

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1
1. Date: 2/26/24 2.a. Candidate or Committee Name: ROSEMARIE Schulze
2.b. If Committee, Name of Candidate: 31.5/23
4. Campaign Address: 292 DONNA Dr UNIT#E
City: Hennerson ville State: TN Zip Code: 37075 Phone: 732-948-375
5. Candidate Home Address: 292 DONNA Dr UNIT #E
City: Henderson VIIIe State: TN Zip Code: 37075 Phone: 732 948 375
Candidate Email Address: roseschulze.rsp gmail. com
6. Office Sought: (include district number, if applicable) School Board District 2
7. Name of Political Treasurer (may be candidate): Rosemar le Schulze
Political Treasurer Email Address: roseschulzers @ gmail. com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
☐ Mid-Year Supplemental ☐ Year-End Supplemental
9. Reporting Period: Start Date: $1/16/24$ End Date: $2/24/24$
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.
Josemarie Schuly 3/27/24 Governove Achie 2/27/24
Candidate Signature Date Political Treasurer Signature Date
(hustice 120wles 2/27/24 (In & Dennett 2/27/24
Witness Signature Date Witness Signature Date
12. Summary:
a. Balance On Hand Last Report \$ 1198, 46
b. Total Receipts This Period \$ 27 00,00 c. Total Disbursements This Period \$ 1/47.78
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)
e. Total Loans Outstanding COUNTY
f. Total Obligations Outstanding \$ 200 300

SUMMARY PAGE - CANDIDATE

13. Na	nme of Candidate or Committee: Rosenarie Schulze
14. Re	porting Period: Start Date: $1/16/24$ End Date: $2/24/24$
	ceipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)
c.	Loans Received This Reporting Period
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.)
16. Di	sbursements:
a.	Total Expenditures (other than loan payments)
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.)
17. ln-	Kind Contributions:
a.	Unitemized In-Kind Contributions Received This Period \$\$
b.	Unitemized In-Kind Contributions Received This Period
c.	Total In-Kind Contributions Received This Period
18. Ob	ligations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Rosemprie Schulze
2. Reporting Period: Start Date: 1/16/24 End Date: 2/24/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.
Business or Organization Name:OR
First Name: William Middle Name: Last Name: Garland
Address: 170 E MAIN St 0-274 City: Nendersonville State: TN Zip Code: 37075
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 2/7/24 Aggregate This Election: \$
Business or Organization Name: OR
First Name: SHEA Middle Name: TOHNSON Last Name: KING
Address: 123 NYNLAND CIA City: Goodlettesulle State: 1N Zip Code: 37072-432.
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 , Date of Contribution: $2/6/24$ Aggregate This Election: \$
Business or Organization Name:OR
First Name: Steven Middle Name: J Last Name: King
Address: 123 WYNLAND City: Good/eftes VIlle State: TN Zip Code: 37072 4823
Occupation: Professor Employer: TSU
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 2/6/34 Aggregate This Election: \$
Business or Organization Name:OR
First Name: Last Name: Last Name: Hughes
Address: 1031 LAKESHORE Dr City: GAIJATIN State: TN Zip Code: 37 066
Occupation: Employer: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: $$1800.00$ Date of Contribution: $$2/4/34$ Aggregate This Election: $$$
Total Contributions: \$

