Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2024 Annual Report

	SECRETARY OF STATE						E
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KarlOliva Secretary of State Capitol Office Name of Candidate City/State/Zip___ Telephone (Work) 662 283 2121 (Home) 662 614 1888 (Fax) 662 293 3339 Email Address Koliver63@ live. con Contact Name___ Kayl Oliver Office Sought Check here if above information is different from previous report TYPE OF REPORT Termination Report (Candidate will no longer accept contributions, make campaign expenditures, Required to terminate reporting obligations has no outstanding campaign debt obligation) **IMPORTANT** Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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 the reporting period. Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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 the reporting period. Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends. Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office. REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018 \$ JAN. 1, 2024 CASH ON HAND BALANCE Calendar Year-to-Date Itemized (+) Non-Itemized (=) TOTAL AMT OF CONTRIBUTIONS 1 TOTAL AMT OF DISBURSEMENTS

DEC. 31, 2024 CASH ON HAND BALANCE

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

Name of Candidate or Committee		Page	of
Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018 A. Full name Wildlife M5 Mailing Address 3/28/24 \$ 100.00 Gity, State, Zip Code Line of Disbursement (Optional) Aggregate Year-to-date Propose of Disbursement (Optional) Aggregate Year-to-date Propose of Disbursement (Optional) Aggregate Year-to-date \$ 1, 242.48 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 242.48 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 34.70 C.F. Hill name Date (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 34.70 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 34.70 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 34.70 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 3, 500.00 D. Full name D. Full name Amount of each disbursement (Optional) Aggregate Year-to-date Year-to-date Amount of each disbursement (Optional) Aggregate Year-to-date Year-to-date \$ 3, 500.00 D. Full name Amount of each disbursement (Optional) Aggregate Year-to-date Amount of each disbursement (Optional) Amount of each disbursement (Optional) Amount of each disbursement (Optional) Aggregate Year-to-date Amount of each disburse	Name of Candidate or Committee Kwl Olivw		
Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018 A. Full name Wildlife M5 Mailing Address 3/28/24 \$ 100.00 Gity, State, Zip Code Line of Disbursement (Optional) Aggregate Year-to-date Propose of Disbursement (Optional) Aggregate Year-to-date Propose of Disbursement (Optional) Aggregate Year-to-date \$ 1, 242.48 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 242.48 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 34.70 C.F. Hill name Date (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 34.70 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 34.70 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 1, 34.70 Amount of each disbursement (Optional) Aggregate Year-to-date \$ 3, 500.00 D. Full name D. Full name Amount of each disbursement (Optional) Aggregate Year-to-date Year-to-date Amount of each disbursement (Optional) Aggregate Year-to-date Year-to-date \$ 3, 500.00 D. Full name Amount of each disbursement (Optional) Aggregate Year-to-date Amount of each disbursement (Optional) Amount of each disbursement (Optional) Amount of each disbursement (Optional) Aggregate Year-to-date Amount of each disburse	Reporting periodthrough	12/31/	24
Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018 A. Full name Wildlift M5 Mailing Address 2/2/24 S 100.00 City, State, Zip Code Letter M5 Amount of each disbursement (Optional) Aggregate Ven-to-date Parpose of Disbursement (Optional) Aggregate S 1/2/24 S 1/2/2			S
A Full name A Full name A Full name A Amount of each disbursement this period	_	_	anuary 1, 2018
Mailing Address 312824 \$ 100.00	A. Full name		
City, State, Zip Code			disbursement this period
Stane 1		3128124	\$ 100.00
B. Full name	City, State, Zip Code Stane Jille, MS	//	\$
