CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10-5-2023 2.a. NAME OF CANDIDATE OR COMMITTEE MATT STAMPER								
2h 15 C	COMMITTEE, NAME OF CANDIDATE	1 max	· STA	1786	la El Entroli			
2.0. 16 0	COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	3		
4.a. CAM	APAIGN ADDRESS AND PHONE				11-	3-2020		
Stre	et or Rural Route	City		State	Zip Code	Phone		
	MAPLE ROW BLVD STE 307		SONVILLE	TN	31075	615-339-0017		
	IDIDATE'S HOME ADDRESS (if differer et or Rural Route	nt than 4.a.) City		State	Zip Code	Phone		
1002	SCARLET CT HEN	DERSONVIL	ie		•	615-339-0017		
	ICE SOUGHT (include district number,		6. NAME	OF POLITICAL	TREASURER (may b	e candidate)		
	rman, Ward Six, 1	<u>Hendersonville</u>		MAT	CT STAM	PER		
7. CAT	EGORY OR REPORT (Check one)							
	IRST SECOND THIRD	FOURTH	L_J PRE-	LJ PRE-	MID-YEAR	YEAR-END		
	ARTER QUARTER QUARTER SINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8 b ENDING	GENERAL 3 DATE OF REPO	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL		
	7-1-2020		0,5, 2,45,14		7-30-202			
9. (Checi			· · ·		1 2 6 6			
аГ	This campaign is exempt from detail	ad diedoeuro boosu	na aantributian	a (inalystina in ta		000 1 4115		
u. <u>L</u>	tures total \$1,000 or less for this rep	orting period. (Comp	plete items 120	s (including in-kil I., 12e. and 12f.)	no) received total \$1,	UUU or less AND expendi-		
ь. Г	This campaign is required to file a de	etailed financial discl	neura hacausa	contributions (in	icluding in kind) rocci	ived total more than \$1,000		
- · ·	and/or expenditures total more than	\$1,000 for this repor	ting period.	(II	iciduling in-kinu) recei	ived total more than \$1,000		
acc Fina	e do solemnly swear or affirm that the icurate accounting of campaign contribution ancial Disclosure Act. Additionally, I/wenefit of the candidate or for any other no	ons and expenditure swear or affirm that appolitical purpose as	es required to to no campaign defined by the	e reported by the contributions have	e candidate committe /e been expended for	ee by the Campaign		
	m	10-5-200 date	20		2n/	10.5-2020		
	signature of candidate	date	_	signature o	f political treasurer	date		
-/-/		<u> </u>						
11. VAT	MESS SIGNATURE Signature of witness	10.05.2	0500	8 Smn signal	er Control	4 10 05 202		
			·····					
12. SUM	IMARY				ll			
a.	BALANCE ON HAND LAST REPORT	FI	I ED		\$ 41,100			
	TOTAL RECEIPTS THIS PERIOD	AU		?M	\$ 9,975	_		
	TOTAL DISBURSEMENTS THIS PERIOD		3 2020		\$ 27,611.4	-		
d.	BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.C SUMNER	COUNTY			<u>\$ 23,463.55</u>		
	TOTAL LOANS OUTSTANDING			-				
f.	TOTAL OBLIGATIONS OUTSTANDING					\$		

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
MART STAMPER	FROM: 7-1-20 TO: 9-30-2"
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	<u>2,275</u>
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>4975.</u> d>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	s
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 9,975.00
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postage, gasoline)
<u>Supplies</u> s 39.0	<u>66</u>
materials \$ 60.	(0)
BANK fees \$ 49.	90
<u> </u>	
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	•
20. LOAN REPAYMENTS MADE THIS PERIOD	/
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 27,611.45
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.	.)
