



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

ORIGINAL DOCUMENT
THIS COPY CANNOT BE
ACCEPTED TCA 2-5-102

1. Date: 10/13/24 2.a. Candidate or Committee Name: VICKI GANDEE
2. b. If Committee, Name of Candidate: _____ 3. Election Date: 11/5/24
4. Campaign Address: 7164 WOODRIDGE LANE
City: GERMANTOWN State: TN Zip Code: 38138 Phone: 901 412 2691
5. Candidate Home Address: 7164 WOODRIDGE LANE
City: GERMANTOWN State: TN Zip Code: 38138 Phone: 901 412 2691
Candidate Email Address: GANDEE.VOTE@GMAIL.COM
6. Office Sought: (include district number, if applicable) GERMANTOWN SCHOOL BOARD POSITION 5
7. Name of Political Treasurer (may be candidate): PAM PROCTOR
Political Treasurer Email Address: GANDEE.VOTE@GMAIL.COM

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☒ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24

10. Detailed Disclosure: (Check one)

- ☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Vicki Gande 10/13/24
Candidate Signature Date

Pam Proctor 10/13/24
Political Treasurer Signature Date

Thomas Gande 10/13/24
Witness Signature Date

Thomas Gande 10/13/24
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report \$ 0
b. Total Receipts This Period \$ 1650
c. Total Disbursements This Period \$ 307
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 1343
e. Total Loans Outstanding \$ 0
f. Total Obligations Outstanding \$ 0

SUMMARY PAGE - CANDIDATE

1. Name of Candidate or Committee: VICKI GANDEE

2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24

3. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$ 1650
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 1650

4. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 307
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 307

5. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 1724.95
- c. Total In-Kind Contributions Received This Period \$ 1724.95

6. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Vicki Gandee
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Mark Middle Name: _____ Last Name: Beanblossom

Address: 6466 Wynfrey Place City: Memphis State: TN Zip Code: 38120

Occupation: Attorney Employer: Self-Employed

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: \$ 200 Date of Contribution: 7/30/2024 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR

First Name: Jim Middle Name: _____ Last Name: Shanks

Address: 2333 Lansingwood Dr City: Germantown State: TN Zip Code: 38139

Occupation: Retired Employer: N/A

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: \$ 100 Date of Contribution: 8/1/2024 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR

First Name: Richard Middle Name: _____ Last Name: North

Address: 2784 Honey Tree Dr City: Germantown State: TN Zip Code: 38138

Occupation: CUSTOMER CARE Employer: HUNTER FAN CORP

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: \$ 50 Date of Contribution: 8/1/2024 Aggregate This Election: \$ 50

Business or Organization Name: _____ OR

First Name: Justin Middle Name: _____ Last Name: Johnson

Address: 1037 Moorefield Rd City: Collierville State: TN Zip Code: 38017

Occupation: REGIONAL DIRECTOR Employer: TN SUICIDE PREVENTION NETWORK

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: \$ 100 Date of Contribution: 8/27/24 Aggregate This Election: \$ 100

Total Contributions: \$ 450

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Vicki Gandee
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 450

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Julie Middle Name: _____ Last Name: Walker
Address: 9315 Enclave Green Lane East City: Germantown State: TN Zip Code: 38139
Occupation: UNEMPLOYED Employer: N/A
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 9/4/2024 Aggregate This Election: \$ 50

Business or Organization Name: _____ OR
First Name: Carrie Middle Name: _____ Last Name: Schween
Address: 8945 Winding Way City: Germantown State: TN Zip Code: 38139
Occupation: ~~HOUSE MANAGER~~ FINANCE MANAGER Employer: ~~AMER~~ AUTOZONE
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 9/28/2024 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Rocky Middle Name: _____ Last Name: Janda
Address: 1761 Troon Cv City: Germantown State: TN Zip Code: 38139
Occupation: Retired Employer: N/A
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 9/7/2024 Aggregate This Election: \$ 150

Business or Organization Name: _____ OR
First Name: Sue Middle Name: _____ Last Name: Turner
Address: 1285 Raleigh-Lagrange City: Collierville State: TN Zip Code: 38017
Occupation: Real Estate Broker Employer: Crye-Leike
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 8/14/24 Aggregate This Election: \$ 50

Total Contributions: \$ 950

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Vicki Gandee
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 950

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: RA Middle Name: _____ Last Name: Palazzolo
Address: 2053 Sunset Rd City: Germantown State: TN Zip Code: 38138
Occupation: Retired Employer: N/A
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 9/15/2024 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Robbie Middle Name: _____ Last Name: Davis
Address: 2830 Waterleaf Dr City: Germantown State: TN Zip Code: 38138
Occupation: Retired Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 9/6/2024 Aggregate This Election: \$ 500

Business or Organization Name: _____ OR
First Name: Todd Middle Name: _____ Last Name: Gandee
Address: 7164 Woodridge Lane City: Germantown State: TN Zip Code: 38138
Occupation: Home Inspector Employer: Self-Employed
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 9/20/2024 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 1650

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Vicki Gandee

2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024

3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ ~~1216.46~~ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ OR

First Name: Thomas Middle Name: Allyn Last Name: Gandee

Address: 1803 Birch Post Cv City: Germantown State: TN Zip Code: 38138

Occupation: Manager Employer: RISE Biscuits

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ 565.55 In-Kind Contribution Date: 8/19/24 Aggregate This Election: \$ 565.55

