



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 2/27/2024 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: Johnson City State: TN Zip Code: 37605 Phone: (518) 570-2513
5. Candidate Home Address: 530 Leesburg Road
City: TELFORD State: TN Zip Code: 37690 Phone: (518) 570-2513
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: 1/16/2024 End Date: 2/24/2024
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>\$986.16</u>
b. Total Receipts This Period	\$ <u>\$400.00</u>
c. Total Disbursements This Period	\$ <u>\$693.70</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$692.46</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: 1/16/2024 End Date: 2/24/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ \$400.00
- 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.) \$ \$400.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$693.70
(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.)..... \$ \$693.70

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$207.98
- c. Total In-Kind Contributions Received This Period \$ \$207.98

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: 1/16/2024 End Date: 2/24/2024
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: Kay Middle Name: _____ Last Name: Sirois

Address: 809 LEHIGH STREET City: JOHNSON CITY State: TN Zip Code: 37604

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$300.00 Date of Contribution: 1/25/2024 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**

First Name: Walter Middle Name: _____ Last Name: Goepel

Address: 400 Sunset Drive K52 City: Johnson City State: TN Zip Code: 37604

Occupation: Truck Driver Employer: First Express

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 2/4/2024 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: \$ _____

Total Contributions: \$ \$400.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KATHY CARR
2. Reporting Period: Start Date: 1/16/2024 End Date: 2/24/2024
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

First Name: SYLVAIN Middle Name: _____ Last Name: Bruni

Address: 166 GARLAND WAY City: JOHNSON CITY State: TN Zip Code: 37604

Occupation: Engineer Employer: Aptima

In-Kind Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \$21.98 In-Kind Contribution Date: 1/16/2024 Aggregate This Election: \$ \$21.98

Description of In-Kind Contribution: Registration for domain accounts (2)

Business or Organization Name: _____ **OR**

First Name: Washington County Middle Name: _____ Last Name: Democratic Party

Address: PO Box 1731 City: Johnson City State: TN Zip Code: 37605

Occupation: WCTNDP Employer: WCTNDP

In-Kind Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \$186.00 In-Kind Contribution Date: 1/16/2024 Aggregate This Election: \$ \$186.00

Description of In-Kind Contribution: WCTNDP PO Box Use

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ \$207.98

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind 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: 1/16/2024 End Date: 2/24/2024
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: WORDPRESS OR

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

Address: 60 29TH ST. #343 City: SAN FRANCISCO State: CA Zip Code: 94110

Purpose of Expenditure: Website platforms

Amount of Expenditure: \$ \$52.68 Date of Expenditure: \$ 1/18/2024

Business or Organization Name: Office Depot OR

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

Address: 2111 North Roan Street City: Johnson City State: TN Zip Code: 37601

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$14.63 Date of Expenditure: \$ 1/25/2024

Business or Organization Name: Side Hustle Custom Bakery OR

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

Address: 1504 Osceola St City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Custom cookies for soft launch

Amount of Expenditure: \$ \$201.13 Date of Expenditure: \$ 2/1/2024

Business or Organization Name: Food City OR

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

Address: 920 N. State of Franklin Rd City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Veggie and Fruit trays -- soft launch

Amount of Expenditure: \$ \$38.14 Date of Expenditure: \$ 2/3/2024

Business or Organization Name: Office Depot OR

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

Address: 2111 NORTH ROAN ST City: JOHNSON CITY State: TN Zip Code: 37601

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$17.12 Date of Expenditure: \$ 2/3/2024

Total Expenditures: \$ \$323.70

(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: 1/16/2024 End Date: 2/24/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$323.70

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: Black Olive OR

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

Address: 125 E Jackson Blvd #8 City: Jonebsorough State: TN Zip Code: 37659

Purpose of Expenditure: Meeting location and food

Amount of Expenditure: \$ \$370.00 Date of Expenditure: \$ 2/4/2024

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: \$ _____

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: \$ \$693.70

(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.)