23. OBLIGATIONS	
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 item	12.f.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	RING THE PERIOD				
MATT STAMPE	o TO: 9-30-20				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	TIONS FROM PRECEDING PAC	GE (enter \$0 if first itemized page)	Amount		
	ACH ITEMIZED CONTRIBUTION (d	contributions totaling more than \$100 from any contribut	or)		
First Name DAV 10	Middle Name E	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name KIMBROUGH		Primary Election General Election	1500		
Address	~` \ 0	Runoff (Local Elections Only)	1,500		
City Hendersonville	State Zip Code	Date of Contribution	Aggregate This Election		
Occupation Occupation	TN 37075				
Baines OWNER		7-1-2070	1,500		
Freedom Tith	Services				
First Name	Middle Name	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name	UTIONS COMPANTIL	Primary Election General Election	1		
	· · · · · · · · · · · · · · · · · · ·	Runoff (Local Elections Only)	1,000		
City NASHVILLE	State Zip Code TN 37704	Date of Contribution	Aggregate This Election		
Occupation	TN 137204				
Employer		7-9-20	1,000		
			1 ' '		
First Name FLOYD	Middle Name	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name	<u> </u>	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name Wilking	K. Son		Amount of Contribution		
Last Name/Organization Name Wilkin Address 204 PROMONTURY City	Son WAY Istate IzinCode	Primary Election Defeneral Election	Amount of Contribution 500 Aggregate This Election		
Last Name/Organization Name Wilkin Address ZOY PROMONTURY City HENDERSONVILLE Decuration	Son WAY State ZipCode TN 37077	Primary Election Deeneral Election Runoff (Local Elections Only) Date of Contribution	500 Aggregate This Election		
Last Name/Organization Name Wilking Address ZOY PROMONTURY City HENDERSONVILLE Occupation PROPERTY MA	Son WAY State ZipCode TN 37077 WALEMEN.	Primary Election Deeneral Election Runoff (Local Elections Only)	500		
Last Name/Organization Name Wilking Address ZOY PROMONTURY City HENDERSONVILLE Occupation PROPERTY Employer SECF-EMPLO	State ZipCode TN 370.77 WAGEMEN.	Primary Election Deeneral Election Runoff (Local Elections Only) Date of Contribution	500 Aggregate This Election		
Last Name/Organization Name Wilking Address ZOY PROMONTURY City HENDERSONVILLE Occupation PROPERTY MA	Son WAY State ZipCode TN 37077 WALEMEN.	Primary Election Deeneral Election Runoff (Local Elections Only) Date of Contribution	500 Aggregate This Election		
Last Name/Organization Name Wilkin Address ZOY PROMONTORY City HENDERSONVILLE Occupation PROPERTY MA Employer SECF-EMPLO First Name Last Name/Organization Name	Son WAY State Zip Code TN 37077 WASEMENT	Primary Election Deeneral Election Runoff (Local Elections Only) Date of Contribution	500 Aggregate This Election		
Last Name/Organization Name Wilkin Address ZOY PROMONTORY City HENDERSONVILLE Occupation PROPERTY MA Employer SELF-EMPLO First Name Last Name/Organization Name Address	Son WAY State Zip Code TN 37077 WAGEMEN. 1 e d Middle Name	Primary Election Deeneral Election Runoff (Local Elections Only) Date of Contribution 7 - 2 - 2029 Contribution Received For:	500 Aggregate This Election		
Last Name/Organization Name Wilkin Address ZOY PROMONTURY City HENDERSONVILLE Occupation PROPERTY MA Employer SECF-EMPLO First Name Last Name/Organization Name Address I/O NORTH GOVERNOR City	Son WAY State Zip Code TN 37077 WAGE MEN. 1 e d Middle Name LL C US COVE	Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Received For:	500 Aggregate This Election		
Last Name/Organization Name Wilking Address ZOY PROMONTORY City HENDERSONVILLE Occupation PROPERTY MA Employer SELF-EMPLO First Name Last Name/Organization Name JGLG Address NO NORTH GOVERNOR	Son WAY State Zip Code TN 37077 WALEMEN. 1 e d Middle Name LL C US COVE	Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election Deneral Election Runoff (Local Elections Only) Date of Contribution	Aggregate This Election 500 Amount of Contribution 500 Aggregate This Election		
