



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/29/24 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: 10/1/24 End Date: 10/29/24
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 10/29/24 Pam Proctor 29 October '24
Candidate Signature Date Political Treasurer Signature Date
Theresa Gande 10/29/24 Theresa Gande 10/29/24
Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>1343</u>
b. Total Receipts This Period	\$ <u>1150</u>
c. Total Disbursements This Period	\$ <u>\$804.55</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1688.45</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Vicki GANDEF

14. Reporting Period: Start Date: 10/1/24 End Date: 10/29/24

15. 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) \$ 1150
- 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.) \$ 1150

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 804.55
(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.)..... \$ 804.55

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 954.91
- c. Total In-Kind Contributions Received This Period \$ 954.91

18. 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: 10/1/24 End Date: 10/29/24
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: JOHN Middle Name: DAVIS Last Name: WOODS JR.
Address: 1861 E CHURCHILL DOWNING 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: \$ 250 Date of Contribution: 10/5/24 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: JAMIE Middle Name: _____ Last Name: STRONG
Address: 2813 HONEY TREE DR. City: GERMANTOWN State: TN Zip Code: 38138
Occupation: COMMERCIAL INTERIOR DESIGN Employer: SELF-EMPLOYED
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 10/9/24 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: CARRIE Middle Name: _____ Last Name: MONTGOMERY
Address: 8971 WINDING WAY City: GERMANTOWN State: TN Zip Code: 38139
Occupation: ACCOUNTANT Employer: TPC SOUTHWIND
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 10/5/24 Aggregate This Election: \$ 50

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: N/A
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 10/20/24 Aggregate This Election: \$ 600

Total Contributions: \$ 500

(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 GANDOFF
2. Reporting Period: Start Date: 10/1/24 End Date: 10/29/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 500

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 10/8/24 Aggregate This Election: \$ 350

Business or Organization Name: _____ OR
First Name: JINA Middle Name: _____ Last Name: SANDELS
Address: 7140 MANOR WOODS CT City: GERMANTOWN State: TN Zip Code: 38138
Occupation: HOMEMAKER Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 10/13/24 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: STEPHANIE Middle Name: _____ Last Name: O'BRIANT
Address: 7544 APPLE VALLEY RD City: GERMANTOWN State: TN Zip Code: 38138
Occupation: UNEMPLOYED Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 10/2/24 Aggregate This Election: \$ 50

Business or Organization Name: _____ OR
First Name: ANDREA Middle Name: _____ Last Name: VU
Address: 888 826 OLD ELM CV City: GERMANTOWN State: TN Zip Code: 38138
Occupation: UNEMPLOYED Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 10/1/24 Aggregate This Election: \$ 100

Total Contributions: \$ 1150

(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: VIKki GANDER
2. Reporting Period: Start Date: 10/1/24 End Date: 10/29/24
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 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: VIKki Middle Name: _____ Last Name: GANDER
Address: 7164 WOODRIDGE LANE City: GERMANTOWN State: TN Zip Code: 38138
Occupation: REAL ESTATE Employer: CARE-LEIKE / SELF EMPLOYED
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 98.76 In-Kind Contribution Date: 10/22/24 Aggregate This Election: \$ 98.76
Description of In-Kind Contribution: YARD STAKES FOR SIGNS

Business or Organization Name: _____ OR
First Name: VIKki Middle Name: _____ Last Name: GANDER
Address: 7164 WOODRIDGE LANE City: GERMANTOWN State: TN Zip Code: 38138
Occupation: REAL Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 433.99 In-Kind Contribution Date: _____ Aggregate This Election: \$ 532.75
Description of In-Kind Contribution: YARD SIGNS - SUPER CHEAP SIGNS

Business or Organization Name: _____ OR
First Name: TODD Middle Name: _____ Last Name: GANDER
Address: 7164 WOODRIDGE LANE City: _____ State: _____ Zip Code: _____
Occupation: HOME INSPECTOR Employer: SELF EMPLOYED
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 76.23 In-Kind Contribution Date: _____ Aggregate This Election: \$ 176.23
Description of In-Kind Contribution: FLYERS

Business or Organization Name: _____ OR
First Name: THOMAS Middle Name: ALLAN Last Name: GANDER
Address: 1803 BIRCH POST CV City: GERMANTOWN State: TN Zip Code: 38138
Occupation: MANAGER Employer: RISE
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 50 In-Kind Contribution Date: 10/15/24 Aggregate This Election: \$ 1774.95
Description of In-Kind Contribution: DRINKS + SNACKS FOR CAMPAIGN EARLY VOTE

Total In-Kind Contributions: \$ 658.98

(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: 10/1/24 End Date: 10/29/24
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 804.55

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: PAM Middle Name: _____ Last Name: PROCTOR
Address: 1825 ALLENBY GREEN City: GELMANTOWN State: TN Zip Code: 37139
Occupation: RETIRED Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 150.36 In-Kind Contribution Date: 10/14/24 Aggregate This Election: \$ 150.36
Description of In-Kind Contribution: FLYERS

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: _____

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: \$ 954.91

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: VICKI GANDEE
2. Reporting Period: Start Date: 10/1/24 End Date: 10/29/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: Cumulus OR

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

Address: 5629 MURRAY RD City: MEMPHIS State: TN Zip Code: 38119

Purpose of Expenditure: RADIO ADS

Amount of Expenditure: \$ 765 Date of Expenditure: \$ 10/23/24

Business or Organization Name: SQUARE SPACE INC OR

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

Address: 225 VARICK ST City: NEW YORK State: NY Zip Code: 10014

Purpose of Expenditure: CREDIT CARD TRANSACTION FEE

Amount of Expenditure: \$ 10/5/24 Date of Expenditure: \$ 3.25

Business or Organization Name: SQUARE SPACE INC OR

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

Address: 225 VARICK ST City: NEW YORK State: NY Zip Code: 10014

Purpose of Expenditure: TRANSACTION FEE

Amount of Expenditure: \$ 10/1/24 Date of Expenditure: \$ 6.20

Business or Organization Name: SQUARE SPACE INC OR

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

Address: 225 VARICK ST City: NEW YORK State: NY Zip Code: 10014

Purpose of Expenditure: TRANSACTION FEE

Amount of Expenditure: \$ ~~15.05~~ 10/8/24 Date of Expenditure: \$ 15.05

Business or Organization Name: SQUARE SPACE INC OR

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

Address: 225 VARICK ST City: NEW YORK State: NY Zip Code: 10014

Purpose of Expenditure: TRANSACTION FEE

Amount of Expenditure: \$ 10/13/24 Date of Expenditure: \$ 15.05

Total Expenditures: \$ ~~UNING~~ \$ 804.55

(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.)