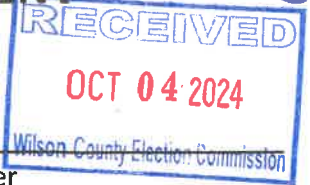




# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

KM 3:30

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



1. Date: 10/02/2024 2.a. Candidate or Committee Name: Committee to Elect Carrie Pfeiffer

2.b. If Committee, Name of Candidate: Carrie Pfeiffer 3. Election Date: 08/01/2024

4. Campaign Address: 5136 Brittany Dr

City: Old Hickory State: TN Zip Code: 37138 Phone: 615-406-5567

5. Candidate Home Address: 5136 Brittany Dr

City: Old Hickory State: TN Zip Code: 37138 Phone: 615-406-5567

Candidate Email Address: carriepfeifferzone1@gmail.com

6. Office Sought: (include district number, if applicable) Wilson County School Board Zone 1

7. Name of Political Treasurer (may be candidate): Carrie Pfeiffer

Political Treasurer Email Address: carriepfeifferzone1@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: 07/23/2024 End Date: 09/30/2024

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.

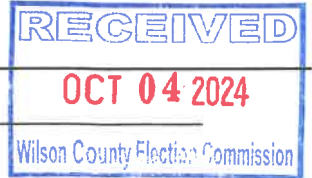
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. 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.

	<u>10-4-2024</u>		<u>10-4-2024</u>
Candidate Signature	Date	Political Treasurer Signature	Date
	<u>10-4-2024</u>		<u>10-4-2024</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>4,171.48</u>
b. Total Receipts This Period .....	\$ <u>1,465.67</u>
c. Total Disbursements This Period .....	\$ <u>5,637.15</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>0</u>
e. Total Loans Outstanding .....	\$ <u>0</u>
f. Total Obligations Outstanding .....	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Committee to Elect Carrie Pfeiffer

14. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 0
(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) ..... \$ 1,465.67
c. Loans Received This Reporting Period ..... \$ 0
d. Interest Received This Reporting Period ..... \$ 0
e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 1,465.67

16. Disbursements:

- a. Total Expenditures (other than loan payments) ..... \$ 4,539.15
(Note: Effective January 16, 2023, all expenditures must be itemized.)
b. Loan Repayments Made This Period ..... \$ 1,098
c. Total Obligation Payments Made This Period ..... \$ 0
d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... \$ 5,637.15

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0
b. Itemized In-Kind Contributions Received This Period ..... \$ 0
c. Total In-Kind Contributions Received This Period ..... \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Carrie Pfeiffer  
2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024  
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: Andrea Middle Name: \_\_\_\_\_ Last Name: Gill

Address: 437 Beth Drive City: Old Hickory State: TN Zip Code: 37138

Occupation: n/a Employer: n/a

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

Amount of Contribution: \$ 50 Date of Contribution: 07/29/2024 Aggregate This Election: \$ 100

Business or Organization Name: \_\_\_\_\_ OR

First Name: Lindsey Middle Name: \_\_\_\_\_ Last Name: Patrick-Wright

Address: 740 Berkshire Dr City: Old Hickory State: TN Zip Code: 37138

Occupation: Program Manager Employer: VUMC

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

Amount of Contribution: \$ 100 Date of Contribution: 07/24/2024 Aggregate This Election: \$ 100

Business or Organization Name: \_\_\_\_\_ OR

First Name: James Middle Name: \_\_\_\_\_ Last Name: Dyer

Address: 1510 Demonbreun St #1108 City: Nashville State: TN Zip Code: 37203

Occupation: retired Employer: n/a

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

Amount of Contribution: \$ 100 Date of Contribution: 07/27/2024 Aggregate This Election: \$ 100

Business or Organization Name: DRIVE OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 25 Louisiana Ave NW City: Washington State: DC Zip Code: 20001

Occupation: PAC Employer: International Brotherhood of Teamsters

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

Amount of Contribution: \$ 1,000 Date of Contribution: 08/29/2024 Aggregate This Election: \$ 1,000

Total Contributions: \$ 1,250

(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: Committee to Elect Carrie Pfeiffer  
2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,250



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Carrie Middle Name: \_\_\_\_\_ Last Name: Pfeiffer  
Address: 5136 Brittany Dr City: Old Hickory State: TN Zip Code: 37138  
Occupation: n/a Employer: n/a  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 215.67 Date of Contribution: 09/19/2024 Aggregate This Election: \$ 215.67

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: \$ 1,465.67

(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: Committee to Elect Carrie Pfeiffer  
2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024  
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: Walgreens OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 200 Wilmot Rd City: Deerfield State: IL Zip Code: 58015-4620  
Purpose of Expenditure: mailers  
Amount of Expenditure: \$ 585.85 Date of Expenditure: 07/23/2024