TCJ Fichts			
Mailing Address PO Box 2514 II./4/24 I2.42.48 City, State, Zip Code			
Purpose of Disbursement (Optional)		11/4/24	\$ 1242.48
Purpose of Disbursement (Optional)		11/14/24	\$ 692.22
Ten Dre Stratagies			
Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) Aggregate Year-to-date Ped Hill Volunteer Fire Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 9/9/24 \$ 100.00 E. Full name Carroll Co. Dev. Assoc. Date (Mo., Day, Year) Mailing Address Po Bark 561 E/3/24 \$ 25.00 City, State, Zip Code	C. Full name Ten Dr Stratages		
Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) Aggregate Year-to-date Ped Hill Volunteer Fire Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 9/9/24 \$ 100.00 E. Full name Carroll Co. Dev. Assoc. Date (Mo., Day, Year) Mailing Address Po Bark 561 E/3/24 \$ 25.00 City, State, Zip Code	Mailing Address 200 N Congress		\$
Purpose of Disbursement (Optional)	City, State, Zip Code Sacks-1. MS 39201	//	\$
Red (Hill Volunteer Fire (Mo., Day, Year) disbursement this period Malling Address GIV, State, Zip Code City, State, Zip Code Cavro (I to . Dev. Assoc. (Mo., Day, Year) City, State, Zip Code Cavro (I to . Ms 38917 City, State, Zip Code F. Full name Date (Mo., Day, Year) S City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code F. Full name Date (Mo., Day, Year) S City, State, Zip Code City, State, Zip Code Amount of each disbursement this period Mailing Address —'' S City, State, Zip Code -'_' S City, State, Zip Code Aggregate S Aggregate S Aggregate S Amount of each disbursement this period Aggregate S City, State, Zip Code			\$ 3,500.00
Mailing Address 9/7/2# \$ 100.00			1
Duck + Hill MS 3B925	Mailing Address	917124	
Purpose of Disbursement (Optional) Aggregate Year-to-date E. Full name Cannol Co. Dev. Assoc. Mailing Address Po 35x 561 City, State, Zip Code Cavrollton, MS 38917 Purpose of Disbursement (Optional) Aggregate Year-to-date Purpose of Disbursement (Optional) Aggregate Year-to-date City, State, Zip Code F. Full name Date (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period City, State, Zip Code —/_/_ Purpose of Disbursement (Optional) Aggregate S Amount of each disbursement this period Amount of each disbursement (Optional) Aggregate S City, State, Zip Code Aggregate Aggregate S	City, State, Zip Code Duck Hill MS 38925	//	\$
Mailing Address Po 13 sy 561 City, State, Zip Code Cavrollton, MS 38917 Purpose of Disbursement (Optional) Mailing Address City, State, Zip Code Cavrollton, MS 38917 Purpose of Disbursement (Optional) Aggregate Year-to-date Date (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period City, State, Zip Code Purpose of Disbursement (Optional) Aggregate S Aggregate Amount of each disbursement this period Aggregate S Aggregate S		60 6	
City, State, Zip Code Carrollton, MS 38917 Purpose of Disbursement (Optional) Aggregate Year-to-date S Aggregate Year-to-date Date (Mo., Day, Year) Mailing Address Amount of each disbursement this period City, State, Zip Code City, State, Zip Code Aggregate S Aggregate S Amount of each disbursement this period Aggregate S	Carroll Co. Dev. Assoc.	•	1
City, State, Zip Code Carrollton, MS 38917 Purpose of Disbursement (Optional) Aggregate Year-to-date S Aggregate Year-to-date Date (Mo., Day, Year) Mailing Address Amount of each disbursement this period City, State, Zip Code City, State, Zip Code Aggregate S Aggregate S Amount of each disbursement this period Aggregate S	Mailing Address Po 13 st 561	613124	\$ 25.00
F. Full name Date (Mo., Day, Year) Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement this period Amount of each disbursement this period /_/ S Aggregate Aggregate Aggregate S	City, State, Zip Code Carrollton, MS 38917	//	\$
Mailing Address Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Amount of each disbursement this period \$ Amount of each disbursement this period \$ Amount of each disbursement this period \$ Aggregate \$	Purpose of Disbursement (Optional)	00 0	
Mailing Address/ \$ City, State, Zip Code/ \$ Purpose of Disbursement (Optional) Aggregate \$	F. Full name		•
Purpose of Disbursement (Optional) Aggregate \$	Mailing Address	/	\$
Aggregate	City, State, Zip Code	//	\$
	Purpose of Disbursement (Optional)		\$

