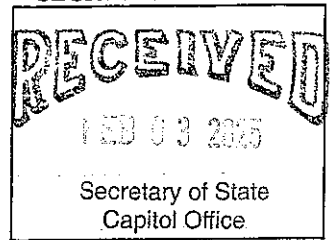


Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2024 Annual Report



Name of Candidate Karl Oliver  
 Address PO Box 95 City/State/Zip Winona, MS 38967  
 Telephone (Work) 662 283 2121 (Home) 662 614 1888 (Fax) 662 293 3339  
 Contact Name Karl Oliver Email Address Koliver63@live.com  
 Office Sought MS House Dist. 46

Check here if above information is different from previous report

**TYPE OF REPORT**

**Friday, January 31, 2025** (January 1, 2024 through December 31, 2024) ..... **Annual Report**  
 **Termination Report** (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) ..... **Required to terminate reporting obligations**

**IMPORTANT**

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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).
- (5) 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				\$
	Itemized (+)	Non-Itemized (=)		Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$		\$
TOTAL AMT OF DISBURSEMENTS	\$	\$		\$
DEC. 31, 2024 CASH ON HAND BALANCE				\$

<sup>1</sup> 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 Karl Oliver  
 Reporting period 1/1/24 through 12/31/24

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name <u>Wildlife MS</u>	Date (Mo., Day, Year) <u>3/28/24</u>	Amount of each disbursement this period \$ <u>100.00</u>
Mailing Address		
City, State, Zip Code <u>Stoneville, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
B. Full name <u>TCJ Events</u>	Date (Mo., Day, Year) <u>11/4/24</u>	Amount of each disbursement this period \$ <u>1,242.48</u>
Mailing Address <u>PO Box 2514</u>		\$
City, State, Zip Code <u>Jackson, MS 39207</u>	<u>11/14/24</u>	\$ <u>692.22</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,934.70</u>
C. Full name <u>Ten One Strategies</u>	Date (Mo., Day, Year) <u>9/30/24</u>	Amount of each disbursement this period \$ <u>3,500.00</u>
Mailing Address <u>200 N Congress</u>		\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,500.00</u>
D. Full name <u>Red Hill Volunteer Fire</u>	Date (Mo., Day, Year) <u>9/7/24</u>	Amount of each disbursement this period \$ <u>100.00</u>
Mailing Address		\$
City, State, Zip Code <u>Duck Hill, MS 38925</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
E. Full name <u>Carroll Co. Dev. Assoc.</u>	Date (Mo., Day, Year) <u>6/3/24</u>	Amount of each disbursement this period \$ <u>25.00</u>
Mailing Address <u>PO Box 561</u>		\$
City, State, Zip Code <u>Carrollton, MS 38917</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>25.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Karl Oliver

Reporting period Jan. 1 2024 through Dec 31 2024

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hayes Dent</u>	<u>7/3/24</u>	\$ <u>250.00</u>
Mailing Address _____	<u>10/21/24</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Yazoo City, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tourism MS</u>	<u>10/29/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>Po Box 2745</u>	___/___/___	\$
City, State, Zip Code <u>Madison, MS 39130</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wade Litton</u>	<u>9/19/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Greenwood, MS 38930</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas Gregory</u>	<u>10/20/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Greenwood, MS 38930</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Karl Oliver  
 Reporting period 1/1/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Provinc Helicopter Service</u>	<u>10/21/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Greenwood, MS 38930</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ten One</u>	<u>10/21/24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N Congress</u>	<u>11/7/24</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>12/19/24</u>	\$ <u>500.00</u>
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kenneth Thompson</u>	___/___/___	\$ <u>200.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Greenwood, MS 38930</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Celeste Bush</u>	<u>9/11/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Schlater, MS 38952</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee KW1 Oliver  
 Reporting period 1/1/24 through 1/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>K. Haran Campaign</u>	<u>10/18/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Grenada, MS 38901</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
<b>B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b> Other (please specify) _____		
Full name <u>Tower Loan of MS</u>	<u>10/28/24</u>	\$ <u>1000.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
<b>C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b> Other (please specify) _____		
Full name <u>Jones Walker LLP</u>	<u>11/6/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
<b>D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b> Other (please specify) _____		
Full name <u>Capitol Resources</u>	<u>11/13/24</u>	\$ <u>1,000.00</u>
Mailing Address _____	<u>12/20/24</u>	\$ <u>2,500.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>3,500.00</u>

