

2016 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS

2016 Annual Report

Delbert Hosemann
SECRETARY OF STATE

Name of Candidate Committee to Elect Kathy Syka Dist 70
 Address 108 Horseshoe Circle Jackson, MS 39205 County Hinds
 Telephone 601-906-1717 Fax _____
 Office Sought MS House Rep. Dist. 70 Email Address kathysykas1@gmail.com



☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual 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 the reporting period.
- (2) 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).
- (3) 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized *	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5200 + \$ 2249	\$ 7449	\$ 7449
Total amount of disbursements	\$ 6086 + \$ 658.00	\$ 6744	\$ 6744
Total amount of cash on hand		\$ 705	

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 Kathy Syka

Date 1-31-17

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

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Name of Candidate or Committee Committee to Elect Kathy Sykes
 Reporting period Jan. 2016 through Dec. 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Kathy Sykes</u>		<u>2/22/16</u>	\$ <u>600.00</u>
Mailing Address _____		<u>1/1/16</u>	\$ _____
<u>108 Brasher Circle</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code _____		<u>1/1/16</u>	\$ _____
<u>Jackson, MS 39203</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
<u>Self - MS House of Rep.</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
<u>Self</u>			
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Maria Gordon, MD & Assoc</u>		<u>6/24/16</u>	\$ <u>200.00</u>
Mailing Address _____		<u>1/1/16</u>	\$ _____
<u>5 Charleston Ave</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code _____		<u>1/1/16</u>	\$ _____
<u>Clinton, MS 39056</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
<u>UMMC</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
<u>Medical Doctor</u>			
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Darnell McQuarter</u>		<u>6/24/16</u>	\$ <u>250.00</u>
Mailing Address _____		<u>1/1/16</u>	\$ _____
<u>558 Tiana Rd</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code _____		<u>1/1/16</u>	\$ _____
<u>Clinton, MS 39056</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
<u>Hicks Co. Board of Supervisors</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
<u>Supervisor</u>			
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>T.A.M.A.R. Counseling Group</u>		<u>6/24/16</u>	\$ <u>200.00</u>
Mailing Address _____		<u>1/1/16</u>	\$ _____
<u>350 W. Woodrow Wilson St. 3572</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code _____		<u>1/1/16</u>	\$ _____
<u>Jackson, MS 39213</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
<u>Business</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
<u>Counselor</u>			

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Name of Candidate or Committee Committee to Elect Kathy L. Williams
 Reporting period Jan. 2016 through Dec. 2016

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Williams + Williams Financial Services</u>	<u>5/26/16</u>	\$ <u>250.00</u>
Mailing Address <u>321 Young Lane Circle</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Stockbridge, GA 30281</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Business</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Financial Services</u>	Aggregate year-to-date	\$ _____
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brad + Margaret P. Gatt</u>	<u>6/3/16</u>	\$ <u>200.00</u>
Mailing Address <u>1217 Pinehurst Street</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required)	<u>1/1/16</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shashichar Shetty, MD</u>	<u>6/21/16</u>	\$ <u>250.00</u>
Mailing Address <u>293 Oakmont Trail</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Ummc</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Medical Doctor</u>	Aggregate year-to-date	\$ _____
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie Bonze Mar</u>	<u>6/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1038</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Self</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ _____

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Name of Candidate or Committee Committee to Elect Kathy Joyce
 Reporting period Jan. 2016 through Dec. 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAM PAC</u>	<u>7/19/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1992</u>	<u>7/19/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>7/19/16</u>	\$ _____
Name of Employer (Required) <u>PAC</u>	<u>7/19/16</u>	\$ _____
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ _____
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Robert Smith</u>	<u>7/22/16</u>	\$ <u>100.00</u>
Mailing Address <u>1734 Winter Street</u>	<u>7/22/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39204</u>	<u>7/22/16</u>	\$ _____
Name of Employer (Required) <u>Self - MS Family Healthcare</u>	<u>7/22/16</u>	\$ _____
Occupation (Required) <u>Medical Doctor</u>	Aggregate year-to-date	\$ _____
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Print One Strategies / Trey Bibinger</u>	<u>7/22/16</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 3065</u>	<u>7/22/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39207</u>	<u>7/22/16</u>	\$ _____
Name of Employer (Required) <u>Self</u>	<u>7/22/16</u>	\$ _____
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ _____
D. Source: ☒ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power Company State PAC</u>	<u>7/22/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 4079</u>	<u>7/22/16</u>	\$ _____
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>7/22/16</u>	\$ _____
Name of Employer (Required) <u>PAC</u>	<u>7/22/16</u>	\$ _____
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ _____

