

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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**For State and Local Candidates
For Single-Candidate Committees**

ORIGINAL DOCUMENT
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1. DATE OF REPORT <u>July 1, 2022</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Friends of Jasmine Boyd</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Jasmine Boyd</u>		3. ELECTION DATE <u>August 4, 2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>1199 N. Pkwy Memphis TN 38105 478.48-1140</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) <u>State executive commiteewoman</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Vernika Wilson</u>	
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 <u>July 1, 2022</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>July 25, 2022</u>	
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.			
<u>J. Boyd</u> signature of candidate		<u>Vernika Wilson</u> signature of political treasurer	
<u>7.1.22</u> date		<u>7/1/22</u> date	
11. WITNESS SIGNATURE			
<u>Muhad</u> signature of witness		<u>Z. B. Jr.</u> signature of witness	
<u>8/26/22</u> date		<u>8/26/22</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>9,819.17</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>0</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>6002.42</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>3816.75</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

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13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: July 1 TO: July 25
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ 0
b. Itemized Contributions (over \$100 from each source this period)	\$ 0
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 0
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 0
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 0
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 0

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)

click send computer software 100
Office software \$ 28.53

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of Expenditures (\$100 or less each payee)	\$ 128.53
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 5873.89
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 6002.42
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 0
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 6002.42

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 0
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$ 0
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 0
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ 0

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Jasmine Boyd</i>			2. REPORT COVERING THE PERIOD FROM: <i>July</i> TO: <i>August 28</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount: <i>588</i>	
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 <i>Model Tee's</i>		<i>campaign propo printing</i>	<i>804.55</i>	
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Chm Printing</i>		<i>campaign printing</i>	<i>298.39</i>	
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>UPS Shipping 479506</i>		<i>campaign mailer postage</i>	<i>915.20</i>	
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>UPS Postage 479579</i>		<i>campaign mailer postage</i>	<i>836.00</i>	
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>UPS Postage 479519</i>		<i>campaign mailing shipping</i>	<i>2244.00</i>	
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Office online supplies</i>		<i>mailing materials</i>	<i>120.55</i>	
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.)				

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Jasmine Boyd</i>			2. REPORT COVERING THE PERIOD FROM: <i>July 1</i> TO: <i>July 25</i> Amount: <i>5220.00</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
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 <i>US Stage Group</i>		<i>campaign mail pieces</i>	<i>453.20</i>	
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>CLB send computer software</i>		<i>online marketing</i>	<i>200.00</i>	
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			
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.)				

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

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1. NAME OF CANDIDATE OR COMMITTEE <i>Friend of Jammie Boyd</i>				2. REPORT COVERING THE PERIOD FROM: <i>August</i> TO: <i>July 25</i>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				<i>\$0</i>	Amount: <i>\$0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
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						
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.)						



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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Janine Boyd</i>				2. REPORT COVERING THE PERIOD FROM <i>July</i> TO <i>July 58</i> Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to Item 3. of 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 Item 22b. of summary.)					



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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sammie Boyd						2. REPORT COVERING THE PERIOD FROM: July TO: July							
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		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)			
Last Name/Organization Name													
Address				Loan Received For:				Date of Loan					
City				☐ Primary Election ☐ General Election									
				☐ Runoff (Local Elections Only)									
State				Zip Code									
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		State		Zip Code			
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		State		Zip Code			
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		State		Zip Code			
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		State		Zip Code			
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		State		Zip Code			
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		State		Zip Code			
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding							
4. Totals for all Loans (complete on last page of itemized loans) (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.)						Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)	



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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>French of Janine Boyd</i>				2. REPORT COVERING THE PERIOD FROM: <i>July 1</i> TO: <i>July 20</i>			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name		\$0	\$0	\$88	\$88
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							