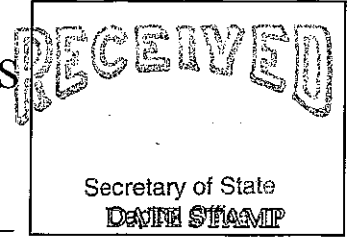




REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Randy Boyd Campaign
 Address P.O. Box 157 City/State/Zip Manhattie, MS 38855
 Telephone (Work) 662-231-033 (Home) 662-282-4045 (Fax) 662-282-4041
 Contact Name Randy Boyd Email Address landtree1997@gmail.com
 Office Sought House District 19 Republican

Check here if above information is different from previous report

TYPE OF REPORT

Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) **Annual Report**
 Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE		\$ 8,306. ⁵⁰	
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$ —	\$ —	\$ 8,306.50
TOTAL AMT OF DISBURSEMENTS	\$ —	\$ —	\$ —
DEC. 31, 2024 CASH ON HAND BALANCE		\$ 8,306. ⁵⁰	

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JAN. 1, 2024 CASH ON HAND BALANCE				\$10,255.08
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 2,500. ⁰⁰	\$ —	\$ 2,500.00	\$ 2,500. ⁰⁰
TOTAL AMT OF DISBURSEMENTS	\$ 5,604.05	\$ —	\$ 5,604.05	\$ 5,604.05
CASH ON HAND BALANCE				\$ 7,151. ⁰³
IN-KIND CONTRIBUTIONS				\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Randy P. Boyd
Signature of Director or Treasurer

JAN. 17, 2025
Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to CampaignFinance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee Randy Boyd Campaign
 Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cadence Bank</u>	<u>03/18/2024</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>P.O. Box 789</u>	___/___/___	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Farmers & Merchants Bank</u>	<u>12/09/2024</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>P.O. Box 278</u>	___/___/___	\$
City, State, Zip Code <u>Baldwyn, Mississippi 38824</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Health Group, Inc</u>	<u>12/16/2024</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>169 Inverness Drive West, Suite 400</u>	___/___/___	\$
City, State, Zip Code <u>Englewood, CO 80112</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HAMASA Shrivens</u>	<u>02/02/2024</u>	\$ <u>35.00</u>
Mailing Address <u>P.O. Box 904</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u> </u>	Aggregate Year-to-date	\$ <u>35.00</u>
B. Full name <u>Mantachie Baseball</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Mantachie High School</u>	<u>02/02/2024</u>	\$ <u>100.00</u>
City, State, Zip Code <u>Mantachie, MS 38855</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>ADVERTISING</u>	Aggregate Year-to-date	\$ <u>100.00</u>
C. Full name <u>ProLife Mississippi</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>110 Jones Lane, Suite C</u>	<u>02/21/2024</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u> </u>	Aggregate Year-to-date	\$ <u>500.00</u>
D. Full name <u>Itawamba County Development Council</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>107 Wiggall St.</u>	<u>02/26/2024</u>	\$ <u>65.00</u>
City, State, Zip Code <u>Fulton, MS 38843</u>	02/26/2024	\$
Purpose of Disbursement (Optional) <u> </u>	Aggregate Year-to-date	\$ <u>65.00</u>
E. Full name <u>Lee County Courier</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>303 W. Main</u>	<u>02/24/2024</u>	\$ <u>130.66</u>
City, State, Zip Code <u>Tupelo, MS 38804</u>	<u>09/09/2024</u>	\$ <u>369.30</u>
Purpose of Disbursement (Optional) <u> </u>	Aggregate Year-to-date	\$ <u>499.96</u>
F. Full name <u>Itawamba County Times</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>106 West Main</u>	<u>03/09/2024</u>	\$ <u>60.00</u>
City, State, Zip Code <u>Fulton, MS 38843</u>	02/10/2024 <u>09/09/2024</u>	\$ <u>150.00</u>
Purpose of Disbursement (Optional) <u> </u>	Aggregate Year-to-date	\$ <u>345.00</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Regional Rehab. Center	05/10/2024	\$ 35.00
Mailing Address 615 Pegram Drive		
City, State, Zip Code Tupelo, MS 38801	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 35.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mantachie Archery	05/13/2024	\$ 100.00
Mailing Address Mantachie High School		
City, State, Zip Code Mantachie, MS 38855	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Farmer & Merchants Bank Dollar General Mantachie for Mantachie Senior Class	05/13/2024	\$ 760.00
Mailing Address 5600 MS-363		
City, State, Zip Code Mantachie, MS 38855	__/__/__	\$
Purpose of Disbursement (Optional) Senior Class Graduation	Aggregate Year-to-date	\$ 760.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Farmer & Merchants Bank Dollar General Mantachie for Moxeeville Senior Class	05/13/2024	\$ 1,140.00
Mailing Address 5600 MS-363		
City, State, Zip Code Mantachie, MS 38855	__/__/__	\$
Purpose of Disbursement (Optional) Senior Class Graduation	Aggregate Year-to-date	\$ 1,140.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Farmer & Merchants Bank Dollar General Mantachie For Nettlers Senior Class	05/13/2024	\$ 800.00
Mailing Address 5600 MS-363		
City, State, Zip Code Mantachie, MS 38855	__/__/__	\$
Purpose of Disbursement (Optional) Senior Class Graduation	Aggregate Year-to-date	\$ 800.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Academy Sports	05/12/2024	\$ 63.09
Mailing Address 115 Freedom Bend		
City, State, Zip Code Flowood, MS 39232	__/__/__	\$
Purpose of Disbursement (Optional) MS vs AL game	Aggregate Year-to-date	\$ 63.09

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
State of MS/ House of Representatives	05/12/2024	\$ 70.50
Mailing Address 400 High Street		
City, State, Zip Code Jackson, MS 39201		
Purpose of Disbursement (Optional) MS vs. AL Jersey	Aggregate Year-to-date	\$ 70.50
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
American Legislative Exchange Council	07/30/2024	\$ 200.00
Mailing Address 2733 Crystal Drive #1000		
City, State, Zip Code Arlington, VA 22202		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mantachie FFA	08/23/2024	\$ 200.00
Mailing Address Mantachie High School		
City, State, Zip Code Mantachie, MS 38855		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mantachie Football Boosters	08/23/2024	\$ 100.00
Mailing Address Mantachie High School		
City, State, Zip Code Mantachie, MS 38855		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Daily Journal	09/09/2024	\$ 90.50
Mailing Address 1242 S. Green Street		
City, State, Zip Code Tupelo, MS 38804		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 90.50
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vicki Trexler/VFD Blankets	10/24/2024	\$ 200.00
Mailing Address 497 Shiloh ^{church} Road		
City, State, Zip Code Mantachie, MS 38855		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Houston ACDC (Rural Community Development Council)	11/04/24	\$ 300.00
Mailing Address % Farmers & Merchants Bank 5600 MS-363	___/___/___	\$
City, State, Zip Code Mantachie, MS 38855	___/___/___	\$
Purpose of Disbursement (Optional) ADD. - 5K	Aggregate Year-to-date	\$ 300.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$