

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>1-29-08</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>JANICE B. BOYDSTON</u>		3. ELECTION DATE
2.b. IF COMMITTEE, NAME OF CANDIDATE			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>532 Raccoon TR. TN. 37419 423-825-0530</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>532 Raccoon TR. Chatt. TN. 37419 423-825-0530</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>School Board Dist. 6</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>JANICE BOYDSTON</u>	
7. CATEGORY OF REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF REPORTING PERIOD	
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 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>JANICE B. BOYDSTON</u> signature of candidate		<u>JANICE B. BOYDSTON</u> signature of political treasurer	
<u>1-29-08</u> date		<u>1-29-08</u> date	
11. WITNESS SIGNATURE			
<u>Charlotte Mullis</u> signature of witness		<u>Charlotte Mullis</u> signature of witness	
<u>1-29-08</u> date		<u>1-29-08</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$	<u>2,999.00</u>
b. TOTAL RECEIPTS THIS PERIOD		\$	<u>250.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	_____
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$	<u>3,249.00</u>
e. TOTAL LOANS OUTSTANDING		\$	<u>None</u>
f. TOTAL OBLIGATIONS OUTSTANDING		\$	<u>None</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>JANICE B. BOYDSTON</i>				2. REPORT COVERING THE PERIOD	
			FROM:	TO: <i>1-31-08</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>Ward</i>		Middle Name		Contribution Received For:	
Last Name/Organization Name <i>Crutchfield</i>				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <i>301 Georgia Ave</i>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Chatt.</i>		State <i>TN</i>		Date of Contribution <i>June 2007</i>	
Zip Code <i>37402</i>				Amount of Contribution <i>250.00</i>	
Occupation <i>ATTORNEY</i>				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of Contribution	
Zip Code				Amount of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of Contribution	
Zip Code				Amount of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of Contribution	
Zip Code				Amount 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>250.00</i>	