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CAMPAIGN FINANCIAL DISCLOSURE STATEMEN

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



2-26-24 Th 2.a. Candidate or Committee Name: Joseph Schippers 16-24 1. Date: 3. Election Date: 2024 2.b. If Committee, Name of Candidate: 4. Campaign Address: 205 Lunette Circle City: Mt. Juliet Zip Code: 37122 State: TN (615) 549-5346 Phone: 5. Candidate Home Address: 209 Lunette Circle Zip Code: 37122 (615) 499-0244 City: Mt. Juliet State: TN Phone: Candidate Email Address: campaign@schippers.life 6. Office Sought: (include district number, if applicable) Wilson County School Board, Zone 3 7. Name of Political Treasurer (may be candidate): John Herko Political Treasurer Email Address: john.herko@me.com 8. Category or Report: (check one) ☑ Pre-Primary ☐ Second Quarter ☐ Third Quarter Fourth Quarter Pre-General First Quarter ☐ Runoff Election ☐ Mid-Year Supplemental Year-End Supplemental End Date: 2-24-24 Start Date: 1-16-24 9. Reporting Period: 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 2-26-24 Date 2-26-24 Date 12. Summary: a. Balance On Hand Last Report § 2,221.71 Total Loans Outstanding...... \$ 3,000.00

Total Obligations Outstanding \$ -0-

SUMMARY PAGE - CANDIDATE

FEB **2 6** 2024

Wilson County Election Commission 13. Name of Candidate or Committee: Joseph Schippers End Date: 2-24-24 Start Date: 1-16-24 14. Reporting Period: 15. Receipts: a. Unitemized Contributions (\$100 or less from each source this period) $\frac{-0}{2}$ (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) $\frac{2,025.00}{}$ c. Loans Received This Reporting Period...... \$ -0d. Interest Received This Reporting Period...... \$ -0-16. Disbursements: a. Total Expenditures (other than loan payments)......\$ 2,777.85 (Note: Effective January 16, 2023, all expenditures must be itemized.) b. Loan Repayments Made This Period\$ <u>-0-</u> Total Obligation Payments Made This Period.......\$ <u>-0-</u> d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 2,777.85 17. In-Kind Contributions: c. Total In-Kind Contributions Received This Period \$ -0-18. Obligations:

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Joseph Schippers	1107 520 1140
2. Reporting Period: Start Date: 1/16/2024 End Date: 2/24/2024	
3. Total campaign contributions from preceding page (enter \$0 if first page) \$_0^2	O FEB 2.6 2024
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	Wilson County Election Commission
Business or Organization Name:	OR
First Name: Bonnie Middle Name: D	Last Name: Villarreal
Address: 107 Southern Way Blvd City: Mt. Juliet	State: TN Zip Code: 37122
Occupation: Retired Employer: N/A	
Contribution Received For: Primary Election General Election Amount of Contribution: \$\frac{150.00}{2000} Date of Contribution: \frac{1/17/2024}{2000}	
Business or Organization Name:	OR
First Name: Caroline Middle Name: M	Last Name: Gilmore
Address: 400 Zachary Rd City: Lebanon	_ State: TN Zip Code: 37090
Occupation: Retired Employer: N/A	
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$75.00 Date of Contribution: 1/14/2024	_ Aggregate This Election: \$ 75.00
Business or Organization Name:	OR
First Name: Powers Middle Name:	
Address: 1984 Providence Pkwy City: Mt. Juliet	State: TN Zip Code: 37122
Occupation: Real Estate Developer Employer: Powers Eq	
Contribution Received For:	
Amount of Contribution: \$\(\frac{1,000.00}{2,000.00}\) Date of Contribution: \(\frac{1/24/2024}{2,000.00}\)	
Business or Organization Name:	OR
	Last Name: Korn
Address: 112 Paixham Pl City: Mt. Juliet	State: TN Zip Code: 37087
Occupation: Retired Employer: N/A	
Contribution Received For: X Primary Election General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$_50.00 Date of Contribution: 1/24/2024	Aggregate This Election: \$ 50.00
Total Contributions: \$1,275.00 (Carry forward to the next page if additional pages of this form are used. If the amount must be shown in the summary on first page.)	nis is the last page of contributions, this

