CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: July 22, 2024 2.a. Candidate or Committee Name: Ernest Gillespie III

2.b. If Committee, Name of Candidate: - 3. Election Date: Aug. 1, 2024

4. Campaign Address: 3171 Canyon Rd

City: Memphis State: Tn. Zip Code: 38134 Phone: 901-238-4123

5. Candidate Home Address: 3171 Canyon Rd

City: Memphis State: Tn Zip Code: 38134 Phone: 901-238-4123

Candidate Email Address: eg3@bellsouth.net

6. Office Sought: (include district number, if applicable) Memphis Shelby County School Board Dist 2

7. Name of Political Treasurer (may be candidate): Cassaundra Arbertha

Political Treasurer Email Address: arberthac@bellsouth.net

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: 7-1-2024 End Date: 7-25-24

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.

Rev Ernest D Wiggs 7/22/2024 Cassaundra Arbertha 7-22-2024

Candidate Signature Date Political Treasurer Signature Date

Betty Gillespie 7-22-2024 Betty Gillespie 7-22-2024

Witness Signature Date Witness Signature Date

12. Summary:

a.	Balance On Hand Last Report	$ 0
b.	Total Receipts This Period	$ 300.00
c.	Total Disbursements This Period	$ 200.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 100.00
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

ORIGINAL DOCUMENT PHOTOCOPY CANNOT BE ACCEPTED TCA 2-5-102

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Ernest Gillespie III
2. Reporting Period: Start Date: 7-1-2024 End Date: 7-25-2024
3. Total campaign contributions from preceding page (enter $0 if first page) $ 300.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______ OR
First Name: Donald Small Middle Name: ______ Last Name: Small
Address: ______ City: ______ State: ____ Zip Code: ______
Occupation: ______ Employer: ______
Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $ 300.00 Date of Contribution: ______ Aggregate This Election: $ ______

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: $ ______

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: $ ______

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: $ 300.00
(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Ernest Gillespie III
2. Reporting Period: Start Date: 7-1-2024 End Date: 7-25-2024
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 200.00

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: R. E. I. C. Min. Printing **OR**
First Name: ____ Middle Name: ____ Last Name: ____
Address: ____ City: ____ State: ____ Zip Code: ____
Purpose of Expenditure: Yard signs
Amount of Expenditure: $ 200.00 Date of Expenditure: $ 7/10/2024

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: $ ____

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: $ ____

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: $ ____

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: $ 200.00
(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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______________________________
First Name: ______________ Middle Name: __________
Last Name: ______________________________
Address: ______________________________
City: ______________________________
State: __________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________
First Name: ______________ Middle Name: __________
Last Name: ______________________________
Address: ______________________________
City: ______________________________
State: __________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________
First Name: ______________ Middle Name: __________
Last Name: ______________________________
Address: ______________________________
City: ______________________________
State: __________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________
First Name: ______________ Middle Name: __________
Last Name: ______________________________
Address: ______________________________
City: ______________________________
State: __________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

ACCOUNT NUMBER

1430003621268

Truist

TODAY'S DATE

July 22, 2024

Account Closeout Receipt

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-102

ERNEST GILLESPIE III

3171 CANYON RD

MEMPHIS, TN 38134-3115

Transaction Description	Client Request - account closeout
Expected Processing Date	07/22/2024

Account Balance	$124.56
+ Accrued Interest	$0.00
- Early Closing Fee	$0.00
- Pending Service Charges *(business accounts only)*	$0.00
Debit Amount	$124.56

Truist Representative QUANJANIESE HAMLET 63807

Branch 11475 **Phone** (000) 000-0000

- If you have drafts debited from this account, you must notify the company to stop the drafts, or provide them with another account number to debit.
- If you have direct deposits, you must notify the sender to discontinue the deposits to this account.
- If you have Truist Online Banking, and have no other eligible accounts, your Truist Online Banking account will be deleted. If you have online bill payments set up, they will be deleted and cannot be retrieved.
- Please destroy all blank checks and deposit slips you have for this account.
- Final account statement will be mailed to the mailing address on file for the account.
- Debit Card has been blocked.