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Name of Candidate or Committee Committee Elect Kathy Syta
 Reporting period Jan 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advan America PAC</u>	<u>9/14/16</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Spartanburg, SC 29306</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PAC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u> </u>
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATT-PAC</u>	<u>10/17/16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E. Capitol St. Ste. 6030</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PAC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u> </u>
C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EN PAC</u>	<u>10/18/16</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1640</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PAC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u> </u>
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corp.</u>	<u>10/24/16</u>	\$ <u>500.00</u>
Mailing Address <u>One Comcast Center 1701 JFR Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, PA 19103</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PAC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u> </u>

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Name of Candidate or Committee Committee to Elect Kathy Sykes
 Reporting period Jan. 2016 through Dec. 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Electric Power Assn of MS PAC</u>	<u>12/17/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 330</u>	<u>12/17/16</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u>12/17/16</u>	\$ _____
Name of Employer (Required) <u>PAC</u>	<u>12/17/16</u>	\$ _____
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ _____
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Baker, Donaldson, Beaman, Caldwell, Burkhardt, PAC</u>	<u>12/21/16</u>	\$ <u>200.00</u>
Mailing Address <u>4268 I-SSN</u>	<u>12/21/16</u>	\$ _____
City, State, Zip Code <u>Turkey, MS 39211</u>	<u>12/21/16</u>	\$ _____
Name of Employer (Required) <u>PAC</u>	<u>12/21/16</u>	\$ _____
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ _____
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name	<u>12/21/16</u>	\$ _____
Mailing Address	<u>12/21/16</u>	\$ _____
City, State, Zip Code	<u>12/21/16</u>	\$ _____
Name of Employer (Required)	<u>12/21/16</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name	<u>12/21/16</u>	\$ _____
Mailing Address	<u>12/21/16</u>	\$ _____
City, State, Zip Code	<u>12/21/16</u>	\$ _____
Name of Employer (Required)	<u>12/21/16</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

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Name of Candidate or Committee Committee to Elect Kathy Sykes
 Reporting period Jan 12, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>C-Spire Wireless</u>	Date (Mo., Day, Year) <u>12/11/16</u>	Amount of each disbursement this period \$ <u>145.00</u>
Mailing Address <u>5266 I-SSN</u>		
City, State, Zip Code <u>Jackson MS 39211</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,740.00</u>
B. Full name <u>Office Depot</u>	Date (Mo., Day, Year) <u>6/12/16</u>	Amount of each disbursement this period \$ <u>275.00</u>
Mailing Address <u>4950 I-SSN</u>		
City, State, Zip Code <u>Jackson MS 39206</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>Jackson Advocate Newspaper</u>	Date (Mo., Day, Year) <u>3/12/16</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>100 Hamilton Street</u>		
City, State, Zip Code <u>Jackson MS 39204</u>	<u>5/10/16</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>
D. Full name <u>Enterprise Car Rental</u>	Date (Mo., Day, Year) <u>7/22/16</u>	Amount of each disbursement this period \$ <u>510.00</u>
Mailing Address <u>101 Howard Wilson Ln.</u>		
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>11/29/16</u>	\$ <u>375.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>985.00</u>
E. Full name <u>Kroger Stores</u>	Date (Mo., Day, Year) <u>3/23/16</u>	Amount of each disbursement this period \$ <u>243.00</u>
Mailing Address <u>5411 I-SSN</u>		
City, State, Zip Code <u>Jackson MS 39211</u>	<u>5/10/16</u>	\$ <u>244.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>487.00</u>
F. Full name <u>Kathy Sykes</u>	Date (Mo., Day, Year) <u>7/22/16</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address <u>108 Horseshoe Curve</u>		
City, State, Zip Code <u>Jackson MS 39203</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>Dem. Convention - Philadelphia, PA</u>	Aggregate Year-to-date	\$ <u>1,000.00</u>

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Name of Candidate or Committee

Committee to Elect Kathy Sykes

Reporting period

Jan 1, 2016

through

Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Hyatt Regency Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		7/13/16	\$ 172.00
City, State, Zip Code	Lexington, KY 40507	7/14/16	\$ 172.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 344.00
B. Full name	NBCSL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	444 N. Capitol St. NW Ste 622	11/2/16	\$ 100.00
City, State, Zip Code	Washington, DC 20001	11/30/16	\$ 350.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 450.00
C. Full name	The Saint Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	931 Canal St	12/3/16	\$ 205.00
City, State, Zip Code	New Orleans, LA 70112	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
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	\$
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		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$