CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE						
10-26-2020		MATT S	TAMPER			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	-2020		
4.a. CAMPAIGN ADDRESS AND PHONE	611	24.1	~ ~ .			
Street or Rural Route 131 MAPLE ROW BLVD STE	City HENDE	State RSXVILL T/	Zip Code V 37∘7 S	Phone 615-339-∞17		
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)			013		
Street or Rural Route 1002 SCARLCT CT HE	City NDERSON Y ILL	e TN 3	Zip Code 37075 61	S-339-0017		
5. OFFICE SOUGHT (include district number, it			TREASURER (may be ca			
Alderman, Ward Six, Hende	ersonville	MATI	STAMPEN			
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	QUARTER PRIM] RE- MARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL		
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b.	ENDING DATE OF REPO				
10-1-2020		0-	24-2020			
9. (Check one)						
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repo 				or less AND expendi-		
b. This campaign is required to file a de	tailed financial disclosure	hecause contributions (i	ncludina in-kind) received	total more than \$1,000		
and/or expenditures total more than \$	1,000 for this reporting po	eriod.	morading in mind, 1000/100	total more trials \$1,000		
I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate	ons and expenditures requisives or affirm that no ca	ired to be reported by the impaign contributions hat all by the federal internations.	ne candidate committee by ve been expended for the	the Campaign		
11 WITNESS SIGNATURE						
Cale Prompth signature of witness	10/16/1610	Coll Signa	ture of witness	10/co/lox		
12. SUMMARY						
a. BALANCE ON HAND LAST REPORT			s 23, 463.	55		
	O M 00	٠.٩	8750	0		
	O M 00	٠.٩	8750	2		
b. TOTAL RECEIPTS THIS PERIOD	QGT 2.7 20	2 <u>0</u> EY	\$ 875.0° \$ 23,512.0°	2		
b. TOTAL RECEIPTS THIS PERIOD	QCT 2.7 20 SUVMER COUNT ninus 12.c.)	20 EX	\$ 875.0° \$ 23,512.0° \$ -	0		
b. TOTAL RECEIPTS THIS PERIOD	OCT 2.7 20	EY	\$75.0 \$23,512.0 \$-	2		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD					
	FROM: TO:					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	110					
a. Unitemized Contributions (\$100 or less from each source this period)	\$					
b. Itemized Contributions (over \$100 from each source this period)	\$ 700					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	\$ 8/5					
16. LOANS RECEIVED THIS REPORTING PERIOD	\$					
17. INTEREST RECEIVED THIS REPORTING PERIOD\$						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>875</u>					
DISBURSEMENTS						
19. EXPENDITURES (other than loan payments)						
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)					
<u>campaign Materials</u> \$ 90						
\$						
\$						
<u> </u>						
\$						
\$						
\$, 					
\$						
	— <i>O</i> :a					
Total of Expenditures (\$100 or less each payee)	_					
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 8,422.0°C					
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 8,512.02					
20. LOAN REPAYMENTS MADE THIS PERIOD						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>Z3,5</u> 1Z.∘2					
22.IN-KIND CONTRIBUTIONS						
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$					
b. Itemized in-kind contributions (over \$100 from each source this period)	\$					
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	o.)\$					
25.000.00110.10						
a. Unitemized Obligations Outstanding (\$100 or less each)	\$					
b. Itemized Obligations Outstanding (Over \$100 each)	\$					
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	m 12.f.)\$					

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	MA	TT STA	MPER 2 REPORT COVER	TO: 10/24/20		
3 TOTAL ITEMIZED CAMPAIGN CONTRIBUT				Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Kelly	/liddle Name		Contribution Received For:	Amount of Contribution		
Ligst Name/Organization Name	NIE	L	Primary Election General Election	200		
Address 307 SCARSDALL			Runoff (Local Elections Only)	000		
	State	Zip Code 37075	Date of Contribution	Aggregate This Election		
	•		10-20-2020	200		
Employer Weichert			10 0 0			
First Name	Middle Nam	e	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name TN Real Address 901 19th Avenue	turs	PAC	Primary Election General Election	500		
Address 901 19th Avenue	South	ih	Runoff (Local Elections Only)			
City NASHYILLE	State + ~	Zip Code 37212	Date of Contribution	Aggregate This Election		
Occupation		· - · · · · · · · · · · · · · · · · · ·	10-24-2070	500		
Employer			10 24 606			
First Name	Middle Name	;	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name			Primary Election General Election			
Address			Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation	Occupation					
Employer						
Final	decial.		C-4th in C-4th			
First Name	Middle Name		Contribution Received For:	Amount of Contribution		
	<u> </u>		∮ pm			
Last Name/Organization Name	<u></u>		Primary Election			
Last Name/Organization Name Address	I		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)			
