# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 2/1/2024 2.a. Candidate or Committee Name: Carl Boyd

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/4/2022

4. Campaign Address: 105 Glen Echo Dr.

City: Smyrna State: TN Zip Code: 37167 Phone: _____

5. Candidate Home Address: 105 Glen Echo Drive

City: Smyrna State: TN Zip Code: 37167 Phone: _____

Candidate Email Address: adam.boyd10@yahoo.com

6. Office Sought: (include district number, if applicable) County Commission District #12

7. Name of Political Treasurer (may be candidate): Adam Boyd

Political Treasurer Email Address: adam.boyd10@yahoo.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: 7/1/2023 End Date: 1/15/2024

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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02/01/24 - 8:46 AM

| Candidate Signature | Date | Political Treasurer Signature | Date |
|---|---|---|---|
| | | | |
| Witness Signature | Date | Witness Signature | Date |

12. Summary:

| | | |
|---|---|---|
| a. | Balance On Hand Last Report | $ $563.05 |
| b. | Total Receipts This Period | $ $0.00 |
| c. | Total Disbursements This Period | $ $563.05 |
| d. | Balance On Hand (12.a. plus 12.b. minus 12.c.) | $ $0.00 |
| e. | Total Loans Outstanding | $ $4,000.00 |
| f. | Total Obligations Outstanding | $ $0.00 |

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Carl Boyd

14. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

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) ..... $ _____

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.) ..... $ _____

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ _____
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ $563.05

c. Total Obligation Payments Made This Period..... $ _____

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... $ $563.05

17. In-Kind Contributions:

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

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

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

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ _____

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Carl Boyd

2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

**Complete the following for the source of each loan received and/or outstanding during the period.**

Business or Organization Name: _____ **OR**

First Name: Carl Middle Name: Boyd Last Name: Boyd

Address: 105 Glen Echo Dr. City: Smyrna State: TN Zip Code: 37167

Outstanding Loan Balance (Beginning) ..... $ $4,000.00

Loans Received ..... $ $0.00

Loan Payments ..... $ $563.05

Outstanding Loan (End) ..... $ $4,000.00

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

Date of Loan: 2/17/2022

**List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)**

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

**Totals for all loans** (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) ..... $ $4,000.00

Loans Received ..... $ $0.00

Loan Payments ..... $ $563.05

Outstanding Loan (End) ..... $ $4,000.00