

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. NICKNAME	FIRST MICHAEL LAST BOYD	MI A SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 7302 AMERICAN WEST DR. KILLEEN, TX 76549		APT / SUITE #: CITY: STATE: ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (254)	PHONE NUMBER 319-7744	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. NICKNAME	FIRST MICHAEL LAST BOYD	MI A SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 7302 AMERICAN WEST DR KILLEEN, TEXAS 76549		APT / SUITE #: CITY: STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 319-7744	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder 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 Month Day Year 01 / 28 / 2021 THROUGH 03 / 31 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 05 / 01 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
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

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	\$ 815.00
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	\$ 1,542.77
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: 4
2 FILER NAME MICHAEL ANDREW BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASSANDRA THOMPSON	7 Amount of contribution (\$) 20.00 25.00
6 Contributor address; City; State; Zip Code 8007 BRADSHAW CT DOUGLASVILLE, GA 30134		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THEODORE BROWN	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code UNREPORTED LOS ANGELES, CA		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN GORDAN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1007 GREEN MEADOW DR ROUND ROCK, TX 78664		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORRAINE THAMES	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1700 BAYON RANCH RD. #1304, KILLEEN, TX 76542		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 4
2 FILER NAME MICHAEL ANDREW BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NICHOLAS LEO	7 Amount of contribution (\$) 50.00
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 03/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAMELA-REESE TAYLOR	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1135 STANWYCK AVE, DUMMIZIE, TX 75137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANTONIO BOYD	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 7323 DEARWOOD PLACE CHARLOTTE, N.C. 28215		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRANCIA FERNANDES	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 20730 FAZR WALNUT WAY KATY, TX 77449		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME MICHAEL ANDREW BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DONNA SEARS	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 1135 STANWYCK AVE DULANVILLE TX 75137		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN DRIVER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4000 AMBROSE DR KILLEEN, TX 76549		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATTHEW MITCHELL	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 5410 ENCINO WAY KILLEEN TX 76542		
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)

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If contributor 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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 03/25/2021	5 Payee name UISTA PRINT CORPORATION	
6 Amount (\$) 257.30	7 Payee address; City; State; Zip Code 45 HAYDEN AVE, LEXINGTON, MA 02421-7942	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description BUSINESS CARDS CAR MAGNETS T SHIRTS MASKS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/30/2021	Payee name OHANA INK CO.	
Amount (\$) \$1,285.47	Payee address; City; State; Zip Code 2206 W. STAN SCHLUETER LOOP, KILLEEN TX 76549	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 8x4 Signs 4x4 Signs 18x24 Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 7302 AMERICAN WEST DRIVE 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)

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

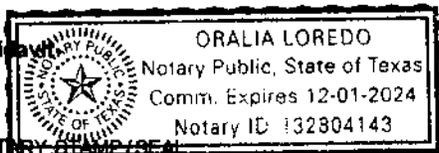
15 C/OH NAME MICHAEL ANDREW BOYD		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 90.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 905.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 326.07
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,868.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 249.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,290

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:

(1) Affidavit



Sworn to and subscribed before me by Michael Andrew Boyd this the 1st day of April

20 21, to certify which, witness my hand and seal of office.

Oralia Loredo Oralia Loredo 3:45 pm
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)