2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 30 2017
Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Rep. Bill Kinkade

Address 71 Peachtree Rd, Byhalia, MS 38611 County Marshall

Telephone 901-870-2726 Fax _____

Office Sought District 52 (House) Email Address bKinKade@house.ms.gov

☐ **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	$ 8550.00 + $ -0-	$ 8550.00	$ 8550.00
Total amount of disbursements	$ 5840.86 + $ -0-	$ 5840.86	$ 5840.86
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 _____ **Date** 1/28/17

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.***

Name of Candidate or Committee: Bill Kinkade

Reporting period: Jan. 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: Robert R. Mailing Address: City, State, Zip Code: Name of Employer (Required): BNSF Railroad Occupation (Required):	10/25/16 / / / / / / Aggregate year-to-date	$ 250.00 $ $ $ $ 250.00
B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: MS Assn of Realtors Mailing Address: P.O. Box 321000 City, State, Zip Code: Flowood, MS 39232-1000 Name of Employer (Required): Beth Hansen Occupation (Required):	10/28/16 / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $ 500.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: Wallace W. Carter Mailing Address: 604 Rue Maupesant City, State, Zip Code: Ocean Springs, MS 39564 Name of Employer (Required): Wallace Carter Occupation (Required):	10/28/16 / / / / / / Aggregate year-to-date	$ 1,000.00 $ $ $ $ 1,000.00
D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: The Clay Firm Mailing Address: PO Box 217 City, State, Zip Code: Jackson MS 39205 Name of Employer (Required): Beth Clay Occupation (Required):	10/28/16 / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $ 500.00

Name of Candidate or Committee: Bill Kinkade

Reporting period: Jan. 1, 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: Cornerstone Government Affairs Mailing Address: 300 Independence Ave City, State, Zip Code: Washington, DC 20003 Name of Employer (Required): Occupation (Required):	10 / 28 / 16 / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $ 500.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Adams & Reese LLP Mailing Address: 4500 One Shell Square City, State, Zip Code: New Orleans, LA 70139 Name of Employer (Required): Occupation (Required):	10 / 28 / 16 / / / / / / Aggregate year-to-date	$ 300.00 $ $ $ $ 300.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Lee Smart Mailing Address: 7355 Allison Rd City, State, Zip Code: Olive Branch, MS 38654 Name of Employer (Required): Occupation (Required):	10 / 28 / 16 / / / / / / Aggregate year-to-date	$ 250.00 $ $ $ $ 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 Joel Bomgar Mailing Address: P.O. Box 1996 City, State, Zip Code: Madison, MS 39130 Name of Employer (Required): J. Roberts Occupation (Required):	10 / 28 / 16 / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $ 500.00

Name of Candidate or Committee: Bill KinKade

Reporting period: Jan. 1, 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: Michael Hatcher Mailing Address: City, State, Zip Code: Olive Branch, MS Name of Employer (Required): Occupation (Required):	11 / 28 / 16	$ 250.00
	Aggregate year-to-date	$ 250.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lehman-Roberts Company Mailing Address: City, State, Zip Code: Byhalia, MS Name of Employer (Required): Occupation (Required):	11 / 28 / 16	$ 1000.00
	Aggregate year-to-date	$ 1000.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Donelson Bearman Caldwell & Berkowitz Mailing Address: 4268 I-55 North-Meadowbrook Office Park City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Occupation (Required):	12 / 21 / 16	$ 200.00
	Aggregate year-to-date	$ 200.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee For Clean Enviroment & Fair Taxation Mailing Address: 3000 N. State St. City, State, Zip Code: Jackson, MS 39216 Name of Employer (Required): Occupation (Required):	12 / 23 / 16	$ 250.00
	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Bill Konkade

Reporting period Jan. 1, 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: Jones Walker L.L.P.	11 / 9 / 16	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE-PAC	12 / 16 / 16	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Capitol Resources	10 / 7 / 16	$ 500.00
Mailing Address: 200 N. Congress St. Ste 500	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Clare Hester	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Road Builders Asso.	11 / 28 / 16	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Bill KinKade

Reporting period: Jan 1, 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: Brady & Kathryn Stewart	10 / 25 / 16	$ 200.00
Mailing Address: 183 Woodland Hills Blvd	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sidney P. Allen Jr	10 / 25 / 16	$ 200.00
Mailing Address: 260 Brae Burn Rd	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie Williams	10 / 26 / 16	$ 200.00
Mailing Address: 1303 Pelican Loop	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joseph K. Sims - Caroline	10 / 27 / 16	$ 200.00
Mailing Address: 4125 Crane Blvd	/ /	$
City, State, Zip Code: Jackson, MS 39216-3406	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: Bill Kinkade