Name of Candidate or Committee Karl Oliver  
 Reporting period 1/1/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ergon</u>	<u>10/14/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39215</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
<b>B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b> Other (please specify) _____		
Full name <u>WT Consultants</u>	___/___/___	\$
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39205</u>	<u>11/7/24</u>	\$ <u>1,000.00</u>
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
<b>C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b> Other (please specify) _____		
Full name <u>Keystone Strategies</u>	<u>10/22/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Brandon MS 39043</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
<b>D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b> Other (please specify) _____		
Full name <u>Reynolds Co.</u>	<u>10/18/24</u>	\$ <u>1,000.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Winston-Salem, NC</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee KAN OLIVER  
 Reporting period 1/1/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast</u>	<u>10/1/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Philadelphia PA</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Helena</u>	<u>10/18/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Collierville, TN</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Bail Agents Assoc.</u>	<u>11/12/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Canton, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rehabilitation Services</u>	<u>11/18/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Magee, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Kawli Oliver  
Reporting period 11/1/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Advocacy Gp.</u>	<u>12/3/24</u>	\$ <u>1,000.00</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Health Group</u>	<u>9/19/24</u>	\$ <u>1,000.00</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code <u>Englewood, CO</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Healthcare</u>	<u>9/18/24</u>	\$ <u>1,000.00</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code <u>Ridgeland MS</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Committee for Clean Environment</u>	<u>12/3/24</u>	\$ <u>500.00</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code <u>Jackson, MS</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee KW / Oliver  
 Reporting period 1/1/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Vet. Med. Assoc.</u>	<u>11/1/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Clinton, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harper Bailey Gov. Solutions</u>	<u>12/1/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Realtors</u>	<u>10/17/24</u>	\$ <u>1,000.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Behavioral Health Serv.</u>	<u>11/22/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Bossier City, LA</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Karl Oliver  
 Reporting period 11/1/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Asphalt</u>	<u>11/7/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cassio - Sanford Gov. LAW</u>	<u>12/3/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JM Hughes Group</u>	<u>11/30/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Friends of MS Hospital</u>	<u>12/2/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Madison MS 39110</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee KAN Oliver

Reporting period 1/1/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assoc. of Healthplans</u>	<u>11/13/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
<b>B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____</b>		
Full name <u>Norfolk Southern</u>	<u>10/17/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Atlanta, GA</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
<b>C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____</b>		
Full name <u>BNSF Railway</u>	<u>7/15/24</u>	\$ <u>1,000.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Ft Worth TX</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
<b>D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____</b>		
Full name <u>Cornerstone Gov. Affairs</u>	<u>7/18/24</u>	\$ <u>1,000.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Washington DC</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Karl Oliver  
 Reporting period 1/1/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Management Training Corp.</u>	<u>10/31/24</u>	\$ <u>1,000.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Centerville, UT</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Independent Package Stores</u>	<u>10/25/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams: Reese</u>	<u>12/5/24</u>	\$ <u>300.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Canadian Northern</u>	<u>12/10/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Montreal Quebec, CANADA</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Karl Oliver  
 Reporting period 11/24 through 12/31/24

## ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Payne Co.</u>	<u>12/27/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Hattiesburg MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE PAC</u>	<u>12/20/24</u>	\$ <u>500.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Tuscaloosa, AL</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Watkins Eager Law</u>	<u>12/16/24</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$