CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/5/2024 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 RD

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): Cindy 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: 2/25/2024 End Date: 3/31/2024

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.

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04/05/24 - 1:11 PM

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

12. Summary:

a.	Balance On Hand Last Report	$ $692.46
b.	Total Receipts This Period	$ $1,415.00
c.	Total Disbursements This Period	$ $1,217.97
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $889.49
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: KATHY CARR

14. Reporting Period: Start Date: 2/25/2024 End Date: 3/31/2024

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ $265.00
(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) ..... $ $1,150.00

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.) ..... $ $1,415.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $1,217.97
(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.) ..... $ $1,217.97

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $

b. Itemized In-Kind Contributions Received This Period ..... $ $5.30

c. Total In-Kind Contributions Received This Period ..... $ $5.30

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: 2/25/2024 End Date: 3/31/2024

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: DEMOCRATIC PARTY OF WASHINGTON COUNTY **OR**

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

Address: PO Box 1731 City: JOHNSON CITY State: TN Zip Code: 37605

Occupation: WCTNDP Employer: WCTNDP

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

Amount of Contribution: $$750.00 Date of Contribution: 3/4/2024 Aggregate This Election: $ $750.00

Business or Organization Name: _____ **OR**

First Name: Joaquiha Middle Name: _____ Last Name: TREECE

Address: 1703 SCENIC DRIVE 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: $$100.00 Date of Contribution: 3/23/2024 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Jenny Middle Name: _____ Last Name: BATT

Address: 4002 GLAZE ROAD City: JOHNSON CITY State: TN Zip Code: 37601

Occupation: Marketing Employer: Zebra 13

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

Amount of Contribution: $$100.00 Date of Contribution: 3/23/2024 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Natalie Middle Name: _____ Last Name: Smith

Address: 117 W. Pine Street City: Johnson City State: TN Zip Code: 37604

Occupation: Teacher Employer: ETSU

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

Amount of Contribution: $$100.00 Date of Contribution: 3/23/2024 Aggregate This Election: $ $100.00

Total Contributions: $ $1,050.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KATHY CARR
2. Reporting Period: Start Date: 2/25/2024 End Date: 3/31/2024
3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______ **OR**
First Name: Nicole Middle Name: ______ Last Name: Lucas
Address: 9252 SW 192nd Court Road City: Dunnellin State: FL Zip Code: 34432
Occupation: Unemployed Employer: Unemployed
Contribution Received For: Primary Election ■ General Election Runoff (Local Elections Only)
Amount of Contribution: $ $100.00 Date of Contribution: 3/25/2024 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: $ $1,150.00
(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: 2/25/2024 End Date: 3/31/2024

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: KATHY Middle Name: ______ Last Name: Carr

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

Occupation: Retired Employer: Retired

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

In-Kind Contribution Value: $ $5.30 In-Kind Contribution Date: 3/25/2024 Aggregate This Election: $ $5.30

Description of In-Kind Contribution: Postage for Thank you notes

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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: ______

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: $ $5.30

(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: 2/25/2024 End Date: 3/31/2024

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: McKinney Middle Name: _____ Last Name: Center

Address: 103 Franklin Ave City: Jonebsorough State: TN Zip Code: 37659

Purpose of Expenditure: Meeting rental space

Amount of Expenditure: $ $135.00 Date of Expenditure: $ 3/1/2024

Business or Organization Name: _____ **OR**

First Name: Erin Middle Name: _____ Last Name: Finley

Address: 300 W. HOLSTON AVE City: JOHNSON CITY State: TN Zip Code: 37604

Purpose of Expenditure: Professional Services

Amount of Expenditure: $ $399.75 Date of Expenditure: $ 3/4/2024

Business or Organization Name: 4AllPromos **OR**

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

Address: 50 West Ave City: Essex State: CT Zip Code: 06426

Purpose of Expenditure: Promotional items

Amount of Expenditure: $ $133.94 Date of Expenditure: $ 3/5/2024

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: $ $96.82 Date of Expenditure: $ 3/21/2024

Business or Organization Name: The Depot at Franklin Commons **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: Catering for campaign launch

Amount of Expenditure: $ $435.81 Date of Expenditure: $ 3/23/2024

Total Expenditures: $ $1,201.32

(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: 2/25/2024 End Date: 3/31/2024

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,201.32

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: 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: $ $16.65 Date of Expenditure: $ 3/31/2024

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: $ $1,217.97
(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.)