

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2/25/2020		2.a. NAME OF CANDIDATE OR COMMITTEE Paul Boyd		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 2020-03-03		
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route	City	State	Zip Code	Phone
1661 Aaron Brenner Dr, Suite 300	Memphis	TN	38120	(901) 761-2720
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)				
Street or Rural Route	City	State	Zip Code	Phone
347 Fountain River Dr	Memphis	TN	38120	(901) 849-2468
5. OFFICE SOUGHT (include district number, if applicable) Gen. Sess. Court Clerk		6. NAME OF POLITICAL TREASURER (may be candidate) Paul Boyd		
7. CATEGORY OR REPORT (Check one)				
☐ FIRST QUARTER	☐ SECOND QUARTER	☐ THIRD QUARTER	☐ FOURTH QUARTER	☒ PRE- PRIMARY
				☐ PRE- GENERAL
				☐ MID-YEAR SUPPLEMENTAL
				☐ YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 2020-01-16		8.b. ENDING DATE OF REPORTING PERIOD 2020-02-22		
9. (Check one)				
a. ☐ This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)				
b. ☒ 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.				
10. 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.				
_____ signature of candidate		_____ signature of political treasurer		
_____ date		_____ date		
11. WITNESS SIGNATURE				
_____ signature of witness		_____ date		_____ signature of witness
_____ date				
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ <u>2,924.74</u>		
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2,475.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>5,111.90</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>287.84</u>		
e. TOTAL LOANS OUTSTANDING		\$ <u>29,859.95</u>		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0.00</u>		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Paul Boyd	14. REPORT COVERING THE PERIOD FROM: 2020-01-16 TO: 2020-02-22	
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ \$475.00

b. Itemized Contributions (over \$100 from each source this period) \$ \$1,000.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ \$1,475.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ \$1,000.00

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ \$2,475.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

Service Fees \$ \$41.98

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of Expenditures (\$100 or less each payee) \$ \$41.98

b. Itemized Expenditures (Over \$100 each payee this period) \$ \$5,069.92

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ \$5,111.90

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ \$5,111.90

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Paul Boyd				2. REPORT COVERING THE PERIOD FROM: 2020-01-16 TO: 2020-02-22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Jean		Middle Name		Contribution Received For:		Amount of Contribution \$250.00
Last Name/Organization Name Wilson				☒ Primary Election ☐ General Election		
Address 9160 Highway 64, Ste 12-186				☐ Runoff (Local Elections Only)		
City Arlington		State TN	Zip Code 38002	Date of Contribution 2020-02-05		Aggregate This Election \$250.00
Occupation Compliance Manager						
Employer H. Saga Port Alliance						
First Name Robert		Middle Name		Contribution Received For:		Amount of Contribution \$750.00
Last Name/Organization Name Wilson				☒ Primary Election ☐ General Election		
Address 9160 Highway 64, Ste 12-186				☐ Runoff (Local Elections Only)		
City Arlington		State TN	Zip Code 38002	Date of Contribution 2020-02-05		Aggregate This Election \$750.00
Occupation Owner						
Employer H. Saga Port Alliance						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$1,000.00	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Paul Boyd			2. REPORT COVERING THE PERIOD FROM: 2020-01-1 TO: 2020-02-22		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Bott Radio Network				Advertising	\$2,449.92
Address 10550 Barkley					
City Overland Park	State KS	Zip Code 66212			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name iHeart Media				Advertising	\$2,620.00
Address 2650 Thousand Oaks Blvd, Ste 4100					
City Memphis	State TN	Zip Code 38118			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					\$5,069.92



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD	
Paul Boyd						FROM: 2020-01-16	TO: 2020-02-22
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name Paul		Middle Name		Outstanding Loan Balance (Beginning of Period) \$28,859.95		Loans Received \$1,000.00	
Last Name/Organization Name Boyd				Loan Payments \$0.00		Outstanding Loan Balance (End of Period) \$29,859.95	
Address 347 Fountain River Dr				Loan Received For:		Date of Loan 2020-02-03	
City Memphis		State TN		Zip Code 38120		☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code		City	
City		State		Zip Code		City	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code		City	
City		State		Zip Code		City	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code		City	
City		State		Zip Code		City	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code		City	
City		State		Zip Code		City	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	
(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)				Loan Payments		Outstanding Loan Balance (End of Period)	
				\$28,859.95		\$1,000.00	
				\$0.00		\$29,859.95	

