

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>4/25/2020</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Terri Boyd</u>																														
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Terri Boyd</u>	3. ELECTION DATE <u>May 3rd</u>																														
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>334 Farris</u> City <u>Gallatin</u> State <u>TN</u> Zip Code <u>37066</u> Phone <u>629-259-4702</u>																															
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route <u>Same</u> City <u></u> State <u></u> Zip Code <u></u> Phone <u></u>																															
5. OFFICE SOUGHT (include district number, if applicable) <u>County Comm. Dist 13</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Hellen West</u>																														
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL																															
8.a. BEGINNING DATE OF REPORTING PERIOD <u>April 1 2022</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>April 23 2022</u>																														
9. (Check one) a. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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>Terri Boyd</u> <u>4/25/2022</u> <u>Hellen West</u> <u>4/25/22</u> signature of candidate date signature of political treasurer date																															
11. WITNESS SIGNATURE <u>Chris [unclear]</u> <u>4/25/2022</u> <u>[unclear]</u> <u>4/25/22</u> signature of witness date signature of witness date																															
12. SUMMARY <div style="text-align: center;">FILED</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. BALANCE ON HAND LAST REPORT</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">PM</td> <td style="width:10%;"></td> <td style="width:20%; text-align: right;">\$ <u>1130⁻</u></td> </tr> <tr> <td>b. TOTAL RECEIPTS THIS PERIOD</td> <td colspan="3" style="text-align: center;">APR 26 2022</td> <td style="text-align: right;">\$ <u>3100⁻</u></td> </tr> <tr> <td>c. TOTAL DISBURSEMENTS THIS PERIOD</td> <td colspan="3" style="text-align: center;">SUMNER COUNTY ELECTION COMMISSION</td> <td style="text-align: right;">\$ <u>3159.40</u></td> </tr> <tr> <td>d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)</td> <td colspan="3"></td> <td style="text-align: right;">\$ <u>1070.60</u></td> </tr> <tr> <td>e. TOTAL LOANS OUTSTANDING</td> <td colspan="3"></td> <td style="text-align: right;">\$ <u>10,000⁻</u></td> </tr> <tr> <td>f. TOTAL OBLIGATIONS OUTSTANDING</td> <td colspan="3"></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> </table>		a. BALANCE ON HAND LAST REPORT	AM	PM		\$ <u>1130⁻</u>	b. TOTAL RECEIPTS THIS PERIOD	APR 26 2022			\$ <u>3100⁻</u>	c. TOTAL DISBURSEMENTS THIS PERIOD	SUMNER COUNTY ELECTION COMMISSION			\$ <u>3159.40</u>	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$ <u>1070.60</u>	e. TOTAL LOANS OUTSTANDING				\$ <u>10,000⁻</u>	f. TOTAL OBLIGATIONS OUTSTANDING				\$ <u>0</u>
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SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: <u>4/1/22</u> TO: <u>4/23/22</u>

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 100⁰⁰

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

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 100⁰⁰

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.) \$ 100⁰⁰

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)

_____	\$ <u>0</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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) \$ 0

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.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

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

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Jessi Boyd</i>		2. REPORT COVERING THE PERIOD FROM: <i>4/1/22</i> TO: <i>4/23/22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <i>Jill</i>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution <i>100⁰⁰</i>
Last Name/Organization Name <i>Higgins</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>5591 Eastland</i>			
City <i>Spark</i>	State <i>W</i>	Zip Code <i>38583</i>	Date of Contribution <i>4/19/22</i>
Occupation <i>Retired</i>			Aggregate This Election <i>100⁰⁰</i>
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address			
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address			
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address			
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
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.)			<i>100⁰⁰</i>

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Terri Boyd</i>		2. REPORT COVERING THE PERIOD FROM: <i>4/1/22</i> TO: <i>4/23/22</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount <i>0</i>	
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	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	
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.)			<i>0</i>

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Terri Boyd			2. REPORT COVERING THE PERIOD FROM: 4/1/22 TO: 4/23/22		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 0			Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name Navigation Ad		Middle Name	Purpose of Expenditure Media Services Printing		Amount of Expenditure 315940
Last Name/Business Name					
Address 416 Medical Center Pkwy B					
City Murfreesboro	State TN	Zip Code 37129			
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			
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.)				315940	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Terri Boyd</div>				2. REPORT COVERING THE PERIOD FROM: 4/1/22 TO: 4/23/22			
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 Terri		Middle Name		Outstanding Loan Balance (Beginning of Period) 7,000	Loans Received 3,000	Loan Payments —	Outstanding Loan Balance (End of Period) 10,000
Last Name/Organization Name Boyd → Self				Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Date of Loan 4/10/2022	
Address 334 Fanniss Circle				<input type="checkbox"/> Runoff (Local Elections Only)			
City Gallatin	State TN	Zip Code 37066					
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) 7,000	Loans Received 3,000	Loan Payments —	Outstanding Loan Balance (End of Period) 10,000



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<i>Terri Boyd</i>			FROM: <i>4/1/22</i> TO: <i>4/23/22</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					
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.)						<i>0</i>