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

Total In-Kind Contributions: \$	200,00	
Description of In-Kind Contribution:		
		Aggregate This Election: \$
		eneral Election Runoff (Local Elections Only)
		State Zip Code:
		State: Zip Code:
		OR Last Name:
Description of In-Kind Contribution:		
In-Kind Contribution Value: \$	_ In-Kind Contribution Date:	Aggregate This Election: \$
	1650	eneral Election Runoff (Local Elections Only)
		Carried to the second
		State: Zip Code:
		Last Name:
Business or Organization Name:		OR
		Aggregate This Election: \$
		eneral Election Runoff (Local Elections Only)
		State: Zip Code:
		Last Name: State: Zip Code:
		OR
Pusings or Organization Name		7 - T
Description of In-Kind Contribution:	- III kind Contribution Date.	\$4Aggregate This Election: \$
		eneral Election Runoff (Local Elections Only)
Address: 1045770	Philodelaty. David	State: 1/U Zip Code: 370 Q(
First Name:	Middle Name:	Last Name: RILLLY State: TN Zip Code: 370 44
Business or Organization Name:		OR
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during the	FOR EACH IN-KIND CONTRIBUT e period must be reported.	ION. In-kind contributions totaling more than one hundred
3. Total in-kind contributions from pr		
2. Reporting Period: Start Date:		
1. Candidate or Committee Name:	ROSEMARIE SC	hulze
	/1	

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rosen	agrie Schulz	e		
2. Reporting Period: Start Date: 1/16/25	End Date: 2/22/6	34		
3. Total campaign expenditures from preceding p	, ,			
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section	le the purpose of the expenditure (e	must be itemized e.g., postage, print	1. If the expenditure ing, etc.) along with t	s an in- he
Business or Organization Name: Do Da	t Communic	ations	5	OR
First Name: Middle	Name:	Last Name	•	
Address: 1026 LAVERN CIP	City: Hendersonvil	le State: TN	Zip Code: <u>37</u>	075
Purpose of Expenditure: Mailer	8	1		
Amount of Expenditure: \$ 773.03	Date of Expenditure:	2/6/24	1	
Business or Organization Name:	yt Communi	catio	N	OR
First Name: Middle	Namo	Last Nama	:	
Address: 10212 havepal Cin	City: HONDERCADINA	State: TN	Zip Code: 37	075
Purpose of Expenditure:				
Amount of Expenditure: \$ 806.75	Date of Expenditure:	2/16/24	<i>t</i>	
Business or Organization Name: USP	S			OR
First Name: Middle	Name:	Last Name	:	0
Address: 185 Amperal Blog	City: Dendersonniel	Le State: TN	Zip Code: 370	075
Purpose of Expenditure: postag	e stamps for	mailin	of notes	
Purpose of Expenditure: Amount of Expenditure: \$ 68.00	Date of Expenditure:	26/24		
Business or Organization Name:	/			OR
First Name: Middle	Name:	Last Name		011
Address:				
Purpose of Expenditure:			· · · · · · · · · · · · · · · · · · ·	
Amount of Expenditure: \$				
Business or Organization Name:				OP
First Name: Middle				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$				
Total Expenditures: \$ 1647.	78			
(Carry forward to the next page if additional page	s of this form are used. If this	is the last page	of expenditures	this
amount must be shown in the summary on first p				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: OR	1. Candidate or Committee Name:				- v		
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 the period. Business or Organization Name:	2. Reporting Period: Start Date:/	15/24 End	Date: $\frac{2}{}$	24/2	4		
Business or Organization Name: First Name: Repemble Middle Name: Last Name: Schulz E Address: 292 Dorn'n Dr FE City: Hendunomyalls State: IN Zip Code: 37005 Outstanding Loan Balance (Beginning)						\$100).	
First Name: Last Name: State: TN Zip Code: 37005 Outstanding Loan Balance (Beginning) \$ Loan Received \$ Loan Received For: Primary Election General Election Runoff (Local Elections Only) Date of Loan: 1/6 2 4 List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Business or Organization Name: OR Amount Guaranteed Outstanding: \$ Business or Organization Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: State: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: State: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: State: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: State: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: State: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: State: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: State: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organizat	Complete the following for the source of each	ch loan received and/o	routstanding	during the	period.		
Address: 292 Donne Dr FE City: Henduromulle Outstanding Loan Balance (Beginning) \$ Loans Received \$ Loan Payments. \$ Coutstanding Loan (End)	Business or Organization Name:						OR
Outstanding Loan Balance (Beginning) \$ Loans Received \$ \$ 200.\$\$ Loan Payments \$ \$ Outstanding Loan (End) \$ \$ Counter of Loan (End) \$ \$ Date of Loan:	First Name: ROSEMARIE	Middle Name:			Last Name: 式	Schulz E	 ,
Loans Received	Address: 292 DoNNA Dr	#E City: 力	pendero	omeille	State: TN	Zip Code: 37	1075
Loan Received For: Primary Election	Outstanding Loan Balance (Beginning)\$					
Loan Received For: Primary Election	Loans Received	\$	200	. 00			
Loan Received For: Primary Election General Election Runoff (Local Elections Only) Date of Loan:							
Date of Loan: 1/16 2 4 List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Business or Organization Name:	Outstanding Loan (End)	\$					
List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Business or Organization Name:	Loan Received For: Primary Elec	ction 🗌 General	Election	Runo	off (Local Elect	ions Only)	
Business or Organization Name:	Date of Loan:						
First Name:Middle Name:Last Name:Address:City:State:Zip Code:	List all endorsers or guarantors for above lo	an (If more space is nee	eded, please a	attach addi	tional pages.)		
Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$	Business or Organization Name:		10.00				OR
Amount Guaranteed Outstanding: \$ Business or Organization Name:	First Name:	Middle Name:_			_ Last Name:		
Business or Organization Name:	Address:	City:		140-15	State:	Zip Code:	11
First Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ OR Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Business or Organization Name: City: State: Zip Code: Business or Organization Name: OR First Name: Middle Name: Last Name: OR First Name: Middle Name: S Loans Received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning)	Amount Guaranteed Outstanding: \$		Territoria de la compansión de la compan				
First Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ OR Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Business or Organization Name: City: State: Zip Code: Business or Organization Name: OR First Name: Middle Name: Last Name: OR First Name: Middle Name: S Loans Received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning)	Business or Organization Name:						OR
Address:							
Amount Guaranteed Outstanding: \$							
First Name:							
First Name:	Rusiness or Organization Name						OR
Address:							
Amount Guaranteed Outstanding: \$							
Business or Organization Name:							
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)							
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) \$							
Amount Guaranteed Outstanding: \$							
Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning)							
Balance (Beginning)							
Loan Payments\$							
Loan Payments\$	Loans Received	\$\$	200.	00			
Outstanding Loan (End)	Loan Payments	\$					
Outstanding Loan (End)	Outstanding Loan (End)	\$	200.	00			