	Page .	of
Name of Candidate or Committee Coli Market Coli	21 0-01	
Reporting period <u>JAN. 12024</u> through <u>Dec 3</u>	1 2027	
ITEMIZED CONTRIBU'	TIONS	
A. Source: Corporation OPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Hayes Dent	7/3/24	\$ 250.00
Mailing Address	101 21 24	d)
City, State, Zip Code VA2-0 City, MS	/	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Tousism M5	10/2024	\$1,000.00
Mailing Address Po Box 2145 City State 7 in Code	//	\$
City, State, Zip Code Madison MS 39130	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1.000 0
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Wade Litton	9/19/24	\$ 500.00
Mailing Address	//	\$
City, State, Zip Code Greenwood. MS 38930	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: OCorporation OPAC Individual OLoan	Date Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Thomas Gregory	10/20/24	\$ 250.00
Mailing Address	//	\$
City, State, Zip Cotte CTreen wood, MG 38930	//	\$
Name of Employer (Required)	, ,	•

Occupation (Required)

250.00

\$

Aggregate year–to-date

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

700.00

\$

\$

\$

Aggregate

year-to-date

Name of Candidate or Committee		
Reporting period 1124 through 1/31/2	4	
	TIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name K. Horan Camparga	10/18/24	T
Mailing Address	//	\$
City, State, Zip Code (7 Made, MS 38901		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate v	\$ 500.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tower Loan of MS	10/28/24	\$ 1000,00
Mailing Address	//	\$
City, State, Zip Code Flowood. MS 39232		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1,000.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jones Walker LLP	11/6/24	\$ 250.00
Mailing Address	//	S
City, State, Zip Code ACLSON MS	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Capital Resources	11/13/24	\$ 1,000.00
Mailing Address	12+2024	\$ 1,000.00
City, State, Zip Code Jackson. MS 39201	//	\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$ 35000

	Page .	4 of 11
Name of Candidate or Committee KW (Oliver) Reporting period 11124 through 1231	<i></i>	
Reporting period 11/24 through 12/31	12+	
ITEMIZED CONTRIBU	TIONS	
A. Source: Orporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ergen	10/14/24	\$ 560.00
Mailing Address	//	\$
City, State, Zip Code Sackson MS 39215	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WT Consultants	//	\$
Mailing Address	//	\$
City, State, Zip Code Jackson, MS 39205	11/7/24	\$ 1,000.00
Name of Employer (Required)	<u></u> //	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Keystone Strategies	1012424	\$ 250.00
Mailing Address	//	\$
City, State, Zip Code Brandon MS 39043	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate yearto-date	\$ 250.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 12 4.1	

Reynolds Co.

City, State, Zip Code Winston- Salem, NC

Mailing Address

Name of Employer (Required)

Occupation (Required)

1,000.00

1,000.00

10/18/24

Aggregate

year-to-date

\$

\$

\$

\$

Name of Candidate or Committee	<i> </i>	
Reporting period 1/1/24 through 12/	31/24	
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Com cast	10/1/24	
Mailing Address	//	\$
City, State, Zip Code Phila delphia PA	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name felena	10/18/24	\$ 250.00
Mailing Address		\$
City, State, Zip Code Colleville, TN	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ms Bail Agents Assoc.	11/12/24	\$ 250.00
Mailing Address	//	\$
City, State, Zip Code Canton, M5	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate yearto-date	\$ 250.00
D. Source: Corporation OPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Rehabilitation Services	11/18/24	\$ 500.00
Mailing Address	//_	\$
City, State, Zip Code Magee MS	/	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

Name of Candidate or Committee	rage.	<u> </u>
Name of Candidate or Committee	24	
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name Capital Advocacy Gp.	12/3/24	\$ /1000-00
Mailing Address	//	\$
City, State, Zip Code Jackson. MS 39205	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year_to-date	\$1,000.00
B. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
United Health Group	9/19/24	\$ 1,000.00
Mailing Address	//	\$
City, State, Zip Code Englewood, Co	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000.00
C. Source: Ocorporation PAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name		this period
Ms Health case	9/18/24	1,000.00
Mailing Address	//	\$
City, State, Zip Code Ridgeland MS	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1,000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Committee for Clean Environment	f 12 3 24	\$ 500.00
Mailing Address	//	\$
City, State, Zip Code Son, M&	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