Description of In-Kind Contribution: Yard Signs - Super Cheap Signs

Business or Organization Name: _____ OR

First Name: Thomas Middle Name: Allyn Last Name: Gandee

Address: 1803 Birch Post Cv City: Germantown State: TN Zip Code: 38138

Occupation: Manager Employer: RISE Biscuits

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ 39.51 In-Kind Contribution Date: 8/25/24 Aggregate This Election: \$ 605.06

Description of In-Kind Contribution: Website Subscription

Business or Organization Name: _____ OR

First Name: Thomas Middle Name: Allyn Last Name: Gandee

Address: 1803 Birch Post Cv City: Germantown State: TN Zip Code: 38138

Occupation: Manager Employer: RISE Biscuits

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ 571.89 In-Kind Contribution Date: 9/9/24 Aggregate This Election: \$ 1176.95

Description of In-Kind Contribution: Yard Signs - Super Cheap Signs

Business or Organization Name: _____ OR

First Name: Thomas Middle Name: Allyn Last Name: Gandee

Address: 1803 Birch Post Cv City: Germantown State: TN Zip Code: 38138

Occupation: Manager Employer: RISE Biscuits

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ 39.51 In-Kind Contribution Date: 9/30/24 Aggregate This Election: \$ 1216.46

Description of In-Kind Contribution: Website Subscription

Total In-Kind Contributions: \$ ~~1216.46~~ 1216.46

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Vicki Gandee

2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024

3. Total In-kind contributions from preceding page (enter \$0 if first page) \$ 1216.46

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ OR

First Name: THOMAS Middle Name: ALYN Last Name: GANDEE

Address: 1803 BIRCH POST CV City: GERMANTOWN State: TN Zip Code: 38138

Occupation: MANAGER Employer: RISE BISCUITS

In-kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-kind Contribution Value: \$ 358.49 In-Kind Contribution Date: 9/16/24 Aggregate This Election: \$ 1574.95

Description of In-Kind Contribution: FLYERS

Business or Organization Name: _____ OR

First Name: THOMAS Middle Name: ALYN Last Name: GANDEE

Address: 1803 BIRCH POST CV City: GERMANTOWN State: TN Zip Code: 38138

Occupation: MANAGER Employer: RISE BISCUITS

In-kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-kind Contribution Value: \$ 150 In-Kind Contribution Date: 9/1/24 Aggregate This Election: \$ 1724.95

Description of In-Kind Contribution: CAMPAIGN BUTTONS

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ ~~1216.46~~ 1724.95

Continue forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1 Candidate or Committee Name: Vicki Gandee
2 Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3 Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

4 COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

5 Business or Organization Name: Square Space Inc OR
6 Name: _____ Middle Name: _____ Last Name: _____
7 Address: 225 Varick Street City: New York State: NY Zip Code: 10014
8 Purpose of Expenditure: Transaction Fee
9 Amount of Expenditure: \$ \$ 1.47 Date of Expenditure: \$ 7/27/24

10 Business or Organization Name: Square Space Inc OR
11 Name: _____ Middle Name: _____ Last Name: _____
12 Address: 225 Varick Street City: New York State: NY Zip Code: 10014
13 Purpose of Expenditure: Transaction Fee
14 Amount of Expenditure: \$ \$ 12.10 Date of Expenditure: \$ 7/30/24

15 Business or Organization Name: Square Space Inc OR
16 Name: _____ Middle Name: _____ Last Name: _____
17 Address: 225 Varick Street City: New York State: NY Zip Code: 10014
18 Purpose of Expenditure: Transaction Fee
19 Amount of Expenditure: \$ \$ 6.20 Date of Expenditure: \$ 8/1/24

20 Business or Organization Name: Square Space Inc OR
21 Name: _____ Middle Name: _____ Last Name: _____
22 Address: 225 Varick Street City: New York State: NY Zip Code: 10014
23 Purpose of Expenditure: Transaction Fee
24 Amount of Expenditure: \$ \$ 3.25 Date of Expenditure: \$ 8/15/24

25 Business or Organization Name: Square Space Inc OR
26 Name: _____ Middle Name: _____ Last Name: _____
27 Address: 225 Varick Street City: New York State: NY Zip Code: 10014
28 Purpose of Expenditure: Transaction Fee
29 Amount of Expenditure: \$ \$ 6.20 Date of Expenditure: \$ 8/27/24

30 Total expenditures: \$ \$ 29.23

31 Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Candidate or Committee Name: Vicki Gandee

Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024

Total campaign expenditures from preceding page (enter \$0 if first page) \$ # 29-23

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Square Space Inc OR

First Name: _____ Middle Name: _____ Last Name: ~~NAME~~

Address: 225 Varick Street City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Transaction Fee

Amount of Expenditure: \$ \$ 3.25 Date of Expenditure: \$ 9/4/24

Business or Organization Name: Square Space Inc OR

First Name: _____ Middle Name: _____ Last Name: ~~NAME~~

Address: 225 Varick Street City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Transaction Fee

Amount of Expenditure: \$ \$ 15.05 Date of Expenditure: \$ 9/28/24

Business or Organization Name: _____ OR

First Name: NANCY Middle Name: _____ Last Name: KEOUGH

Address: 1636 IVY RD City: MEMPHIS State: TN Zip Code: 38117

Purpose of Expenditure: T-SHIRTS

Amount of Expenditure: \$ \$ 259.47 Date of Expenditure: \$ 9/25/24

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: ~~NAME~~

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ ~~259.47~~ ~~259.47~~ \$ 307

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)