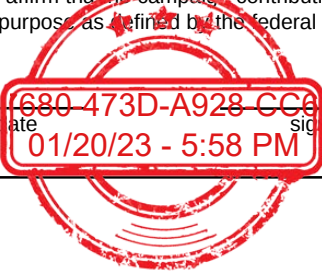


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/20/2023		2.a. NAME OF CANDIDATE OR COMMITTEE Carl Boyd		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 2022-08-04		
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route 105 Glen Echo Dr.	City Smyrna	State TN	Zip Code 37167	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)				
Street or Rural Route 105 Glen Echo Drive	City Smyrna	State TN	Zip Code 37167	Phone
5. OFFICE SOUGHT (include district number, if applicable) County Commission District #12		6. NAME OF POLITICAL TREASURER (may be candidate) Adam 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 2022-10-01		8.b. ENDING DATE OF REPORTING PERIOD 2023-01-15		
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 		
11. WITNESS SIGNATURE				
_____ signature of witness		_____ signature of witness		
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ <u>563.05</u>		
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>0.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>0.00</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>563.05</u>		
e. TOTAL LOANS OUTSTANDING		\$ <u>4,000.00</u>		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0.00</u>		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Carl Boyd	14. REPORT COVERING THE PERIOD FROM: 2022-10-01 TO: 2023-01-15	
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

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

b. Itemized Contributions (over \$100 from each source this period) \$ _____

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

16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____

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

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)

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

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

b. Itemized Expenditures (Over \$100 each payee this period) \$ _____

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

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

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

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 LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD												
Carl Boyd					FROM: 2022-10-01		TO: 2023-01-15										
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 Carl		Middle Name Boyd		Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)							
Last Name/Organization Name Boyd				\$4,000.00		\$0.00		\$0.00		\$4,000.00							
Address 105 Glen Echo Dr.				Loan Received For:					Date of Loan								
City Smyrna		State TN	Zip Code 37167	☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					2022-02-17								
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									
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)			
								\$4,000.00		\$0.00		\$0.00		\$4,000.00			