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

Candidate or Committee Name: Joseph Schippers	
2. Reporting Period: Start Date: 1/16/2024 End Date: 2/24/2024	Tenth Children Antenna Antenna A
3. Total campaign contributions from preceding page (enter \$0 if first page) \$	5 1,275.00
	FEB 26 2024
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	Wilson County Electron Commission
Business or Organization Name:	OR
First Name: Fred Middle Name:	Last Name: Rieder
Address: 146 Southern Way Blvd City: Mt. Juliet	State: TN Zip Code: 37122
Occupation: Retired Employer: N/A	
Contribution Received For: 🔯 Primary Election 🔲 General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$_300.00 Date of Contribution: 1/26/2024	Aggregate This Election: \$_300.00
Business or Organization Name:	OR
First Name: David Middle Name:	Last Name: Klintworth
Address: 146 March Place City: Mt. Juliet	State: TN Zip Code: 37122
Occupation: Retired Employer: N/A	
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$\frac{100.00}{} Date of Contribution: \frac{1/14/2024}{}	Aggregate This Election: \$ 100.00
Business or Organization Name:	OR
First Name: Rayna Middle Name:	Last Name: Boyles
Address: 2745 Alvin Sperry Pass City: Mt. Juliet	
Occupation: Teacher Employer: Wilson Co	ounty Schools
Contribution Received For: 😧 Primary Election 🗌 General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$_100.00 \cdot Date of Contribution: 1/27/2024	Aggregate This Election: \$ 100.00
Business or Organization Name:	OR
First Name: Marlaina Middle Name:	Last Name: Clawson
Address: 75 Huber Court City: Mt. Juliet	State: TN Zip Code: 37122
Occupation: Homemaker Employer: N/A	
Contribution Received For: X Primary Election General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$_100.00 Date of Contribution: 1/27/2024	Aggregate This Election: \$ 100.00
Total Contributions: \$1,875.00 (Carry forward to the next page if additional pages of this form are used. If the amount must be shown in the summary on first page.)	this is the last page of contributions, this

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Na	ame: Joseph Schipper	rs		
2. Reporting Period: Start Da	ate: 1/16/2024	End Date: 2/24/2024		EED ON ORD
3. Total campaign contributio			1,875.00	FEB 2 6 2024
	, 3. 3			Wilson County Election Commissi
COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEM	IZED CONTRIBUTION.		
Business or Organization Nam				OF
First Name: Sharon	Middle Na	me:	Last Name:	Kloba
Address: 109 Tanglewood	Drive City	_{y:} <u>Mt. Juliet</u>	State: TN	Zip Code: <u>37122</u>
Occupation: Retired		Employer: N/A		
Contribution Received For: Amount of Contribution: $\frac{1}{2}$				al Elections Only) is Election: \$_100.00
Business or Organization Nam	ne:			OF
First Name: Leanne				Lindsey
Address: 254 Calibre Lane				
Occupation: Retired				
Contribution Received For:			Runoff (Loca	al Elections Only)
Amount of Contribution: \$ 50	.00 Date of Cor	ntribution <u>:</u> 1/27/2024	_ Aggregate Th	is Election: \$_50.00
Business or Organization Nam	ne:			OF
First Name:				
Address:	Cit	y:	State:	Zip Code:
Occupation:		Employer:		
Contribution Received For:				
Amount of Contribution: \$				
Business or Organization Nam	าe:			OF
First Name:				-
Address:				
Occupation:				
Contribution Received For:				
Amount of Contribution: \$	Date of Cor	ntribution;	Aggregate Th	is Election: \$
Total Contributions: \$2,02 (Carry forward to the next p amount must be shown in t	age if additional pages		his is the last pag	e of contributions, this

