



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/23/2024 2.a. Candidate or Committee Name: KATHY CARR
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/2024
4. Campaign Address: PO BOX 1731
City: TELFORD State: TN Zip Code: 37690 Phone: _____
5. Candidate Home Address: 530 LEESBURG RD
City: TELFORD State: TN Zip Code: 37690 Phone: _____
Candidate Email Address: kathycarrforschoolboard@gmail.com
6. Office Sought: (include district number, if applicable) County School Board
7. Name of Political Treasurer (may be candidate): CYNTHIA HUMPHREY
Political Treasurer Email Address: cindyhumphrey21@gmail.com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☒ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
9. Reporting Period: Start Date: 7/1/2024 End Date: 7/22/2024
10. Detailed Disclosure: (Check one)
☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Candidate Signature	Date	Political Treasurer Signature	Date
_____	_____	_____	_____
Witness Signature	Date	Witness Signature	Date
_____	_____	_____	_____

12. Summary:

a. Balance On Hand Last Report	\$ <u>1,065.44</u>
b. Total Receipts This Period	\$ <u>718.51</u>
c. Total Disbursements This Period	\$ <u>1,302.80</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>481.15</u>
e. Total Loans Outstanding	\$ <u>0.00</u>
f. Total Obligations Outstanding	\$ <u>0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: KATHY CARR

14. Reporting Period: Start Date: 7/1/2024 End Date: 7/22/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$618.51
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$100.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$718.51

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,302.80
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$1,302.80

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ _____
- c. Total In-Kind Contributions Received This Period \$ _____

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KATHY CARR
2. Reporting Period: Start Date: 7/1/2024 End Date: 7/22/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Dr. Selma Middle Name: _____ Last Name: Kominek

Address: 123 Glendale Road City: Limestone State: TN Zip Code: 37681

Occupation: Physician Employer: Self

Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

Amount of Contribution: \$ \$100.00 Date of Contribution: 7/2/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ \$100.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: KATHY CARR
2. Reporting Period: Start Date: 7/1/2024 End Date: 7/22/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: _____ **OR**
First Name: Office Middle Name: _____ Last Name: Depot
Address: 2111 N. ROAN STREET City: JOHNSON CITY State: TN Zip Code: 37601
Purpose of Expenditure: Printing
Amount of Expenditure: \$ \$129.69 Date of Expenditure: \$ 7/2/2024

Business or Organization Name: USPS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 121 Boone Street City: Jonesborough State: TN Zip Code: 37659
Purpose of Expenditure: Stamps
Amount of Expenditure: \$ \$45.05 Date of Expenditure: \$ 7/2/2024

Business or Organization Name: Office Depot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2111 N. ROAN STREET City: JOHNSON CITY State: TN Zip Code: 37601
Purpose of Expenditure: Printing
Amount of Expenditure: \$ \$25.48 Date of Expenditure: \$ 7/5/2024

Business or Organization Name: Amazon **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO BOX 81226 City: SEATTLE State: WA Zip Code: 98108
Purpose of Expenditure: Thank you gifts
Amount of Expenditure: \$ \$63.50 Date of Expenditure: \$ 7/19/2024

Business or Organization Name: City of Johnson City **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4137 Bristol Highway City: Johnson City State: TN Zip Code: 37601
Purpose of Expenditure: Event rental space
Amount of Expenditure: \$ \$25.71 Date of Expenditure: \$ 7/20/2024

Total Expenditures: \$ \$289.43

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: KATHY CARR
2. Reporting Period: Start Date: 7/1/2024 End Date: 7/22/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$289.43

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Office Depot OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2111 N. ROAN STREET City: JOHNSON CITY State: TN Zip Code: 37601

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$6.34 Date of Expenditure: \$ 7/22/2024

Business or Organization Name: _____ OR

First Name: KATHY Middle Name: _____ Last Name: Carr

Address: 530 LEESBURG RD City: TELFORD State: TN Zip Code: 37690

Purpose of Expenditure: Loan Repayment

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 7/22/2024

Business or Organization Name: ACT Blue OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 SUMMER STREET City: SOMERVILLE State: MA Zip Code: 02144

Purpose of Expenditure: Bank fees

Amount of Expenditure: \$ \$7.03 Date of Expenditure: \$ 7/22/2024

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ \$1,302.80

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)