



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 7/10/24 2.a. Candidate or Committee Name: ROSEMARIE SCHULZE  
2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 3/5/24  
4. Campaign Address: 292 DONNA DR UNIT E  
City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 732 948 3757  
5. Candidate Home Address: 292 DONNA DR UNIT #E  
City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 732 948 3757  
Candidate Email Address: ROSESCHULZE.RS@gmail.com  
6. Office Sought: (include district number, if applicable) SCHOOL BOARD DISTRICT 2  
7. Name of Political Treasurer (may be candidate): ROSEMARIE SCHULZE  
Political Treasurer Email Address: ROSE SCHULZE.RS@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: April 1, 2024 End Date: July 10, 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.

Rosemarie Schulze 7/10/24  
Candidate Signature Date

Rosemarie Schulze 7/10/24  
Political Treasurer Signature Date

Jocelyn Tepper 7/10/24  
Witness Signature Date

Camryn Martin 07/10/24  
Witness Signature Date

12. Summary:

AM

FILED

PM

- a. Balance On Hand Last Report ..... \$ \_\_\_\_\_  
b. Total Receipts This Period ..... JUL 10 2024 \$ 0  
c. Total Disbursements This Period ..... \$ 1473.16  
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... \$ \_\_\_\_\_  
e. Total Loans Outstanding ..... \$ 0  
f. Total Obligations Outstanding ..... \$ 0



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ROSEMARIE SCHULZE  
2. Reporting Period: Start Date: April 1, 2024 End Date: July 10, 2024  
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: \_\_\_\_\_ 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: \$ \_\_\_\_\_

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: \$ 0

(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: ROSEMARIE SCHULZE
2. Reporting Period: Start Date: 4/1/24 End Date: JUNE 10, 2024
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: CHRIS SPENCER FOR SENATE OR  
First Name: CHRIS Middle Name: \_\_\_\_\_ Last Name: SPENCER  
Address: 104 OWEN CHASE City: HENDERSONVILLE State: TN Zip Code: \_\_\_\_\_  
Purpose of Expenditure: CONTRIBUTION FOR SENATE RACE  
Amount of Expenditure: \$ 1316.31 Date of Expenditure: MAY 30, 2024

Business or Organization Name: JUMBO + DELICIOUS RESTAURANT OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 110 IMPERIAL DR City: HENDERSONVILLE State: TN Zip Code: 37075  
Purpose of Expenditure: COMMITTEE MEETING  
Amount of Expenditure: \$ 156.85 Date of Expenditure: \$ 4/29/24

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: \$ 1473.16

(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: ROSEMARIE SCHULZE
2. Reporting Period: Start Date: 4/1/24 End Date: 3/10/24
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: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Outstanding Loan Balance (Beginning) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

Outstanding Loan (End) ..... \$ \_\_\_\_\_

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

Date of Loan: \_\_\_\_\_

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) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

Outstanding Loan (End) ..... \$ \_\_\_\_\_