



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 1/25/24 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: 732-948-3751  
 5. Candidate Home Address: 292 DONNA DR UNIT #E  
 City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 732-948 3751  
 Candidate Email Address: ROSE SCHULZE.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

9. Reporting Period: Start Date: Nov 29, 2023 End Date: Dec 31, 2023

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 1/25/2024 Rosemarie Schulze 1/25/2024  
 Candidate Signature Date Political Treasurer Signature Date  
Jeffrey Huey 1/25/2024 Linda S. Huey 1/25/24  
 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report .....	AM	FILED	PM	\$ _____
b. Total Receipts This Period .....	JAN 25 2024			\$ _____
c. Total Disbursements This Period .....	SUMNER COUNTY			\$ _____
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	ELECTION COMMISSION			\$ _____
e. Total Loans Outstanding .....				\$ _____
f. Total Obligations Outstanding .....				\$ _____



# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: ROSEMARIE SCHULZE

14. Reporting Period: Start Date: 11/29/23 End Date: 12/31/23

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 20.00  
(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) ..... \$ 2150.00
- c. Loans Received This Reporting Period..... \$ 100.00
- d. Interest Received This Reporting Period ..... \$ 0.00
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 2270.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1071.55  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0.00
- c. Total Obligation Payments Made This Period..... \$ \_\_\_\_\_
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 1071.55

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 75.00
- b. Itemized In-Kind Contributions Received This Period ..... \$ 405.00
- c. Total In-Kind Contributions Received This Period ..... \$ 480.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0.00



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ROSEMARIE SCHULZE  
2. Reporting Period: Start Date: 11/29/23 End Date: 12/31/23  
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: LINDA Middle Name: SPENCER Last Name: HUEY  
Address: 201 Bahia MAR Pt City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: RETIRED Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.00 Date of Contribution: 11/29 Aggregate This Election: \$ 500.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jeffery Middle Name: Lawrence Last Name: HUEY  
Address: 201 Bahia MAR Pt City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: SALES Employer: Huey Packaging & Associates  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 1000.00 Date of Contribution: 11/29/23 Aggregate This Election: \$ 1000.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Melody Middle Name: LAYNE Last Name: VAUDEY  
Address: 3517 New Hope Rd City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 11/30/23 Aggregate This Election: \$ 200.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: TERRI Middle Name: BENLIN Last Name: GOODWIN  
Address: 104 Berrywood Ct City: HENDERSONVILLE State: TN Zip Code: 37095  
Occupation: retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150.00 Date of Contribution: 12/20 Aggregate This Election: \$ 150.00

Total Contributions: \$ 1850.00

(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.)



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Rosemarie Schulze  
2. Reporting Period: Start Date: 11/29/23 End Date: 12/31/23  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1850.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Paula Middle Name: \_\_\_\_\_ Last Name: Kiggme  
Address: 367 Bonita Parkway City: Hendersonville State: TN Zip Code: 37075  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ 100.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Christine Middle Name: \_\_\_\_\_ Last Name: Michaelson  
Address: 120 Rustic Ln City: Hallston State: TN Zip Code: 37046  
Occupation: retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 12/13/23 Aggregate This Election: \$ 100.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jan Middle Name: \_\_\_\_\_ Last Name: Bennett  
Address: 1788 Shell Rd City: Hendersonville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 11/30/23 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: \$ \_\_\_\_\_

Total Contributions: \$ 2150.00

(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.)



# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ROSEMARIE Schulte  
2. Reporting Period: Start Date: 11/29/23 End Date: 12/31/23  
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: Shannon Middle Name: \_\_\_\_\_ Last Name: Burgdorf  
Address: 138 Riveria City: Hannonsville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 225.00 In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: PUSH CARDS

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Melody Middle Name: LAYNE Last Name: Vaudey  
Address: 3517 New Hope Rd City: Hendersonville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 180.00 In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: Buttons

Business or Organization Name: \_\_\_\_\_ OR  
First Name: LINDA HUEY Middle Name: SPENLER Last Name: Huey  
Address: 205 Bahia MARPLE City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 15.00 In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: COOKIES & WATER for meet + greet

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: \$ 480.00

(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: ROSEMARIE SCHULZE  
2. Reporting Period: Start Date: 11/29/23 End Date: 12/31/23  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: AGE Graphics OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 678 Collins Rd City: Little Harbor State: OH Zip Code: 45742  
Purpose of Expenditure: Campaign Signs  
Amount of Expenditure: \$ 977.50 Date of Expenditure: 12/29/23

Business or Organization Name: Godaddy.com OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2155 E Warner Rd City: Tempe State: AZ Zip Code: 85284  
Purpose of Expenditure: WEB SITE  
Amount of Expenditure: \$ 94.05 Date of Expenditure: 12/18/23

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: \$ 1071.55

(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.)



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ROSEMARIE SCHULZE  
2. Reporting Period: Start Date: 11/29/23 End Date: 12/31/23  
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: ROSEMARIE Middle Name: \_\_\_\_\_ Last Name: SCHULZE  
Address: 292 DONNA DR #E City: HENDERSONVILLE State: TN Zip Code: 37075  
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) ..... \$ \_\_\_\_\_

# 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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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)
\$	\$	\$	\$