

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

1. Name of Committee Friends to Elect Yemi Kings

2. Address of Committee 2703 MLK JR DRIVE

City, State, Zip JACKSON MS 39213

Email Yemi.kings@yahoo.com

Phone 601-826-8278 FAX 601-714-2570

Contact Person Terri Smith Phone 601-826-8304

Contact Full Address 2703 MLK JR DRIVE

Email terrylynn@terrylynsmithrealty.com

3. Is the committee registered with the Federal Election Commission (FEC)? Yes _____ No X

FEC Identification Number _____

4. If the committee is authorized by a candidate:

Name of Candidate Yemi Lawrence Kings

Address 1328 Oak Park Drive Jackson MS 39213

Office Sought Hinds County Court Judge Party N/A

5. Describe, as concisely as possible, the purpose of the committee and, if applicable, the identification of affiliated or connected organizations:

To raise and spend funds for the campaign and election of Yemi L Kings for Hinds County Court Judge Subdistrict 2 On November 5, 2024

6. Name and address of all officers: (attach separate sheet if necessary)

a. Name Terri Lynn Smith Office Committe member/ Treasurer

Address 1328 Oak Park Drive Jackson MS 39213

b. Name Aliyah Shamsiddeen Office Committe member


Address 1328 Oak Park Drive Jackson MS 39213

c. Name Genina Johnson Office Committe member/ Director

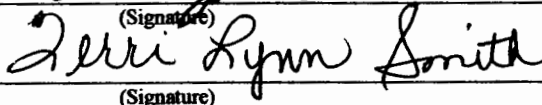
Address 3379 Forest Hill Rd Jackson MS 39212

d. Name _____ Office _____

Address _____

7. Director Genina Johnson  1/19/24

(Print Name) (Signature) (Date)

8. Treasurer Terri Lynn Smith  1/19/24

(Print Name) (Signature) (Date)

Send To: 1. Political Committees associated with statewide or multi-county elections should return the form to: Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205, Fax to (601)576-2545, or Email to CampaignFinance@sos.ms.gov. 2. Political Committees associated with single county elections should return this form to their County Circuit Clerk. 3. Political Committees associated with municipal elections should return this form to their Municipal Clerk.

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election

FILED
MAY 10 2024
ZACK WALLACE, CIRCUIT CLERK

Name of Candidate YEMI L. KINGS BY _____ D.C.
Address 1328 OAK PARK DRIVE City/Zip JACKSON 39213
Telephone (Work) 601-831-6117 (Home) 601-826-8278 (Fax) _____
Contact Name TERRI SMITH Email Address YEMI.KINGS@YAHOO.COM
Office Sought HINDS COUNTY COURT Political Party (if any) N/A
JUDGE

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 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 candidate 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 candidate 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 2-15-821, 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
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$0	\$0	\$0	\$0
TOTAL AMT OF DISBURSEMENTS	\$5,952.22	\$547.65	\$6,499.87	\$6,499.87
CASH ON HAND BALANCE				\$0
IN-KIND CONTRIBUTIONS				\$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 of Candidate

5/9/24

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

FILED

MAY 10 2024

ZACK WALLACE, CIRCUIT CLERK

BY _____ D.C.

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election

FILED
MAY 10 2024

ZACK WALLACE, CIRCUIT CLERK

Name of Committee FRIENDS TO ELECT YEMI KINGS
Address 2703 MLK JR DRIVE City/Zip JACKSON, MS 39213 D.C.
Telephone 601-826-8278 Fax 601-714-2570
Treasurer TERRI SMITH Email Address YEMI.KINGS@YAHOO.COM
Office Sought HINDS COUNTY COURT Party Affiliation N/A
JUDGE

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**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
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$4,050	\$625.00	\$4,675.00	\$4,675.00
TOTAL AMT OF DISBURSEMENTS	\$5,952.22	\$593.33	\$6,545.55	\$6,545.55
CASH ON HAND BALANCE				\$4,608.98
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.

Terri Lynn Smith
Signature of Director or Treasurer

5-10-24
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. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

FILED
MAY 10 2024
ZACK WALLACE, CIRCUIT CLERK

Name of Candidate or Committee **FRIENDS TO ELECT YEMI KINGS**
 Reporting period **01/01/24** through **MAY 10, 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 YEMI L KINGS	<u>01</u> / <u>19</u> / <u>24</u>	\$ 1000
Mailing Address 2703 MLK JR DRIVE	__ / __ / __	\$
City, State, Zip Code JACKSON MS 39213	__ / __ / __	\$
Name of Employer (Required) KINGS AND ASSOCIATES, LLC	__ / __ / __	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 1,000
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name JOSIE HUDSON MAYFIELD PLLC	<u>01</u> / <u>31</u> / <u>24</u>	\$ 250
Mailing Address 1025 WALNUT STREET	__ / __ / __	\$
City, State, Zip Code VICKSBURG, MS 39180	__ / __ / __	\$
Name of Employer (Required) JOSIE HUDSON MAYFIELD PLL	__ / __ / __	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 250
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name CARLTON BROWN	<u>02</u> / <u>10</u> / <u>24</u>	\$ 1000
Mailing Address P.O. BOX 300044	__ / __ / __	\$
City, State, Zip Code HOUSTON, TX 77230	__ / __ / __	\$
Name of Employer (Required) LAW OFFICES OF CARLTON BF	__ / __ / __	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 1000
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name THE JARROD MUMFORD LAW FIRM	<u>02</u> / <u>10</u> / <u>24</u>	\$ 500
Mailing Address 736 CONGRESS STREET	__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39202	__ / __ / __	\$
Name of Employer (Required) THE JARROD MUMFORD LAW F	__ / __ / __	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 500

