

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/30/2018		2.a. NAME OF CANDIDATE OR COMMITTEE Mary Anne Gibson			
2.b. IF COMMITTEE, NAME OF CANDIDATE Mary Anne Gibson			3. ELECTION DATE 11/6/2018		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route 8688 Pepper Bush Lane	City Germantown	State TN	Zip Code 38139	Phone (901) 487-0531	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route 8688 Pepper Bush Lane	City Germantown	State TN	Zip Code 38139	Phone (901) 487-0531	
5. OFFICE SOUGHT (include district number, if applicable) Germantown Alderman, Pos. 2			6. NAME OF POLITICAL TREASURER (may be candidate) Norris McGehee		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER	<input type="checkbox"/> PRE-PRIMARY	<input checked="" type="checkbox"/> PRE-GENERAL
			<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 10/1/2018			8.b. ENDING DATE OF REPORTING PERIOD 10/27/2018		
9. (Check one)					
a. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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		_____ date		_____ signature of political treasurer	
11. WITNESS SIGNATURE					
_____ signature of witness		_____ date		_____ signature of witness	
				_____ date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				\$	<u>22,870.57</u>
b. TOTAL RECEIPTS THIS PERIOD				\$	<u>2,800.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD				\$	<u>15,115.91</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$	<u>10,554.66</u>
e. TOTAL LOANS OUTSTANDING				\$	<u>0.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING				\$	<u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mary Anne Gibson			2. REPORT COVERING THE PERIOD		
			FROM: 10/1/2018	TO: 10/27/2018	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Brian		Middle Name R		Contribution Received For:	
Last Name/Organization Name Carney				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 7351 Claiborne Drive				<input type="checkbox"/> Runoff (Local Elections Only)	
City Germantown		State TN	Zip Code 38138	Date of Contribution	
Occupation Vice Preseident of Operations				10/19/18	
Employer Cooper Hotels				Aggregate This Election \$550.00	
First Name John		Middle Name A.		Contribution Received For:	
Last Name/Organization Name Williams				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 2997 Ashmont Dr				<input type="checkbox"/> Runoff (Local Elections Only)	
City Germantown		State TN	Zip Code 38138	Date of Contribution	
Occupation Executive				10/19/18	
Employer Avionics Specialist, Inc.				Aggregate This Election \$250.00	
First Name Elizabeth		Middle Name		Contribution Received For:	
Last Name/Organization Name Wilson				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 10470 Shea Woods Dr				<input type="checkbox"/> Runoff (Local Elections Only)	
City Collierville		State TN	Zip Code 38017	Date of Contribution	
Occupation Real Estate				10/04/18	
Employer Crye-Leike				Aggregate This Election \$1,500.00	
First Name Kevin		Middle Name		Contribution Received For:	
Last Name/Organization Name Hyneman				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 177 Crescent Dr.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Collierville		State TN	Zip Code 38017	Date of Contribution	
Occupation Kevin Hyneman Co				10/19/18	
Employer President				Aggregate This Election \$1,000.00	
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.)					\$2,050.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mary Anne Gibson			2. REPORT COVERING THE PERIOD	
			FROM: 10/1/2018	TO: 10/27/2018
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$2,050.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Township Development Services		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$250.00
Address 260 Revell Pt N		<input type="checkbox"/> Runoff (Local Elections Only)		
City Collierville	State TN	Zip Code 38017	Date of Contribution 10/15/18	Aggregate This Election \$250.00
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(Carry forward to item 3. of next page if additional pages of this form are used.) <small>(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)</small></small>				\$2,300.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mary Anne Gibson			2. REPORT COVERING THE PERIOD FROM: 10/1/2018 TO: 10/27/2018		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name ABSB Resources LLC		Mailer, Digital Ad, Social Media		\$15,050.00	
Address 4501 Potters Cross Dr					
City Memphis	State TN				Zip Code 38125
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$15,050.00	