Last Name/Organization Name WIKIN Address ZOY PROMONTORY City HENDERSONVILLE Occupation PROPERTY MA Employer SELF-EMPLO First Name Last Name/Organization Name TGLG Address NO NORTH GOVERNOW City HENDERSONVILLE	Son WAY State Zip Code TN 37077 WAGE MEN. 1 e d Middle Name LL C US COVE	Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election Deeneral Election Runoff (Local Elections Only)	SOD Aggregate This Election 500 Amount of Contribution 500		
Last Name/Organization Name WIKIN Address ZOY PROMONTORY City HENDERSONVILLE Occupation PROPERTY MA Employer SELF-EMPLO First Name Last Name/Organization Name TGLG Address NO NORTH GOVERNOW City HENDERSONVILLE Occupation	Son WAY State Zip Code TN 37077 WAGE MEN. 1 e d Middle Name LL C US COVE	Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election Deneral Election Runoff (Local Elections Only) Date of Contribution	Aggregate This Election 500 Amount of Contribution 500 Aggregate This Election		
Last Name/Organization Name Wilking Address 204 PROMONTORY City HENDERSONVILLE Occupation PROPERTY MA Employer SELF-EMPLO First Name Last Name/Organization Name TGLG Address NO NORTH GOVERNOR City HENDERSONVILLE Occupation	SON WAY State Zip Code TN 37077 WALEMEN. 1 e d Middle Name LL C US COVE State Zip Code TN 37075	Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election Deneral Election Runoff (Local Elections Only) Date of Contribution	Aggregate This Election 500 Amount of Contribution 500 Aggregate This Election		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	NG THE PERIOD							
May 5	FROM: 7-1-20							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBI				Amount 3,500				
4. COMPLETE THE APPROPRIATE ITEMS FOR)						
First Name	Middle Nar	700 -H	Contribution Received For		Amount of Contribution			
Last Neme/Organization Name McC \U			Primary Election 1	Primary Election				
Acoress 1720 West End	AVR.	ste 600	Runoff (Local Election	s Only)	1,600			
NASHVILLE	State 1 N	Zp Code 37203	Date of Contribution		Aggregate This Election			
Real CState	 _	,	9-1-	- 6020	1,600			
VASTLAN	10							
First Name Michael \$	Middle Na	me . A	Contribution Received Fo	or:	Amount of Contribution			
Lest Name/Organization Name ISA A	CSON)	Primary Election	General Election	1000			
Address 1180 FAIRVIEW VI	LLAGE	LANE	Runoff (Local Election	ns Only)	1,000			
GALATIN	State TN	21p Code 3 7066	Date of Contribution		Aggregate This Election			
Occupation Business 0	wnv		9-4-	7022	(000			
Self-Empl	yel				1,000			
First Name JAM 18	Middle Nan	ne .	Contribution Received Fo	pr:	Amount of Contribution			
Last Name/Organization Name LAN	e		Primary Election	General Election	1 .			
Address 5613 VALLEY	View	ROAD	Runoff (Local Election	1,600				
Brentwood	State TN	Zip Code 37027	Date of Contribution		Aggragate This Election			
Occupation Regitor			9-15	8-2020	1,600			
VASHand					1/000			
First Name	Middle Nam	ie	Contribution Received For:	1	Amount of Contribution			
Last Name/Organization Name			Primary Election					
Address		Runoff (Local Elections						
City State Zip Code		Zip Code	Date of Contribution	Aggregate This Election				
Occupation				ļ				
Employer								
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of need page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)								

SS-1131(Rev. 2/06)

Page H of 7

RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVE	RING THE PERIOD					
MATT	STAMPOR		FROM: 7-1-20	TO: 9-30-2+70					
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	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	Fold	$\int c c da$	161						
Address 253 BLURGRASS		CAMPA		5,000					
CITY HENDERSONVILLE	State Zip Code 7.5	Wor	,						
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure					
Last Name/Business Name Mr. Sign		Sign	`	2015 00					
Address 129 Commerce D	hive	Sigo	1	2,865,08					
Henderson ville	State Zip Code 77 37075								
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure					
Last Name/Business Name ; 360, LL Address	· .	So ftware	, /						
2300 Clarendon Blue	State Zip Code	1	Services	556,0					
Arlington	VA 22 70 1	arta	Jervices						
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure					
Last Name/Business Name ASAP PC	intin g								
