



CAMPAIGN FINANCIAL DISCLOSURE STATEM ENT 7 2023

For State and Local Candidates For Single-Candidate Committees

WILSON COUNTY ELECTION COMMISSION

1. Date: 7-14-23 2.a. Candidate or Committee Nam	e: Beth Meyers
2.b. If Committee, Name of Candidate:	3. Election Date:
4. Campaign Address: 4679 Sparta Pike City: Watertown State: TN	Zip Code: 37184 Phone: 225-963-171
5. Candidate Home Address:	
City: State:	Zip Code: Phone:
Candidate Email Address: De+	h-meyers@protonmail.com
6. Office Sought: (include district number, if applicable)	ilson County School Board, Zone Z
7. Name of Political Treasurer (may be candidate): Bet	h Meyers
Political Treasurer Email Address:	
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter	Fourth Quarter Pre-Primary Pre-General
Mid-Year Supplemental Year-End Supplemental	
9. Reporting Period: Start Date: JAN 16 2023	End Date:
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures become or less AND expenditures total \$1,000 or less for this remainder.	cause contributions (including in-kind) received total \$1,000 eporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial di- total more than \$1,000 and/or expenditures total more	sclosure because contributions (including in-kind) received e than \$1,000 for this reporting period.
by the candidate committee by the Campaign Financia	gn contributions and expenditures required to be reported al Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other
Lathmers 7-14-23	Political Freasurer Signature Date
Capdidate Signature Date	Political Freasurer Signature Date
21678	En May 7-14-73
Witness Signature Date	Witness Signature Date
12. Summary:	
a. Balance On Hand Last Report	s 2540.08
b. Total Receipts This Period	(Contracted)
c. Total Disbursements This Period	\$ 1542.00
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding	
f. Total Obligations Outstanding	
SS-1109 (Rev. 1/2023)	Page) of 3



JUL 172023

SUMMARY PAGE - CANDIDATE

WILSON COUNTY ELECTION COMMISSION

13. Na	me of Candidate or Committee: Beth Meyers
14. Re	porting Period: Start Date: $1-16-23$ End Date: $6-38-23$
15. Re	
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	DUISEMENTS:
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.)\$ 1542.00
17. ln-	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:
2	Total Obligations Outstanding (must be shown in item 12 f)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE RECEIVED

1. Candidate or Committee Name: Reth	Meyers		JUL 17202
2. Reporting Period: Start Date: 1つ6つみ	End Date: 6-30 -23		ELECTION COUNTY
3. Total campaign expenditures from preceding p	age (enter \$0 if first page) \$		ELECTION COUNTY
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section.	le the purpose of the expenditure (e.g.	, postage, printir	If the expenditure is an in- ng, etc.) along with the
Business or Organization Name: Wilson	County Scho	0 5	OR
First Name: Middle	Name:	Last Name:	
First Name: Middle Address: H15 Harding Dr	City: Lebanon	State: 1 /0	Zip Code: 370 87
Purpose of Expenditure:			
Amount of Expenditure: \$ 1500.00	Date of Expenditure: \$		
Business or Organization Name:			OR
First Name: Middle			
Address:			
Purpose of Expenditure:			
Amount of Expenditure: \$	Date of Expenditure: \$		
Business or Organization Name:			OR
First Name: Middle			
Address:			
Purpose of Expenditure:			
Amount of Expenditure: \$	Date of Expenditure: \$		
Business or Organization Name:			OR
First Name: Middle			
Address:			
Purpose of Expenditure:			
Amount of Expenditure: \$	Date of Expenditure: \$		
Business or Organization Name:			OR
First Name: Middle			
Address:			
Purpose of Expenditure:			
Amount of Expenditure: \$	Date of Expenditure: \$		
Total Expenditures: \$(Carry forward to the next page if additional page	s of this form are used. If this is		
amount must be shown in the summary on first p	age.)		