Reporting period: Jan 1, 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: Tommie or Susan Cardin	10 / 25 / 16	$ 200.00
Mailing Address: 176 Green Glades	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Mr or Mrs Steven Pickett	10 / 27 / 16	$ 100.00
Mailing Address: 3685 Mc Farland Rd	/ /	$
City, State, Zip Code: Raymond, MS 39154	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00
C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Thompson & Associates	10 / 27 / 16	$ 200.00
Mailing Address: 814 N. President St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00
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	$

Name of Candidate or Committee Bill Kinkade

Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Honor Our Troops	11/17/16	$ 50.00
	__/__/__	$
fundraiser (1072)	Aggregate Year-to-date	$ 50.00
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Byhalia Blue Jays	10/4/16	$ 106.52
	__/__/__	$
Donation (1072)	Aggregate Year-to-date	$ 106.52
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
MS Dept. of Agriculture	4/14/16	$ 175.00
Jackson, MS	__/__/__	$
rent (1072)	Aggregate Year-to-date	$ 175.00
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
MS Sportsmens Caucus	4/13/16	$ 100.00
Jackson, MS	__/__/__	$
Donation (1072)	Aggregate Year-to-date	$ 100.00
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
DeSoto County Republican Party	2/26/16	$ 100.00
	__/__/__	$
Fund Raiser (1072)	Aggregate Year-to-date	$ 100.00
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
MS Fair Commission	1/6/16	$ 525.00
Jackson, MS	__/__/__	$
Lot Rent (1072)	Aggregate Year-to-date	$ 525.00

Name of Candidate or Committee Bill Kinkade

Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name MS Fair Commission	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1/13/16	$ 60.00
City, State, Zip Code	2/10/16	$ 60.00
Purpose of Disbursement (Optional) Fuel (1072)	Aggregate Year-to-date	$ 120.00
B. Full name Byhalia Chamber of Commerce	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1/11/16	$ 225.00
City, State, Zip Code Byhalia, MS	__/__/__	$
Purpose of Disbursement (Optional) Chamber Membership	Aggregate Year-to-date	$ 225.00
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. 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	$

Name of Candidate or Committee Bill Kinkade

Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name MS Corrections Coalition Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Donation	Date (Mo., Day, Year) 3/23/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 100.00 $ $ 100.00
B. Full name Committee to Elect Kenny Griffin Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Campaign Donation	Date (Mo., Day, Year) 9/15/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 200.00 $ $ 200.00
C. Full name Byhalia Chamber Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Legislation Luncheon	Date (Mo., Day, Year) 10/31/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 300.00 $ $ 300.00
D. Full name Champion Awards Mailing Address 3649 Winplace Rd City, State, Zip Code Memphis, TN 38118 Purpose of Disbursement (Optional) Epilepsy walk-Donation Cupdonation to 1st Responder Municipality Event	Date (Mo., Day, Year) 11/7/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 189.59 $ $ 189.59
E. Full name The South Reporter Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Newspaper Ad	Date (Mo., Day, Year) 11/7/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 186.00 $ $ 186.00
F. Full name Center Hill Hs. Touchdown Club Mailing Address City, State, Zip Code Olive Branch, MS Purpose of Disbursement (Optional) Representative Bill Kinkade - Sign Ad.	Date (Mo., Day, Year) 11/4/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 200.00 $ $ 200.00

Name of Candidate or Committee Bill Kinkade

Reporting period Jan. 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Bill Kinkade Mailing Address City, State, Zip Code Byhalia, MS 38611 Purpose of Disbursement (Optional) Funds Transfer - Campaign Loan Payment	Date (Mo., Day, Year) 11/23/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 1500.00 $ $ 1500.00
B. Full name Byhalia Chamber Mailing Address City, State, Zip Code Byhalia, MS 38611 Purpose of Disbursement (Optional) Banner Ad	Date (Mo., Day, Year) 12/6/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 63.75 $ $ 63.75
C. Full name National Rifle Association Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Membership	Date (Mo., Day, Year) 12/7/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 100.00 $ $ 100.00
D. Full name Byhalia Lions Mailing Address City, State, Zip Code Byhalia, MS Purpose of Disbursement (Optional) Catch A Dream Banquet	Date (Mo., Day, Year) 12/14/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 100.00 $ $ 100.00
E. Full name Debbie Kinkade Mailing Address City, State, Zip Code Byhalia, MS 38611 Purpose of Disbursement (Optional) Campaign Loan Repayment	Date (Mo., Day, Year) 12/16/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 1500.00 $ $ 1500.00
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $

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