

960.4

Delbert Hosemann  
SECRETARY OF STATE

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

**FILED**  
PIKE COUNTY, MISS.  
MAY 08 2015  
BY: *[Signature]*  
ROGER A. GRAVES  
CIRCUIT CLERK

Name of Candidate Oliver James  
Address 1036 Griffin Road Magnolia MS County Pike  
Telephone (Work) (601) 248-2662 (Home) Same (Fax) \_\_\_\_\_  
Contact Name Oliver James Email Address oliverjames745@yahoo.com  
Office Sought Constable Political Party Democratic

Check here if above is different from previous report

**TYPE OF REPORT**

- May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015) .....Mandatory
- June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015) .....Mandatory
- July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015) .....Mandatory
- July 28, 2015 Pre-Election Report** (July 1, 2015, through July 25, 2015) .....Mandatory  
*All Primary Candidates and Political Committees*
- August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015) .....Runoff Candidates Only  
*All Primary Candidates and Political Committees in a Runoff Election*
- October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015) .....Mandatory
- October 27, 2015 Pre-Election Report** .....Mandatory  
(Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015) *All Candidates and Political Committees*
- November 17, 2015 Pre-Runoff Report** (October 25, 2015, through November 14, 2015) .....Runoff Candidates Only  
*All Candidates and Political Committees in a Runoff Election*
- January 8, 2015 Periodic Report** (October 1, 2015, through December 31, 2015) .....Mandatory
- Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) .....Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized	+	Non-Itemized		This Period		Calendar year-to-date
Total amount of contributions \$	963.33	+	— 0 —	\$	963.33	\$	
Total amount of disbursements \$	963.33	+	— 0 —	\$	963.33	\$	
Total amount of cash on hand				\$	— 0 —		

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

*[Signature]*  
Signature of Candidate

5/8/15  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Oliver James

Reporting period 01/01/15 through 05/08/15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>OLIVER JAMES</u>	<u>02/17/15</u>	\$ <u>963.33</u>
Mailing Address <u>1036 GRIFFIN RD.</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>WENOLIA MS 39652</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>0</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>0</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>0</u>

Name of Candidate or Committee Oliver James  
 Reporting period 01/2015 through 05/18/15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
STEWART SIGNS	02/17/15	\$ 963.33
Mailing Address HWY 48 W		
City, State, Zip Code MAGNOLIA MS 39652	__/__/__	\$
Purpose of Disbursement (Optional) Campaign Signs	Aggregate Year-to-date	\$ 0
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0
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	\$ 0
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0
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	\$ 0
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	\$ 0