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Joe S	Schippers				To your and a second	
2. Reporting Period: Start Date: 1/16/20	024	End Date:				
3. Total campaign expenditures from pre	ceding pa	age (enter \$0 if first page) \$ 0		FEB	2 6 2024
COMPLETE THE APPROPRIATE ITEMS FOR kind contribution to a candidate, please remember candidate's name in the purpose of the expenditure.	R EACH E) er to includ	(PENDITURE. All expendite the purpose of the expenditure)	ures must be it	emized	Wilson Count	with the
Business or Organization Name: Nashv	ville Digita	al Marketing Solutions				
First Name:	Middle	Name:	Last	Name:	-	
Address: 1005 Violet Dr		City: Franklin	State:	TN	Zip Code:	37067
Purpose of Expenditure: Geo-fencing A	Averttisin	g 50k/month				
Amount of Expenditure: \$ 1,500.00		Date of Expenditure: _	1/18/2024			
Business or Organization Name: Whitt's	s BBQ					
First Name:	Middle	Name:	Last	Name:		
Address:		City: Lebanon	State:	TN	Zip Code:	37075
Purpose of Expenditure: Food for "Mee	et and G	reet" Event on 1/27/202	24			
Amount of Expenditure: \$ 374.73						
Pusinger or Organization Name:						0
Business or Organization Name: First Name:Scott				Name	Camperi	
Address: 3061 Woody Lane	_ iviluale	City: Clarksville	State	TN	7in Code:	37043
Purpose of Expenditure: Event signs for	or "Meet	and Greet" Event	State.		Zip coac.	
Amount of Expenditure: \$ 212.50		Date of Experiordie				
Business or Organization Name: DoDat	t Commi	unications, Inc.				
		Name:	Last	Name:		
Address: 1026 Lavern Circle		City: Henderson	State:	TN	Zip Code:	37075
Purpose of Expenditure: Political Signs	s 48x48					
Amount of Expenditure: \$ 87.40		Date of Expenditure: _	1/24/2024 (nvoice	e 51137)	
Business or Organization Name: 4imprir	nt (admi	nistrator@4imprint.com	<administra< td=""><td>ator@4</td><td>1imprint.co</td><td>m o</td></administra<>	ator@4	1imprint.co	m o
First Name:						
Address:						
Purpose of Expenditure: 24 Long-slee	ve T-shir	ts				
Amount of Expenditure: \$ 310.43		Date of Expenditure: _	1/28/2024			
Total Expenditures: \$ 2,485.06						
(Carry forward to the next page if addition			this is the las	t page	of expendi	tures, this
amount must be shown in the summary	on first n	age.)				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

					_
1. Candidate or Committee Name:	Joe Schipper	rs		I III	712
2. Reporting Period: Start Date:	1/16/2024	End Date:			
3. Total campaign expenditures from					2 6 2024
COMPLETE THE APPROPRIATE ITE	AS EOD EACH	CVDENIDITUDE		Wilson County	Election Commiss
COMPLETE THE APPROPRIATE ITER kind contribution to a candidate, please re candidate's name in the purpose of the ex-	cinemper to mill	ade the purpose of the exher	nditures must be itemized nditure (e.g., postage, printi	 If the expending, etc.) along 	diture is an in- with the
Business or Organization Name:					
					0
First Name:	IVIIddi	e Name:	Last Name:		07075
Address: 1026 Lavern Circle Purpose of Expenditure: 2 Politic	eal signs 48v	_City: Trendersonville	State: IN	Zip Code:	3/0/5
Amount of Expenditure: \$ 87.40		Date of Expenditure	: _ 2/5/2024 (Invoice 5	1250)	
Business or Organization Name:	Dodat Comm	unications, Inc.			0
First Name:	Middle	Name:	Last Namo		
Address: 1026 Lavern Circle		City: Hendersonville	State: TN	7in Coda:	37075
Purpose of Expenditure: 4 Politic	al signs: Two	48x48 Political Signs	; Two 18x24 Early Vo	zip code. : otina Sians	
Amount of Expenditure: \$ 117.99					
Business or Organization Name: \Box					OF
First Name:	Middle	Name:	Last Name:		
Address: 1020 Laveill Circle		City: Hendersonville	State: TN	Zip Code: 🔄	37075
Purpose of Expenditure: 2 Politic	ai Signs				
Amount of Expenditure: \$ 87.40		Date of Expenditure:	2/9/2024 (Invoice 5	51302)	
Business or Organization Name: _					OF
First Name:					
Address: 102		City:	State:	7in Codo:	
Purpose of Expenditure:			State: /	zip code	
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					OR
irst Name:	Middle	Name:	Last Name:		
Address:		City:	State: 2	Zip Code:	
Purpose of Expenditure:					
amount of Expenditure: \$		Date of Expenditure:			
otal Expenditures: \$ 2,777.85					-
Carry forward to the next page if ad	ditional page:	s of this form are used. I	If this is the last page o	f expenditu	res, this
mount must be shown in the sumn	nary on first pa	age.)	. 5	1	