CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/10/2024 2.a. Candidate or Committee Name: Rachelle Maier

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/5/2024

4. Campaign Address: 1220 Autumn Lake Dr

City: Collierville State: TN Zip Code: 38017 Phone: 9012108754

5. Candidate Home Address: 1220 Autumn Lake Dr

City: Collierville State: TN Zip Code: 38017 Phone: 9012108754

Candidate Email Address: voterachelle@gmail.com

6. Office Sought: (include district number, if applicable) Collierville School Bd., Pos. 1

7. Name of Political Treasurer (may be candidate): Jennifer Bennett

Political Treasurer Email Address: jbennett@fnbea.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: 7/1/2024 End Date: 9/30/2024

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

-B717-4512-8BC1-22EE
10/10/24 - 1:32 PM

12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $7,451.70
c.	Total Disbursements This Period	$ $3,632.20
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $3,819.50
e.	Total Loans Outstanding	$ $5,000.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Rachelle Maier

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

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ $672.00
(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) ..... $ $1,779.70

c. Loans Received This Reporting Period ..... $ $5,000.00

d. Interest Received This Reporting Period ..... $

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ $7,451.70

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $3,632.20
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $

c. Total Obligation Payments Made This Period ..... $

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ $3,632.20

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $

b. Itemized In-Kind Contributions Received This Period ..... $

c. Total In-Kind Contributions Received This Period ..... $

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Rachelle Maier

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) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Beth Middle Name: _____ Last Name: Jackson

Address: 1210 Autumn Lake Dr City: Collierville State: TN Zip Code: 38017

Occupation: Teacher Employer: Collierville Schools

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

Amount of Contribution: $ $479.70 Date of Contribution: 8/26/2024 Aggregate This Election: $ $479.70

Business or Organization Name: _____ **OR**

First Name: Therese Middle Name: _____ Last Name: Dean

Address: 1045 Yorktown Rd City: Collierville State: TN Zip Code: 38017

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $200.00 Date of Contribution: 7/12/2024 Aggregate This Election: $ $200.00

Business or Organization Name: _____ **OR**

First Name: Larry Middle Name: _____ Last Name: Boyd

Address: 234 Natchez St City: Collierville State: TN Zip Code: 38017

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $250.00 Date of Contribution: 8/26/2024 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Allen Middle Name: _____ Last Name: Carpenter

Address: 546 Hughes Rd City: Collierville State: TN Zip Code: 38017

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $250.00 Date of Contribution: 8/26/2024 Aggregate This Election: $ $250.00

Total Contributions: $ $1,179.70

(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: Rachelle Maier

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) $ $1,179.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: William Middle Name: _____ Last Name: Roberts

Address: 125 Serenbe Cv City: Collierville State: TN Zip Code: 38017

Occupation: Attornev Employer: Harris Shelton

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

Amount of Contribution: $ $500.00 Date of Contribution: 9/11/2024 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Kirk Middle Name: _____ Last Name: Northcutt

Address: 1241 Irwins Grove Ln City: Collierville State: TN Zip Code: 38017

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $100.00 Date of Contribution: 9/30/2024 Aggregate This Election: $ $100.00

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: $ $1,779.70

(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: Rachelle Maier

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) $ $0.00

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: Salient Strategy Design **OR**

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

Address: 4033 Williford Way City: Spring HIll State: TN Zip Code: 37174

Purpose of Expenditure: Consultant Fee

Amount of Expenditure: $ $1,000.00 Date of Expenditure: $ 7/17/2024

Business or Organization Name: GoDaddy.com **OR**

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

Address: Online City: Online State: N/A Zip Code: 12345

Purpose of Expenditure: Website

Amount of Expenditure: $ $122.26 Date of Expenditure: $ 7/18/2024

Business or Organization Name: CPS **OR**

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

Address: Online City: Online State: N/A Zip Code: 12345

Purpose of Expenditure: Check Order

Amount of Expenditure: $ $53.13 Date of Expenditure: $ 7/23/2024

Business or Organization Name: GoDaddy.com **OR**

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

Address: online City: online State: N/A Zip Code: 12345

Purpose of Expenditure: Website fees

Amount of Expenditure: $ $18.65 Date of Expenditure: $ 8/5/2024

Business or Organization Name: Salient Strategy Design **OR**

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

Address: 4033 Williford Way City: Spring HIll State: TN Zip Code: 37174

Purpose of Expenditure: Yard Signs

Amount of Expenditure: $ $578.00 Date of Expenditure: $ 8/14/2024

Total Expenditures: $ $1,772.04

(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

1. Candidate or Committee Name: Rachelle Maier

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) $ $1,772.04

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: Cheers Wine & Spirits **OR**

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

Address: 366 New Byhalia Rd #3 City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Beverages for Kick off Event

Amount of Expenditure: $ $74.58 Date of Expenditure: $ 8/27/2024

Business or Organization Name: Simply Done Catering **OR**

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

Address: 111 Walnut St City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Food for campaign kick off event

Amount of Expenditure: $ $200.00 Date of Expenditure: $ 8/24/2024

Business or Organization Name: SignaturesX **OR**

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

Address: 707 S Highland St City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Campaign promo items

Amount of Expenditure: $ $168.58 Date of Expenditure: $ 8/29/2024

Business or Organization Name: Salient Strategy Design **OR**

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

Address: 4033 Williford Way City: Spring HIll State: TN Zip Code: 37174

Purpose of Expenditure: Consultant Fee

Amount of Expenditure: $ $1,000.00 Date of Expenditure: $ 9/5/2024

Business or Organization Name: Salient Strategy Design **OR**

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

Address: 4033 Williford Way City: Spring HIll State: TN Zip Code: 37174

Purpose of Expenditure: Yard Signs

Amount of Expenditure: $ $417.00 Date of Expenditure: $ 9/11/2024

Total Expenditures: $ $3,632.20

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Rachelle Maier
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ____________ **OR**

First Name: Rachelle Middle Name: ____________ Last Name: Maier

Address: 1220 Autumn Lake Dr City: Collierville State: TN Zip Code: 38017

Outstanding Loan Balance (Beginning) .... $ $0.00

Loans Received .... $ $5,000.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $5,000.00

Loan Received For: Primary Election ■General Election Runoff (Local Elections Only)

Date of Loan: 7/8/2024

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ____________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Amount Guaranteed Outstanding: $____________

Business or Organization Name: ____________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Amount Guaranteed Outstanding: $____________

Business or Organization Name: ____________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Amount Guaranteed Outstanding: $____________

Business or Organization Name: ____________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Amount Guaranteed Outstanding: $____________

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .... $ $0.00

Loans Received .... $ $5,000.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $5,000.00