



Filing ID #10025432

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Mr. Samuel Graham Boyd
Status: Congressional Candidate
State/District: NC03

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2019
Filing Date: 04/5/2019

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
TGANC, PFANC, Flatlands Ins and Farming	Exec Management, Consulting and Sales	\$80,647.00	\$254,318.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Frist Citizens Bank	December 2018	Operating line for Famring enterprises	\$50,001 - \$100,000
JT	Specialized Loan Servicing	January 2005	Mortgage Payment	\$250,001 - \$500,000
JT	First Citizens Bank	August 2016	Equity Line of Credit	\$100,001 - \$250,000
JT	GM Financial	December 2018	Automobile note	\$15,001 - \$50,000
JT	BB&T	August 2014	Automobile loan	\$10,000 - \$15,000

Owner	Creditor	Date Incurred	Type	Amount of Liability
	John Deere Financial	2016	John Deere Sprayer	\$10,000 - \$15,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Executive Vice President,	Tobacco Growers Associaton of NC
Executive Secretary	Plant Food Association of NC

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
previously listed on Schedule C (Raleigh and Pinetown , NC, US)	Executive Management Services and Farming

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Mr. Samuel Graham Boyd , 04/5/2019