Name of Candidate or Committee **FRIENDS TO ELECT YEMI KINGS**
 Reporting period 01/01/24 through MAY 10, 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 BRENT HAZZARD	<u>03</u> / <u>13</u> / <u>24</u>	\$ 500
Mailing Address 162 E AMITE STREET	__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39201	__ / __ / __	\$
Name of Employer (Required) RICHARD SCHWARTZ AND ASS	__ / __ / __	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 500
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name GENINA JOHNSON	<u>02</u> / <u>22</u> / <u>24</u>	\$ 500
Mailing Address 175 BRISTOL BLVD	__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39204	__ / __ / __	\$
Name of Employer (Required) NISSAN	__ / __ / __	\$
Occupation (Required) ENGINEER	Aggregate year-to-date	\$ 500
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name DEREK MARTIN	<u>04</u> / <u>04</u> / <u>24</u>	\$ 300
Mailing Address 4460 HWY 80	__ / __ / __	\$
City, State, Zip Code JACKSON MS 39209	__ / __ / __	\$
Name of Employer (Required) MARTIN LAW GROUP	__ / __ / __	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 300
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$

FILED

MAY 10 2024

ZACK WALLACE, CIRCUIT CLERK

BY _____ D.C.

Name of Candidate or Committee **FRIENDS TO ELECT YEMI KINGS**
 Reporting period **JULY 21 2023** through **MAY 10, 2024**

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
JPS	<u>02</u> / <u>23</u> / <u>24</u>	\$ 318.06
Mailing Address P. O. BOX 2338		
City, State, Zip Code JACKSON, MS 39225	<u>12</u> / <u>29</u> / <u>23</u>	\$ 318.06
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 636.12
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
1 VISION	<u>07</u> / <u>21</u> / <u>23</u>	\$ 847.80
Mailing Address 9346 TELGE ROAD		
City, State, Zip Code HOUSTON, TX 77095	<u>04</u> / <u>10</u> / <u>24</u>	\$ 583.20
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,431.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ANGELA GRAYSON	<u>01</u> / <u>29</u> / <u>24</u>	\$ 600
Mailing Address 5880 OLD CANTON RD		
City, State, Zip Code JACKSON, MS 39206	<u>04</u> / <u>21</u> / <u>24</u>	\$ 400
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
NATIONAL PENS CO. LLC	<u>12</u> / <u>11</u> / <u>23</u>	\$ 243.10
Mailing Address P.O. BOX 847203		
City, State, Zip Code DALLAS TX 75284	<u>03</u> / <u>31</u> / <u>24</u>	\$ 365.30
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 608.40
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
24 HOUR WRISTBANDS	<u>02</u> / <u>13</u> / <u>24</u>	\$ 163.50
Mailing Address 1450 BEECHNUT STREET		
City, State, Zip Code HOUSTON, TX 77083	<u>04</u> / <u>26</u> / <u>24</u>	\$ 163.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 327.00

Name of Candidate or Committee

FRIENDS TO ELECT YEMI KINGS

Reporting period **JULY 21, 2023**

through **MAY 10, 2024**

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. 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	\$
B. Full name WMPR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 PECAN PARK CIRCLE	01/31/24	\$ 300.00
City, State, Zip Code JACKSON, MS 39209	03/01/24	\$ 300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
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 Jackson Advocate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 414 S. State Street Jackson, MS 39201	04/22/24	\$ 750
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name WMPR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 PECAN PARK CIRCLE	04/01/24	\$ 300.00
City, State, Zip Code JACKSON, MS 39209	04/30/24	\$ 300.00
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	\$

FILED

MAY 10 2024

ZACK WALLACE, CIRCUIT CLERK

BY _____ DC

FILED
SECRET STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election

JUN 10 2024
ZACK WALLACE, CIRCUIT CLERK
BY _____ D.C.