Page ___ of ___

SS-1132 (Rev. 1/2023)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

Candidate or Committee Name:					
2. Reporting Period: Start Date: End Da					
3. Complete the appropriate items for each obligation owed to	o a person/vendor at th	ne end of the re	eporting period	l.	
Business Name:	Description of			A	
First Name: Middle Name:	Obligation:				
Last Name:	_				
Address:		Debt	Payments	Outstanding	
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)	
State: Zip Code:		\$	\$	\$	
During and Name of	Description of				
Business Name:	Obligation:				
First Name: Middle Name:					
Last Name:	0 1 1 1 1 1 1	Dobt	Dayments	Outstanding	
Address:	Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	
State: Zip Code:	¢	\$	\$	\$	
State Zip code.					
Business Name:	Description of				
First Name: Middle Name:	Obligation:				
Last Name:					
Address:	Outstanding	Debt	Payments	Outstanding	
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)	
State: Zip Code:	\$	\$	\$	\$	
Business Name:	Description of Obligation:				
First Name: Middle Name:	- 1				
Last Name:					
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance	
City:	Beginning)	This Period	55/65 AND 100 STATES	(Period End)	
State: Zip Code:	\$	\$	\$	\$	
TOTALS					
TOTALS (Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)	
Total from "Outstanding Balance - (Period End)" column	\$	Ś	Ś	Ś	

must also be shown on the summary on first page.)