

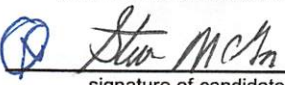
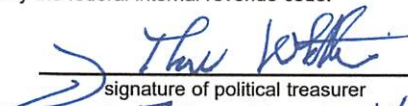
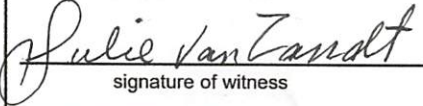
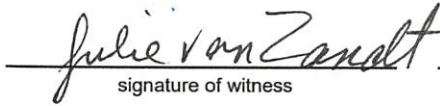
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

RECEIVED

For State and Local Candidates For Single-Candidate Committees

APR 01 2022

Maury County
Election Commission

1. DATE OF REPORT 4/1/2022		2.a. NAME OF CANDIDATE OR COMMITTEE STEVE MCGEE	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 8-4-22	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 1804 COLLEOKA HWY COLLEOKA TN 38451 615-268-0732			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone SAME			
5. OFFICE SOUGHT (include district number, if applicable) SCHOOL BOARD DISTRICT #9		6. NAME OF POLITICAL TREASURER (may be candidate) J THOMAS WHITTEN	
7. CATEGORY OR REPORT (Check one) ☒ FIRST QUARTER ☐ SECOND QUARTER ☐ THIRD QUARTER ☐ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☐ YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 02/03/2022		8.b. ENDING DATE OF REPORTING PERIOD 03/31/2022	
9. (Check one) a. ☐ This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. ☐ 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.			
10. 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.  signature of candidate STEVE MCGEE 29 March 22 date  signature of political treasurer J. THOMAS WHITTEN 3/29/22 date			
11. WITNESS SIGNATURE  signature of witness Julie van Zandt 3/29/22 date  signature of witness Julie van Zandt 3/29/22 date			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 0	
b. TOTAL RECEIPTS THIS PERIOD		\$ 2600.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 50.00	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 2550.00	
e. TOTAL LOANS OUTSTANDING		\$ 500.00	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 500.00	



DECLASSIFIED BY: 60328 UCBAW/STP/KMP/STP
DECLASSIFICATION DATE: 2019-07-15

2206.100

APR 14 1964

Wish you could...

P. H. triangular ashy brownish

24-42400

075/24/90

15/5/2

2014-2015

200 31 2007

02.000

22-02

6. ANE

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: <u>2/3/22</u> TO: <u>3/31/22</u>	
---	---	--

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ _____

b. Itemized Contributions (over \$100 from each source this period) \$ 2100

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 2100

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 500

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 2600

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>Advertising</u>	\$ <u>50.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 50.00

b. Itemized Expenditures (Over \$100 each payee this period) \$ _____

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 50.00

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 50.00

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ _____



STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
 OFFICE OF THE COMPTROLLER
 SACRAMENTO, CALIFORNIA

RECEIPTS
 (For the month of _____ 19____)

