

Candidate's Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2024 Election

**RECEIVED**

By Secretary of State Elections Division at 9:52 am, Jul 08, 2024

Name of Committee Friends of Byron CarterAddress 5608 I55 South City/Zip Byram/39272Telephone 601-213-4172 Fax 601-510-9776Treasurer Ryan Smith Email Address rysmith@irbyconstruction.comOffice Sought MS Supreme Court Party Affiliation N/A☐ Check here if above is different from previous report**TYPE OF REPORT**

- ☐ May 10, 2024 Periodic Report (January 1, 2024 through April 30, 2024) ..... Mandatory
- ☐ June 10, 2024 Periodic Report (May 1, 2024 through May 31, 2024) ..... Mandatory
- ☒ July 10, 2024 Periodic Report (June 1, 2024 through June 30, 2024) ..... Mandatory
- ☐ October 10, 2024 Periodic Report (July 1, 2024 through September 30, 2024) ..... Mandatory
- ☐ October 30, 2024 Pre-Election Report (October 1, 2024 through October 27, 2024) ..... Mandatory
- ☐ November 20, 2024 Pre-Runoff Report (October 30, 2024 through November 17, 2024) ..... Runoff Candidates Only
- ☐ January 10, 2025 Periodic Report (October 1, 2024 through December 31, 2024) ..... Mandatory
- ☐ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) ..... Required to terminate reporting obligations

**IMPORTANT**

- (1) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a committee files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) **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 23-15-821, 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.**

- (5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED *PRIOR TO JANUARY 1, 2018***

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED *AFTER JANUARY 1, 2018***

JAN. 1, 2024 CASH ON HAND BALANCE				\$0.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$200	\$100	\$300.00	\$5,895.00
TOTAL AMT OF DISBURSEMENTS	\$0.00	\$(75.97)	\$(75.97)	\$(9,142.03)
CASH ON HAND BALANCE				\$(3,247.03)
IN-KIND CONTRIBUTIONS				\$

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

**Ryan Smith**

Digitally signed by Ryan Smith  
Date: 2024.07.08 09:49:41 -05'00'

**7/8/2024**

Signature of Director or Treasurer

Date

**Penalties:** Failure to timely submit required reports in accordance with the applicable statute(s) 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).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov).  
Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.



Name of Candidate or Committee Friends of Byron Carter

Reporting period 6/1/2024 through 6/30/2024

## ITEMIZED RECEIPTS

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 Michael Brown		6 / 18 / 24	\$ 200.00
Mailing Address 107 Ridge Park Place		___ / ___ / ___	\$
City, State, Zip Code Raymond, MS, 39154		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
B. 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		05 / 23 / 24	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. 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	\$
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	\$