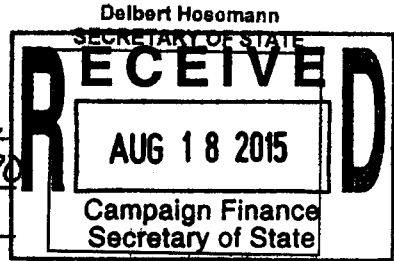


2015 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Committee Committee to Elect Kathy Sykes House Dist. 70
Address PO Box 3438 Jackson MS 39207 County Hinds
Telephone 601-906-1717 Fax _____
Treasurer Brenda Scott Email Address kathysykes1@gmail.com

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, 2016 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 receiving authority 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	\$ 5200 +	\$ 1,029	\$ 2,229	\$ 12,964
Total amount of disbursements	\$ 2,125 +	\$ 1,623	\$ 3,748	\$ 12,040
Total amount of cash on hand			\$ 924.00	

Certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Brenda P. Scott Signature of Director of Treasurer Date 8/18/15

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 138, 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 Council to Elect Kathy Sykes
 Reporting period 7/26/15 through 8/15/15

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Integrated Management Services</u>		<u>7/28/15</u>	\$ <u>250.00</u>
Mailing Address <u>126 Amite Street</u>		<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39201</u>		<u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Business -</u>		<u> </u>	\$ <u> </u>
Occupation (Required) <u>Business Services</u>			
		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Owens Moss PLLC</u>		<u>8/12/15</u>	\$ <u>200.00</u>
Mailing Address <u>P O Box 808</u>		<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39205</u>		<u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Business -</u>		<u> </u>	\$ <u> </u>
Occupation (Required) <u>Attys.</u>			
		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>William Chandler</u>		<u>8/13/15</u>	\$ <u>100.00</u>
Mailing Address <u>P O Box 1104</u>		<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39225</u>		<u> </u>	\$ <u> </u>
Name of Employer (Required) <u>MIRA</u>		<u> </u>	\$ <u> </u>
Occupation (Required) <u>Director</u>			
		Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Leroy G Walker</u>		<u>8/14/15</u>	\$ <u>200.00</u>
Mailing Address <u>5956 Holbrook Dr.</u>		<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39206</u>		<u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self employed</u>		<u> </u>	\$ <u> </u>
Occupation (Required) <u>Business Owner</u>			
		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Committee to Elect Kathy Seifke
 Reporting period 7/26/15 through 8/15/15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Atty Lisa M. Ross</u>		<u>8/19/15</u>	\$ <u>100.00</u>
Mailing Address <u>PO Box 11264</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson MS 39283</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self Employed</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Atty</u>		Aggregate year-to-date	\$ <u>100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Dr. James Anderson, MD.</u>		<u>8/16/15</u>	\$ <u>100.00</u>
Mailing Address <u>1320 Cox street</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39204</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Retired</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Medical Doctor</u>		Aggregate year-to-date	\$ <u>100.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Statewide General Insurance Agency</u>		<u>8/19/15</u>	\$ <u>150.00</u>
Mailing Address <u>3073 Lynch Street</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39209</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Business - Mr. Matt Thomas</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Insurance</u>		Aggregate year-to-date	\$ <u>150.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Russell Williams</u>		<u>8/19/15</u>	\$ <u>100.00</u>
Mailing Address <u>3125 Larewood Road</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson MS 39213</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Retired</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Committee to Elect Kathy Sifer
 Reporting period 7/26/15 through 8/15/15

ITEMIZED DISBURSEMENTS

A. Full name <u>Jackson Advocate</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>100 Hamilton Street</u>		<u>7/31/15</u>	\$ <u>400.00</u>
City, State, Zip Code <u>Jackson MS 39203</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name <u>Roberts Broadcasting</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>600 State Street</u>		<u>7/29/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39202</u>		<u>8/14/15</u>	\$ <u>100.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>300.00</u>
C. Full name <u>WMPR</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1810 Pecan Park Circle</u>		<u>7/29/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39209</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>200.00</u>
D. Full name <u>MS Link</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2659 Livingston Rd.</u>		<u>7/29/15</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Jackson, MS 39213</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name <u>Jackson Free Press</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>125 S. Congress Street Ste 1324</u>		<u>7/26/15</u>	\$ <u>210.00</u>
City, State, Zip Code <u>Jackson MS 39201</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>210.00</u>
F. Full name <u>WOAD</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>731 Pear Orchard #27</u>		<u>7/30/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Ridgeland MS Jackson MS 39157</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Committee to Elect Kathy Spivey
 Reporting period 7/26/15 through 8/15/15

ITEMIZED DISBURSEMENTS

A. Full name <u>ATD Professionals</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>3234 Medgar Evers Blvd.</u>	<u>8/12/15</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Jackson MS 39213</u>	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>Office Depot</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>4950 I-55N</u>	<u>8/12/15</u>	\$ <u>215.00</u>
City, State, Zip Code <u>Jackson MS 39212</u>	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>743.00</u>
C. Full name <u>C-Spire Wireless</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5260 I-55N</u>	<u>8/14/15</u>	\$ <u>142.00</u>
City, State, Zip Code <u>Jackson MS 39211</u>	___/___/___	\$
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	\$