1. General Fund (Total Receipts) \$ 100.00

2. Special Fund (Total Receipts) \$ 0.00

3. State Fund (Total Receipts) \$ 0.00

4. Local Fund (Total Receipts) \$ 0.00

5. Other Fund (Total Receipts) \$ 0.00

6. Total Receipts (Total Receipts) \$ 100.00

7. Disbursements (Total Disbursements) \$ 0.00

8. Balance (Total Balance) \$ 100.00

9. Carry Over (Total Carry Over) \$ 0.00

10. Total (Total) \$ 100.00

11. Receipts (Total Receipts) \$ 100.00

12. Disbursements (Total Disbursements) \$ 0.00

13. Balance (Total Balance) \$ 100.00

14. Carry Over (Total Carry Over) \$ 0.00

15. Total (Total) \$ 100.00

16. Receipts (Total Receipts) \$ 100.00

17. Disbursements (Total Disbursements) \$ 0.00

18. Balance (Total Balance) \$ 100.00

19. Carry Over (Total Carry Over) \$ 0.00

20. Total (Total) \$ 100.00

21. Receipts (Total Receipts) \$ 100.00

22. Disbursements (Total Disbursements) \$ 0.00

23. Balance (Total Balance) \$ 100.00

24. Carry Over (Total Carry Over) \$ 0.00

25. Total (Total) \$ 100.00

26. Receipts (Total Receipts) \$ 100.00

27. Disbursements (Total Disbursements) \$ 0.00

28. Balance (Total Balance) \$ 100.00

29. Carry Over (Total Carry Over) \$ 0.00

30. Total (Total) \$ 100.00

31. Receipts (Total Receipts) \$ 100.00

32. Disbursements (Total Disbursements) \$ 0.00

33. Balance (Total Balance) \$ 100.00

34. Carry Over (Total Carry Over) \$ 0.00

35. Total (Total) \$ 100.00

36. Receipts (Total Receipts) \$ 100.00

37. Disbursements (Total Disbursements) \$ 0.00

38. Balance (Total Balance) \$ 100.00

39. Carry Over (Total Carry Over) \$ 0.00

40. Total (Total) \$ 100.00

41. Receipts (Total Receipts) \$ 100.00

42. Disbursements (Total Disbursements) \$ 0.00

43. Balance (Total Balance) \$ 100.00

44. Carry Over (Total Carry Over) \$ 0.00

45. Total (Total) \$ 100.00

46. Receipts (Total Receipts) \$ 100.00

47. Disbursements (Total Disbursements) \$ 0.00

48. Balance (Total Balance) \$ 100.00

49. Carry Over (Total Carry Over) \$ 0.00

50. Total (Total) \$ 100.00

51. Receipts (Total Receipts) \$ 100.00

52. Disbursements (Total Disbursements) \$ 0.00

53. Balance (Total Balance) \$ 100.00

54. Carry Over (Total Carry Over) \$ 0.00

55. Total (Total) \$ 100.00

56. Receipts (Total Receipts) \$ 100.00

57. Disbursements (Total Disbursements) \$ 0.00

58. Balance (Total Balance) \$ 100.00

59. Carry Over (Total Carry Over) \$ 0.00

60. Total (Total) \$ 100.00

61. Receipts (Total Receipts) \$ 100.00

62. Disbursements (Total Disbursements) \$ 0.00

63. Balance (Total Balance) \$ 100.00

64. Carry Over (Total Carry Over) \$ 0.00

65. Total (Total) \$ 100.00

66. Receipts (Total Receipts) \$ 100.00

67. Disbursements (Total Disbursements) \$ 0.00

68. Balance (Total Balance) \$ 100.00

69. Carry Over (Total Carry Over) \$ 0.00

70. Total (Total) \$ 100.00

71. Receipts (Total Receipts) \$ 100.00

72. Disbursements (Total Disbursements) \$ 0.00

73. Balance (Total Balance) \$ 100.00

74. Carry Over (Total Carry Over) \$ 0.00

75. Total (Total) \$ 100.00

76. Receipts (Total Receipts) \$ 100.00

77. Disbursements (Total Disbursements) \$ 0.00

78. Balance (Total Balance) \$ 100.00

79. Carry Over (Total Carry Over) \$ 0.00

80. Total (Total) \$ 100.00

81. Receipts (Total Receipts) \$ 100.00

82. Disbursements (Total Disbursements) \$ 0.00

83. Balance (Total Balance) \$ 100.00

84. Carry Over (Total Carry Over) \$ 0.00

85. Total (Total) \$ 100.00

86. Receipts (Total Receipts) \$ 100.00

87. Disbursements (Total Disbursements) \$ 0.00

88. Balance (Total Balance) \$ 100.00

89. Carry Over (Total Carry Over) \$ 0.00

90. Total (Total) \$ 100.00

91. Receipts (Total Receipts) \$ 100.00

92. Disbursements (Total Disbursements) \$ 0.00

93. Balance (Total Balance) \$ 100.00

94. Carry Over (Total Carry Over) \$ 0.00

95. Total (Total) \$ 100.00

96. Receipts (Total Receipts) \$ 100.00

97. Disbursements (Total Disbursements) \$ 0.00

98. Balance (Total Balance) \$ 100.00

99. Carry Over (Total Carry Over) \$ 0.00

100. Total (Total) \$ 100.00

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE STEVE M'GEE FOR SCHOOL BOARD DIST 9 J THOMAS WHITTEN TREASURER						2. REPORT COVERING THE PERIOD FROM: FEB 3, 2022 TO: 3/31/2022	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name STEVE		Middle Name		Outstanding Loan Balance (Beginning of Period) 0		Loans Received 500.00	
Last Name/Organization Name M'GEE		Loan Payments 0		Outstanding Loan Balance (End of Period) 500.00			
Address 1804 Colleoka Hwy				Loan Received For: ☐ Primary Election ☒ General Election		Date of Loan FEB 3, 2022	
City Colleoka		State TN		Zip Code 38451			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE STEVE MCGEE FOR School BOARD DISTRICT 9 J THOMAS Whitten Treasurer		2. REPORT COVERING THE PERIOD FROM: 2/28/22 TO: 3/31/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name J THOMAS	Middle Name	Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution 250.00
Last Name/Organization Name Whitten		Date of Contribution FEB 28 / 2022	Aggregate This Election
Address 3908 ANNAND BETH CT			
City COLUMBIA	State TN	Zip Code 38401	
Occupation Retired			
Employer N/A			
First Name DR Robert	Middle Name M	Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution 500.00
Last Name/Organization Name JOHNSON		Date of Contribution MARCH 5, 2022	Aggregate This Election
Address 210 DERBY Glen LAKE			
City BRENTWOOD	State TN	Zip Code 37027	
Occupation Physician			
Employer			
First Name JOHN QUINN	Middle Name	Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution 50.00
Last Name/Organization Name QUINN		Date of Contribution MARCH 3, 2022	Aggregate This Election
Address 2205 SCRIBNERS Mill RD			
City COLLEOKA	State TN	Zip Code 38452	
Occupation Sales Associate			
Employer ACE HARDWARE			
First Name JAMES	Middle Name	Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution 200.00
Last Name/Organization Name HAGAN		Date of Contribution	Aggregate This Election
Address 1019 NORTH FIRST ST			
City POLASKI	State TN	Zip Code 38478	
Occupation NURSE PRACTITIONER			
Employer PLATINUM WELLNESS CENTER			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Steve Mc Gee For School Board District 9		2. REPORT COVERING THE PERIOD FROM: 2/28/22 TO: 3/31/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name J	Middle Name MICHAEL	Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution 1,000
Last Name/Organization Name GALLAGHER		Date of Contribution	Aggregate This Election
Address P O Box 3661			
City Brentwood	State TN	Zip Code 37024	
Occupation Retired			
Employer			
First Name GREGORY	Middle Name P.	Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution 100.00
Last Name/Organization Name SKYE		Date of Contribution	Aggregate This Election
Address 1187 OLD Hickory Blvd			
City Brentwood	State TN	Zip Code 37027	
Occupation Physician			
Employer SKYE Chiropractic			
First Name	Middle Name	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	Middle Name	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			