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Name of Candidate or Comfaitfee KW (Ciwy)	. <u> </u>	<u> </u>
Name of Candidate or Committee	24	
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ms Vet. Med. Assac.	11/1/24	
Mailing Address	//	\$
City, State, Zip Code	_/_/_	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Harper Bailey God. Solutions	12/1/24	\$ 250.00
Mailing Address	//	\$
City, State, Zip Code Sackson, MS	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name NG Realtors	10/17/24	\$ 1000,00
Mailing Address	//	\$
City, State, Zip Code Flowood, M5 39232	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1,000.00
D. Source: Corporation OPAC Individual Choan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Behavorial Health Serv.	11/22/24	\$ 500.00
Mailing Address	/	\$
City, State, Zip Gode Bossiev City, LA	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

1.-

Name of Candidate or Committee Kall Oliver,	r age_	
Name of Candidate or Committee KWI Oliver, Reporting period 1/1/24 through 12/31/2	24	
ITEMIZED CONTRIBU		
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS As Phait	11/7/24	4
Mailing Address	//	\$
City, State, Zip Code Jackson. My	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cassio - Sanford Gov. LAW	12-3124	\$ 500-00
Mailing Address	//	\$
City, State, Zip Code Sackson, MS	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name 5M Hughes Grosp	11/3924	\$ 250-00
Mailing Address	//	S
City, State, Zip Code Sackson. MS 39201	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Friends of Ms Hospital	12/2/24	\$ 500.00
Mailing Address	//	\$
City, State, Zip Code Madison MS 39110	/	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

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Name of Candidate or Committee KW Olive		
Name of Candidate or Committee KW OiW Reporting period 1124 through 123	1/24	
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Assoc. of Healthplans	11/13/24	\$ 500.00
Mailing Address	//	\$
City, State, Zip Code Sackson, MS	//	\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$ 560.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nortolk Southern	10/17/24	\$ 560.00
Mailing Address		\$
City, State, Zip Code Atlanta GA Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
BNSF Railway	7/15/24	\$ 1,000.00
Mailing Address	//	\$
City, State, Zip Code ++ Worth TX	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cornerstone God. Affairs	7/18/24	\$ 1,000.00
Mailing Address	'	\$
City, State, Zip Code Was hing for DC	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$1,000.00

Name of Candidate or Commifted KW Oliver Reporting period 1724 through 1231/2	Page /0 of		
ITEMIZED CONTRIBUTIONS			
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Management Training Corp.	10/3/24	\$ 1,000.00	
Mailing Address		\$	
City, State, Zip Code Con fer Ville, UT		\$	
Name of Employer (Required)	//	\$	
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00	
B. Source: Corporation FAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Ms Independent Package Stores	10/25/24	\$ 500.00	
Mailing Address	//	\$	
City, State, Zip Code Sackson, MS	//	S	
Name of Employer (Required)	//	\$	
Occupation (Required)	Aggregate yearto-date	\$ 500.00	
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name Adams : Reese	12/5/24	\$ 300.00	
Mailing Address	//	\$	
City, State, Zip Code Ridgeland, M5	//	\$	
Name of Employer (Required)	//	\$	
Occupation (Required)	Aggregate year–to-date	\$ 300.00	
D. Source: Corporation OPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name Canadian Northern	12/10/24	\$ 500.00	
Mailing Address	//	\$	
City, State, Zip Code Montreal Quebec, CANADA		\$	
Name of Employer (Required)	, ,	0	

Occupation (Required)

\$ 500.00

Aggregate year–to-date

Name of Candidate or Committee		
Reporting period 1124 through 123	1/24	
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Payne Co.	12/21/24	\$ 500.00
Mailing Address	//	\$
City, State, Zip Code Hatticsburg Name of Employer (Required)		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate yearto-date	\$ 500.00
B. Source: OCorporation PAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE PAC	12/20/24	\$ 500.00
Mailing Address	//	\$
City, State, Zip Codes TUSCA 1005A AL		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate ỳear–to-date	\$ 500.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Watkins Eager Law	12/16/24	\$ 250.00
Mailing Address	//	\$
City, State, Zip Code Jackson. MS 39205	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
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	\$