Address 116 Imperial BLV	O	Printin	5	476,31					
City	State Zip Code 37075	•							
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure					
Last Name/Business Name Lowe's	Home Improvema	Poles fo	o (22162					
Address 360 E MAIN STA	eet		~ 0	231.52					
City HENDERSONVILLE	State Zip Code 7/0 3707) 19	115						
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure					
Last Name/Business Name MAILER'S	Choice, Inc.	۔ '۔ ا ہے۔							
	Pike	buytio	9	739,54					
MASHVILLE	State Zip Code 37 210								
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	of this form are used.) t be shown in item 19b. of summary.)			7,868.45					
of the same of the			1						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	PING THE DEDIOD		
	Ma	TO: 9-30-20					
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	Amount 9 8 68, 45						
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH MEA	MIZED EXPENDITURE (expenditures totaling more than \$100) to any payee during the pe			
First Name 1	Middle N		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name US PUSTO	<u>'</u> 1Α5τ	er					
Address 475 L'Enfant		Posta	19 C	883,44			
WAS HINGTON	State C	Zip Code					
First Name ISAA .	Middle Na	ane	Purpose of Expenditure		Amount of Expenditure		
Last Name/Pusinecs Name	++m	a ^	1	1			
Address 156 Brightstar	CH.		Videog	caphy.	1,500		
GALLATIN	State TN	7066]	! (
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name FACE 3500	Kila		1				
Address 1601 WILLOW	Rof	-	Advert	210			
Meglo PARIC.	State	21p Code 94025	1	,			
First Name	Middle Nar	ne	Ритроse of Expenditure		Amount of Expenditure		
Last Name/Business Name			1				
Address			1				
City	State	Zip Code			٠		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name	1			:	•		
Address	_						
City	State	Zip Code					
First Name	Middle Nan	16	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	L. 						
Address							
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	of this form a be shown in	re used.) Item 19b. of summary.)			17,461,89		
							

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	· · · · · · · · · · · · · · · · · · ·		 .	·			T 2	DEDODT	COVE	DINC	THE DEDICE
MATT STAMPER						2. REPORT COVERING THE PERIOD FROM: TO:					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any						7-1-2020 9-30020					
	-OR EACH	IIEMIZ	EDLOAN	(loans totaling r	nore than \$10	0 from any	SOURCE	during the p	eriod)		
Complete the Following for the Source of the Loan First Name Middle Nam			Г								
(Seginning C					Loan Balance Loans Loan of Period) Received Payments			Outstanding Loan Balance (End of Period)			
Last Name/Organization Name, Stamper 40,					Ch	/	15	000	75,000		
Address Loan Receiver											
Loan Receive 1002 SCARLET COURT City Hendersonville State Zip Code 37075 Runoff (I				/ Election	Genera	l Election			2 - ا	200	2020
	(Local Elections Only)										
	,		r Above Loa	n (If more spa	ce is neede	d please	attach	a page)			
First Name	Middle Name	B		First Name					Middl	e Name	
Last Name/Organization Name			***	Last Name/Org	janization Na	me			<u>-1</u>		
Address				Address						-	
City	State	Zip Co	de	City					State		Zip Code
Amount Guaranteed Outstanding			_	Amount Guaranteed Outstanding							
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City State Zip Code			de	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	Middle Name	:		First Name		-			Middl	e Name	
Last Name/Organization Name	·			Last Name/Organization Name							
Address				Address							
City	State	Zip Coo	le	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	Middle Name			First Name Middle Name							
Last Name/Organization Name			Last Name/Organization Name								
Address	<u>_</u>		-	Address			<u> </u>				
City State Zip Code City State						Zip Code					
Amount Guaranteed Outstanding				Amount Guarant	eed Outstand	ing		7.111	<u> </u>		
. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				(Beginning of Period) Received Payments (End of Period				anding Loan Balance End of Period)			
rotal bulstarioning roan darance should also be shown in Hem 12.e. on front page.)				40,0	2.2			15,0	ဝဝ	<u> </u>	5,000