Business or Organization Name: Douglas Fulmer & Associates LLC  
OR First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 704 Pinehurst Pt City: Mt Juliet State: TN Zip Code: 37122  
Purpose of Expenditure: phone banking/texting  
Amount of Expenditure: \$ 221.16 Date of Expenditure: 08/01/2024

Business or Organization Name: United States Postal Service OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2491 N Mt Juliet Rd City: Mt Juliet State: TN Zip Code: 37122  
Purpose of Expenditure: postage for mailers  
Amount of Expenditure: \$ 302.17 Date of Expenditure: 07/25/2024

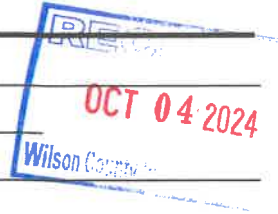
Business or Organization Name: Sign Central OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 12020 Lebanon Rd City: Mt Juliet State: TN Zip Code: 37122  
Purpose of Expenditure: campaign signs Amount of  
Expenditure: \$ 289.74 Date of Expenditure: 07/26/2024

Business or Organization Name: United States Postal Service OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2491 N Mt Juliet Rd City: Mt Juliet State: TN Zip Code: 37122  
Purpose of Expenditure: postage for mailers  
Amount of Expenditure: \$ 1,033.61 Date of Expenditure: 07/24/2024

Total Expenditures: \$ 2,432.53 (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: Committee to Elect Carrie Pfeiffer  
2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2,432.53



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: United States Postal Service OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1101 Donelson Ave City: Old Hickory State: TN Zip Code: 37138  
Purpose of Expenditure: postage for mailers  
Amount of Expenditure: \$ 792.32 Date of Expenditure: 07/25/2024

Business or Organization Name: Tractor Supply Co  
OR First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 14825 Lebanon Rd City: Old Hickory State: TN Zip Code: 37138  
Purpose of Expenditure: stakes for large signs  
Amount of Expenditure: \$ 12.04 Date of Expenditure: 07/30/2024

Business or Organization Name: Tractor Supply Co  
OR First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 14825 Lebanon Rd City: Old Hickory State: TN Zip Code: 37138  
Purpose of Expenditure: stakes for large signs  
Amount of Expenditure: \$ 22.96 Date of Expenditure: 08/01/2024

Business or Organization Name: Gould Enterprises, Inc OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 333 W Main St, Ste E City: Gallatin State: TN Zip Code: 37066  
Purpose of Expenditure: digital and print ad in Wilson Post  
Amount of Expenditure: \$ 550 Date of Expenditure: 08/05/2024

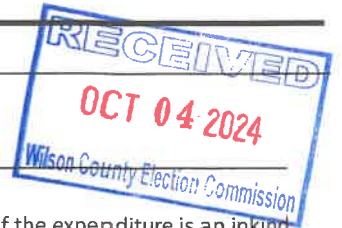
Business or Organization Name: Barrell House OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 3950 N Mt Juliet Rd City: Mt Juliet State: TN Zip Code: 37122  
Purpose of Expenditure: campaign event  
Amount of Expenditure: \$ 716.77 Date of Expenditure: 08/01/2024

Total Expenditures: \$ 4,526.62

(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: Committee to Elect Carrie Pfeiffer  
2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 4,526.62



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: Stripe OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 354 Oyster Point Blvd City: San Francisco State: CA Zip Code: 94080

Purpose of Expenditure: online payment fees

Amount of Expenditure: \$ 12.53 Date of Expenditure: 08/01/2024

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: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Purpose of Expenditure: \_\_\_\_\_

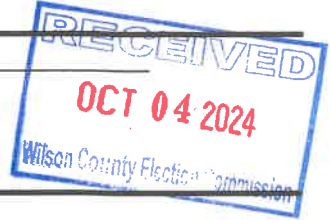
Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \_\_\_\_\_

Total Expenditures: \$ 4,539.15

(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: Committee to Elect Carrie Pfeiffer
2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024
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: Carrie Middle Name: \_\_\_\_\_ Last Name: Pfeiffer

Address: 5136 Brittany Dr City: Old Hickory State: TN Zip Code: 37138

Outstanding Loan Balance (Beginning) ..... \$ 1,098

Loans Received ..... \$ 0

Loan Payments..... \$ 1,098

Outstanding Loan (End) ..... \$ 0

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

Date of Loan: 01/08/2024, 07/16/2024

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

Business or Organization Name: \_\_\_\_\_ OR

First Name: Carrie Middle Name: \_\_\_\_\_ Last Name: Pfeiffer

Address: 5136 Brittany Dr City: Old Hickory State: TN Zip Code: 37138

Amount Guaranteed Outstanding: \$ 1,098

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) ..... \$ 1,098

Loans Received ..... \$ 0

Loan Payments ..... \$ 1,098

Outstanding Loan (End) ..... \$ 0