursement (Optional)	Aggregate Year-to-da	\$ 800.00

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Page	3	of	ろ	

None of Condidate of C	ommittaa	KWID	lisor	1	
Name of Candidate or C	J # .	41	12 31	1,5	
Reporting period	10/1/15	through	10/5	<u> </u>	

, 1 == 1 - 1		
Full name Roberts Creative Gip. LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Roberts Creative Grp. LLC alling Address 107 Magnolia St. Lawrel. MS 384	10,5,15	\$ 1,275.00
ity, State, Zip Code	_'_'_	5
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,525.00
i. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
falling 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. Fuli name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	'	S
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		5
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	\$

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Name of Candidate or Committee Karl Civer		
Reporting period 10/1/15 through 12/31/15		
'ITEMIZED RECEIPT	rs	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10/22/15	\$ 500.00
Mailing Address		s
124 Percy View Dr. Flowood, MS 39232- City, State, Zip Code	<u>— ' = ' = </u>	\$
oily, state, tip some	<u></u>	The control of the co
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steve SlocyM	ह्या भूग भूग	\$ 400.00
Mailing Address POBOX 358 N. Carrollton, MS 389471	\square / \square	\$ [
City, State, Zip Code		\$
Name of Employer (Regulred)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1100.00
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	चि।।।	\$ 750.00
Koch Industry		\$ [
Mailing Address H St. NW Suite 800 WashingtonDC		
City, State, Zip Code 2005	느/느/느	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 750.00
D. Source: Corporation PAC Individual Loan Control (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Second	10/13/15	\$ 250.0
Mailing Address		\$
City, State, Zip Code		. \$
Name of Employer (Required)		\$
Оссираtion (Required)	Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee Kay Oliver		
Reporting period 10 115 through 12 31 15		
ITEMIZED RECEIP	TS	
A. Source: Corporation PAC Individual Loan	Oate (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10,17,15	
Full name Buly Bloc		\$ 1,000
Mailing Address		\$
Po Box 320925 Floward, MS 39232 City, State, Zip Code		\$
City, Olate, 2-p Wolle	Lil Lil hand	*
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ [000.00
B. Source: Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt this period
Other (please specify)	72 E2 E3	
Full name GLEA PERNSON	10/21/13	\$ 250.90
Mailing Address		\$
253 Bethel Rd. Kilmichael MS 39147		
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 250.00
	year-to-date	J. D. J. J. J. J. J. J. J. J. J. J. J. J. J.
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
DAC To Individual T 1 0an		Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Babby Howles	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Babby Howles	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Babby Howlett	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Po Box 213 Ki Michael MS 39747 City, State, Zip Code	(Mo., Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Babby Howlel Mailing Address Po Box 213 Kilmichee MS 39747	Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Po Box 213 Ki Michael MS 39747 City, State, Zip Code	(Mo., Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Malling Address Po Box 213 Kilmichee MS 39747 City, State, Zip Code Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 10 / 21 / 5 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Babby Houle! Malling Address Po Box 213 Kilmichee MS 39747 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 10 / 21 / 3 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Po Bex 213 Ki Michael MS 39747 City, State, Zip Code Name of Employer (Required) Occupation (Required) Other (please specify)	Mo., Date (Mo., Day, Year) // / Zi / Si // / / / / // / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$
Other (please specify) Full name Babby Howled Malling Address Po Box 213 Kilmichee MS 39747 City, State, Zip Code Name of Employer (Required) Occupation (Required) Other (please specify) Full name MS Dank PAC	Date (Mo., Day, Year) 10 / 21 / 5 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 200.00 \$ Amount of each receipt this period \$ 2,000 \$
Other (please specify) Full name Babby Howled Malling Address Po Box 213 Kilmichee MS 39747 City, State, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Malling Address	Mo., Date (Mo., Day, Year) // / Zi / Si // / / / / // / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Babby Howled Mailing Address Po Box Z13 Kilmichael MS 39747 City, Stats, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Dank PAC	Mo., Date (Mo., Day, Year) // / Zi / Si // / / / / // / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ Amount of each receipt this period \$ 2,000 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Po Box 213 Kilmichee MS 39747 City, State, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Box (091 Sack San MS 39215 City, State, Zip Code	Mo., Date (Mo., Day, Year) // / Zi / Si // / / / / // / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ Amount of each receipt this period \$ 2,000 \$ Amount of each receipt this period
Other (please specify) Full name Baby Howel Mailing Address Po Bex 213 Kil Muchael MS 39747 City, State, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Bak PAC Mailing Address Formal PAC Sean NS 39215 City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) 10 21 3	Amount of each receipt this period \$ 200.00 \$ Amount of each receipt this period \$ 2,000 \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Po Box 213 Kilmichee MS 39747 City, State, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Box (091 Sack San MS 39215 City, State, Zip Code	Mo., Date (Mo., Day, Year) // / Zi / Si // / / / / // / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Name of Candidate or Committee Kay Oliver		
Reporting period 10/1/15 through 12/31/15	-	
ITEMIZED RECEIP	15	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10,图,图	\$ 500.00
Mailing Address		\$
POBOX 320001 Floward, MS 39232		
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12,15	\$ 400.00
MS Youter Co. Mailing Address Gultzact, MS 39502	\Box , \Box , \Box	\$
City, State, Zip Code		\$
		\$
Name of Employer (Required)	Aggregate	
Occupation (Required)	Aggregate year-to-date	\$ 400.00
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		\$
Full name	<u> </u>	Samuel American State of the St
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ []
Occupation (Required)	Aggregate yearto-date	\$
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year	Amount of each receipt
Other (please specify)	(MO., Day, Tea.	and parts
Full name		\$
Mailing Address		_ \$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	. \$