CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: July 3, 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: 4/1/24 End Date: 6/30/24

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Ernest Gillespie III	7/3/2024	Cassaundra Arbertha	7-3-24
Witness Signature	**Date**	**Witness Signature**	**Date**
Betty Gillespie	7/3/2024	Betty Gillespie	7-3-24

12. Summary:

a.	Balance On Hand Last Report	$ —
b.	Total Receipts This Period	$ 1824.00
c.	Total Disbursements This Period	$ 2145.99
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ -321.99
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Ernest Gillespie III

2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1824.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Albert Smith Middle Name: _____ Last Name: Smith

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 500 Date of Contribution: _____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: Dominique Middle Name: _____ Last Name: Nickelberry

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 50 Date of Contribution: _____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: Cassandra Middle Name: _____ Last Name: Arbertha

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 50 Date of Contribution: _____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: Glen Middle Name: _____ Last Name: Smith

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: $ 1824.00

(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.)

Contributions Continued

Andrews - 100.00

25.00

ton 100.00

on 40.00

40.00

urt 5.00

und 400.00

Fishbowl Contributions:

$552.73

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Ernest Gillespie III

2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2145.99

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: First Signs **OR**

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

Address: 3135 Kirby Whitten City: Bartlett State: Tn Zip Code: 38134

Purpose of Expenditure: 4x4 2sided sign (yard)

Amount of Expenditure: $ 24.01 Date of Expenditure: $ 5/30/24

Business or Organization Name: Signs First **OR**

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

Address: 3135 Kirby Whitten City: Bartlett State: Tn Zip Code: 38134

Purpose of Expenditure: Yard signs

Amount of Expenditure: $ 192.06 Date of Expenditure: $ 6/21/24

Business or Organization Name: Office Max **OR**

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

Address: Stage Rd City: Bartlett State: Tn Zip Code: 38134

Purpose of Expenditure: Flyers

Amount of Expenditure: $ 437.68 Date of Expenditure: $ 6/20/24

Business or Organization Name: Office Max **OR**

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

Address: Stage Rd City: Bartlett State: Tn Zip Code: 38134

Purpose of Expenditure: Flyers

Amount of Expenditure: $ 244.73 Date of Expenditure: $ 6/10/24

Business or Organization Name: R.E.I.L. Ministry **OR**

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

Address: _____ City: Memphis State: Tn Zip Code: _____

Purpose of Expenditure: Yard signs

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 6/25/24

Total Expenditures: $ $2145.99

(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.)

Expenditures Cont

ustom Tees
a. 38106
$ 200.00 5/14/24

(Food for Kick off)
ike Memphis, Tn. 38128
6/25/24

rby Whitten Bartlett Tn. 38134
5/7/24

2au Memphis Tn.
eeting Kick off
4/25/24

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)
$	$	$	$