Name of Candidate YEMI L. KINGS
Address 1328 OAK PARK DRIVE City/Zip JACKSON 39213
Telephone (Work) 601-831-6117 (Home) 601-826-8278 (Fax) _____
Contact Name TERRI SMITH Email Address YEMI.KINGS@YAHOO.COM
Office Sought HINDS COUNTY COURT JUDGE Political Party (if any) N/A

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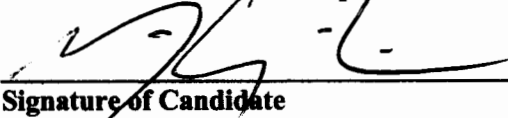
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

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				\$0

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

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$0	\$0	\$0	\$0
TOTAL AMT OF DISBURSEMENTS	\$490.68	\$175.00	\$665.68	\$7,165.55
CASH ON HAND BALANCE				\$0
IN-KIND CONTRIBUTIONS				\$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 of Candidate

6/10/24

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

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Michael Watson
SECRETARY OF STATE

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election

FILED
JUN 10 2024
ZACK WALLACE, CIRCUIT CLERK
BY _____

Name of Committee FRIENDS TO ELECT YEMI KINGS
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Telephone 601-826-8278 Fax 601-714-2570
Treasurer TERRI SMITH Email Address YEMI.KINGS@YAHOO.COM
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- (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 2-15-821, 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
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$0	\$0	\$0	\$4,675.00
TOTAL AMT OF DISBURSEMENTS	\$490.68	\$175.00	\$665.68	\$7,165.55
CASH ON HAND BALANCE				\$4,608.98
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.

Terri Lynn Smith
Signature of Director or Treasurer

6-10-24
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. 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 TO ELECT YEMI KINGS**

Reporting period **MAY 01, 2024** through **MAY 31, 2024**

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name JPS	Date (Mo., Day, Year) 05 / 17 / 24	Amount of each disbursement this period \$ 220.68
Mailing Address P. O. BOX 2338	___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 39225	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 856.80
B. Full name 1 VISION	Date (Mo., Day, Year) 05 / 28 / 24	Amount of each disbursement this period \$ 270
Mailing Address 9346 TELGE ROAD	___ / ___ / ___	\$
City, State, Zip Code HOUSTON, TX 77095	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,701
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 FRIENDS TO ELECT YEMI KINGS

Reporting period MAY 01, 2024 through MAY 31, 2024

ITEMIZED RECEIPTS

A. 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	\$
B. 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	\$
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	\$

Michael Watson
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election

FILED
JUL 10 2024
ZACK WALLACE, CIRCUIT CLERK

Name of Candidate YEMI L. KINGS PY DC
Address 1328 OAK PARK DRIVE City/Zip JACKSON 39213
Telephone (Work) 601-831-6117 (Home) 601-826-8278 (Fax) _____
Contact Name TERRI SMITH Email Address YEMI.KINGS@YAHOO.COM
Office Sought HINDS COUNTY COURT JUDGE Political Party (if any) 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
- X** 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 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 candidate 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 candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(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**

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				\$0

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED**

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$0	\$0	\$0	\$0
TOTAL AMT OF DISBURSEMENTS	\$696.36	\$0	\$696.36	\$7,861.91
CASH ON HAND BALANCE				\$0
IN-KIND CONTRIBUTIONS				\$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 of Candidate

July 10, 2024
Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Name of Candidate or Committee **FRIENDS TO ELECT YEMI KINGS**

Reporting period **JUNE 01, 2024** through **JUNE 30, 2024**

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name JPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. BOX 2338	06 / 21 / 24	\$ 234.36
City, State, Zip Code JACKSON, MS 39225	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,091.16
B. Full name 1 VISION	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9346 TELGE ROAD	06 / 05 / 24	\$ 162
City, State, Zip Code HOUSTON, TX 77095	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,863
C. Full name WMPR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 PECAN PARK CIRCLE	06 / 04 / 24	\$ 300
City, State, Zip Code JACKSON, MS 39209	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,800
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 FRIENDS TO ELECT YEMI KINGS

Reporting period JUNE 01, 2024 through JUNE 30, 2024

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 SAVANT AND RICH	<u>06</u> / <u>10</u> / <u>24</u>	\$ 500
Mailing Address 140 FOUNTAINS BLVD SUITE C	__ / __ / __	\$
City, State, Zip Code MADISON, MS 39110	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required) LAW OFFICE	Aggregate year-to-date	\$ 500
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	__ / __ / __	\$
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) _____		
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) _____		
Full name	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$

Michael Watson
SECRETARY OF STATE

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election

FILED
JUL 10 2024
ZACK WALLACE, CIRCUIT CLERK
BY _____

Name of Committee FRIENDS TO ELECT YEMI KINGS
Address 2703 MLK JR DRIVE City/Zip JACKSON, MS 39213
Telephone 601-826-8278 Fax 601-714-2570
Treasurer TERRI SMITH Email Address YEMI.KINGS@YAHOO.COM
Office Sought HINDS COUNTY COURT JUDGE Party Affiliation N/A

Check here if above is different from previous report

TYPE OF REPORT

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**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	\$0	\$0	\$0	\$
TOTAL AMT OF DISBURSEMENTS	\$0	\$0	\$0	\$
CASH ON HAND BALANCE				\$

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

JAN. 1, 2024 CASH ON HAND BALANCE				\$0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$500	\$100	\$600	\$5,275.00
TOTAL AMT OF DISBURSEMENTS	\$696.36	\$	\$696.36	\$7,861.91
CASH ON HAND BALANCE				\$5,208.98
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.

Terri Lynn Smith
Signature of Director or Treasurer

7-9-24
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).

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