

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST MICHAEL	MI A
	NICKNAME	LAST BOYD	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 7302 AMERICAN WEST DR KILLEEN, TX 76549		
	Date Received 6/4/2021 Ch. Aldrich		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 319-7744		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST MICHAEL	MI A
	NICKNAME	LAST BOYD	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 7302 AMERICAN WEST DR KILLEEN, TX 76549		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 319-7744		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 24 / 2021 THROUGH 06 / 04 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 06 / 12 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special SECOND ELECTION	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) KILLEEN CITY COUNCIL DISTRICT 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

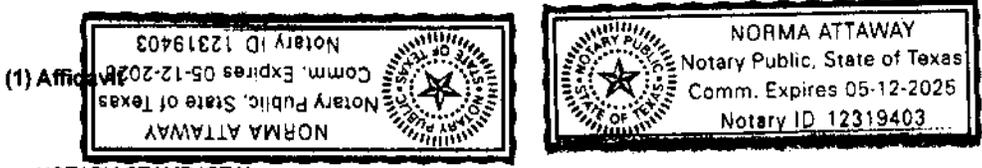
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME MICHAEL ANDREW BOYD		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 252.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,672.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,138.41
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,150.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 908.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,290.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael Andrew Boyd
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Michael Andrew Boyd this the 4 day of June 2021, to certify which, witness my hand and seal of office.
Norma Attaway Norma Attaway Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME MICHAEL ANDREW BOYD		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,672.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,290.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,150.12
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MICHAEL ANDREW BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID BOYD	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 5840 ALCANT DR. INDIANAPOLIS, IN 46221		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLTON MILES	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. Box 33217 CHARLOTTE, N.C. 28233		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE GOWDY	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 9415 KNOWCREST BLVD, JOHNES CREEK, GA, 30022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WANDA STIOM	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3908 WALDEN CREEK XING, HARPER HEIGHTS, TX 76548		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MICHAEL ANDREW BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NICHOLAS LEO	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code P.O. Box 342 RED OAK TX 75154		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 06/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHNATHAN OKRAY	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 6423 ROYAL CEDAR DR, DALLAS, TX 75236		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 05/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EARNEST WILKERSON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2007 AMETHYST KILLEEN, TX 76549		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 06/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BENTON GODDNIGHT	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 3502 BARBED WIRE KILLEEN, TX 76549		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MICHAEL ANDREW BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 05/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HORACE GRACE	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code P.O. BOX 10065 KILLEEN, TX 76549		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 05/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSHUA WELCH	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3000 Illinois Ave KILLEEN, TX 76549		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME MICHAEL ANDREW BOYD		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,290.00
5 Date of loan 03/30/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL ANDREW BOYD	9 Loan Amount (\$) 1,290.00
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 7302 AMERZLAN WEST DR KILLEEN, TX 76549	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MICHAEL ANDREW BOYD		3 Filer ID (Ethics Commission Filers)	
4 Date 05/20/2021		5 Payee name VISTA PRINT CORPORATION			
6 Amount (\$) 468.29		7 Payee address; 95 HAYDEN AVE, LEXINGTON, MA		City: State: Zip Code 02421-7942	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPOSING		(b) Description Flyers		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/26/2021		Payee name OHANA INK Co.			
Amount (\$) 253.31		Payee address; 2206 W. STAN SCHLUETER, KILLEEN, TX		City: State: Zip Code 76549	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description SIGNS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/04/2021		Payee name OHANA INK Co.			
Amount (\$) 290.11		Payee address; 2206 W. STAN SCHLUETER LP, KILLEEN, TX		City: State: Zip Code 76549	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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