

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

JAN 2 9 2024

5.114 2 0 20/4
1. Date: 1-29-24 2.a. Candidate or Committee Name: Beth Meyers Wilson County Election Commission
2.b. If Committee, Name of Candidate: 3. Election Date:
4. Campaign Address: 4679 Sparta Pike City: Waterfown State: 7N Zip Code: 37184 Phone:
5. Candidate Home Address:
City: Zip Code: Phone:
Candidate Email Address: beth. meyers @ protonmail.com
6. Office Sought: (include district number, if applicable) <u>School</u> Board, Zone Z
7. Name of Political Treasurer (may be candidate): Beth Meyers
7. Name of Political Treasurer (may be candidate): Beth Meyers Political Treasurer Email Address: beth. meyers & proformail.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: 7-1-23 End Date: 1-15-24
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.
Relth Meyers 1-29-24 Beth Meyers 1-29-24 Candidate Signature Date Political Treasurer Signature Date
Carol + 55 Serall 1-2924 Carol + 155 Serall 1-29-Witness Signature Date Witness Signature Date
12. Summary:
a. Balance On Hand Last Report
b. Total Receipts This Period\$
c. Total Disbursements This Period
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)\$\$
e. Total Loans Outstanding\$
f. Total Obligations Outstanding\$\$

SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Beth Meyers Wilson Country		
	porting Period: Start Date: 7-1-23 End Date: 1-15-214	
15. Re	ceipts:	
a.	Unitemized Contributions (\$100 or less from each source this period)	
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. Dis	bursements:	
a.	Total Expenditures (other than loan payments)	
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.)\$	
17. ln-l	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. Ob	ligations:	
	Total Obligations Outstanding (must be shown in item 12.f.)	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE 1. Candidate or Committee Name: Beth Meyers 2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____ COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind 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: Wilson County Republican Party OR Last Name: First Name: _____ Middle Name: ____ Address: PO Box 124 City: Mt. Juliet State: TN Zip Code: 37121 Purpose of Expenditure: Amount of Expenditure: \$ 988.08 Date of Expenditure: \$ 7-17-2023 Business or Organization Name: Region Bank OR First Name: _____ Last Name: _____ Last Name: _____ _____City: ______ State: ____ Zip Code: _____ Address: ____ Purpose of Expenditure: __ Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 7-17-23 Business or Organization Name: ______OR First Name: ______ Middle Name: _____ Last Name: _____ _____City: ______State: ____ Zip Code: _____ Address: Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ Business or Organization Name: ____ First Name: _____ Middle Name: ____ Last Name: _____ ______City: ______ State: ____ Zip Code: _____ Address: Purpose of Expenditure: _____ Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ Business or Organization Name: _____ First Name: _____ Middle Name: ____ Last Name: _____ ______ City: _______ State: ____ Zip Code: _____ Address:

Total Expenditures: \$______(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.)

Amount of Expenditure: \$ ______ Date of Expenditure: \$ _____

Purpose of Expenditure: