



Statement of Interests
State and Local Office Holders, Candidates and Appointees to such Positions,
Non-General Assembly Members

****This form must be filed with the Tennessee Ethics Commission****

Please see the attached instructions before completing this form. The failure to timely and properly submit the required disclosure statement can, under T.C.A. §3-6-205, result in the imposition of civil penalties in amounts up to \$10,000. Attached additional pages as necessary. **Note that this disclosure statement must be signed and the signature attested to by a witness in item 13.** In addition, please be aware that the information listed on this statement will be transferred to an electronic format for posting on the Commission's website, pursuant to T.C.A. §8-50-501(d)(3).

Please Print or Type

1. Name of Official or Candidate <u>Berlin Boyd</u>	2. Email (optional): 3. Phone Number Work: <u>9016366786</u> Home: _____								
4. Home Address Mailing Address (check here if same as home address <input type="checkbox"/>) <u>133 Harbor Town Blvd Memphis, TN 38103</u>									
5. Check one: <input checked="" type="checkbox"/> Office Holder <input checked="" type="checkbox"/> OR <input type="checkbox"/> New Candidate County: <u>Shelby</u> Title of Office held or sought: <u>City Council</u> District Number, Municipality, or County where office located: <u>District 7</u>									
6. Sources of Income List major source(s) of private (non-governmental) income of more than \$1,000 for yourself, your spouse or minor child residing with you. "Major sources of private income" include, but are not limited to: offices, directorships and salaried employments. No dollar amounts need to be stated. Select as many recipients as necessary. <input type="checkbox"/> NONE									
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7. Investments – List any investment by you, your spouse or minor child residing with you in any corporation or other business organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need be stated. <input type="checkbox"/> NONE									
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8. Lobbying – List any person, firm or organization for whom compensated lobbying is done by any associate, your spouse or minor child residing with you. Also, list any firm in which you, your spouse or minor child residing with you hold any interest for whom compensated lobbying is done. Explain the terms of any such employment, the subject matters lobbied and/or the measures to be supported or opposed.

NONE

Name of Lobbyist	Terms of Employment	Subject Matter or Measures	Lobbyist Relation to Filer	
_____	_____	_____	<input type="checkbox"/> Filer	<input type="checkbox"/> Associate of Filer
_____	_____	_____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Minor Child
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_____	_____	_____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Minor Child

9. Professional Services – List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse.

NONE

Licensed Profession	Client Interest	Furnished by	
_____	_____	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse
_____	_____	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse

10. Retainer Fees – List any retainer fee you receive from any person, firm or organization who is in the practice of promoting or opposing, influencing or attempting to influence directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, the legislative committees or the members thereof.

NONE

11. Bankruptcy – List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.

NONE

12. Loans – List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor child residing with you. **See the attached instructions for the list of loans that should not be disclosed on this report.**

NONE

Lender Name	Loan Recipient		
_____	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Minor Child
_____	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Minor Child

13. Signature – Must be attested to by a witness

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report in accordance with the Conflict of Interest Disclosure Act.



Signature of Official or Candidate

03/12/2019

Date

To be completed by witness:

I, Brooke Hyman, the undersigned, do hereby witness the above signature, which was
(Print Name of Witness) signed in my presence:



Signature of Witness

03/12/2019

Date