	State	Zip Code		Aggregate This Election		
Address	State	Zip Code	Runoff (Local Elections Only)	Aggregate This Election		
Address City	State	Zip Code	Runoff (Local Elections Only)	Aggregate This Election		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MATT STA	ING THE PERIOD TO: 10/24/20							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount							
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name Cole	Middle Name	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name Borne	Feld	Campai	97					
Address 253 Bluegrass	Drive	Campai Wo	ckor	5,000				
oly Hendersonville	State Zip Code 3 70 7 5	100	i le					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure				
1 3 4 4	Man, LLC	Sino	,	126,73				
City Hendersonville	State Zip Code TN 37075	Sign		,				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name : 360, L	_	50ftwan		278				
Address 2300 Clarendon (State Zip Code	data						
Arlington	VA ZZZOI	Vivi	Jene-3					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name ASAP	rinting		536.44					
Address 116 Imperial Blu	1	Print	C					
Hendersonville	Stale Zip Code TN 37075		<u> </u>					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name Mail (hoice, Inc.			, , , , , , , , , , , , , , , , , , , ,				
Address 1504 EM H.11 P		Print	175	1,647,05				
City Nashville	State Zip Code							
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name US PoS	t master							
Address 475 L'Enfant	Plaza SW	P054	7,287.53					
City WASHINGTON	State Zip Code							
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu				7,875.75				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	<u>C</u>	DM OCA		2. REPORT COVER		
MATI	<u> </u>	AMPER		FROM: 10/1/20	TO: 10/24/2~	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU					7,875.75	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payes during the period)						
First Name	Middle Nam	16	Purpose of Expenditure		Amount of Expenditure	
Last Name@usiness Name FACE Box	۸C.	۸ ،		11		
Address 1601 Willow Road			Adve	425		
Menlo Park	State CA	Zip Code Q U o Z S		,		
First Name	Middle Nam	ve	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Chikk -	f:1 -	- A	Caterin Campaign	5 to	,	
Address 1033 Glenbrok U			Carpaign) pleat	121.27	
Hendersonville	State	ZpCode 37°7(- t J	(VOI)		
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>	2				
Address						
City	State	Zip Code			•	
First Name	Middle Nam	ê	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	Address					
City	State	Zip Code				
First Name	Middle Nam	6	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	100	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to fitem 3. of next page if additional page (If this is the last page of expenditures, this amount mu					8,427,02	
for some some trees halfo of exhaustrates, due dispoint tite	er ern outhair Ill	were son or committee 3-1		···	<u> </u>	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MATT STAMER					2. REPORT COVERING THE PERIOD FROM: TO: /au/o				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)						10/5//5.			
Complete the Following for the Source of the Loan First Name ToN Middle Name (Beginning) (Beginning)					Loans Receive	ed Pa	Loan Outstanding Loan Balance Payments (End of Period)		
Last Name/Organization Name	25,	000	Ø	15	15,000 10,000 Date of Loan 6-30-20				
Address Loan Received For. Primary Election General Election						el Election	Date of Loa	an	0 -
City Hadesson vilk State 775 Code Runoff (Local Elections Only) Notices Control of							50-20		
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name	Middle Name			First Name				Middle	Name
Last Name/Organization Name				Last Name/Or	ganization Na	me			
Address		-		Address		·		_	
City	State	Zip Ci	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name	Middle Name	·		First Name Middle Name					: Name
Last Name/Organization Name			_ '	Last Name/Organization Name					
Address				Address					
City	State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Cutstanding				Amount Guaranteed Outstanding					
First Name	Middle Name			First Name Middle Name				e Name	
Last Name/Organization Name			Last Name/Organization Name						
Address				Address			•		
City	State	Zip Ci	ode	City				State	Zip Code
Amount Guaranteed Outstanding	1	I		Amount Guaranteed Outstanding					
First Name	Middle Name			First Name Middle Name			Name		
Last Name/Organization Name		 -	Last Name/Organization Name						
Address			Address						
City	State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding	<u> </u>			Amount Guara	nteed Outstar	nding			
4. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on a (Total loan payments should also be shown in item 20. on a control of the co	summary page.)	·		Outstanding L (Beginning	of Period)	Loans Received	Loa Paym	ents	Outstanding Loan Balance (End of Period)
(Total outstanding loan balance should also be shown in iter				25,0	000	l Ø	15	J•6	10,000
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