



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees



1. Date: 1-22-24 2.a. Candidate or Committee Name: Joseph Schippers
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 2024
 4. Campaign Address: 205 Lunette Circle
 City: Mt. Juliet State: TN Zip Code: 37122 Phone: (615) 549-5346
 5. Candidate Home Address: 209 Lunette Circle
 City: Mt. Juliet State: TN Zip Code: 37122 Phone: (615) 499-0244
 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)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

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.

[Signature] 1-22-24
 Candidate Signature Date
[Signature] 1-22-24
 Witness Signature Date

[Signature] 1-22-24
 Political Treasurer Signature Date
[Signature] 1-22-24
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ -0-
b. Total Receipts This Period	\$ 6,675.00
c. Total Disbursements This Period	\$ 4,453.29
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ 2,221.71
e. Total Loans Outstanding	\$ 3,000.00
f. Total Obligations Outstanding	\$ -0-

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Joseph Schippers

14. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

15. Receipts:

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>50.00</u>
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See <i>Instructions</i> for more information.)	
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>3,625.00</u>
c. Loans Received This Reporting Period.....	\$ <u>3,000.00</u>
d. Interest Received This Reporting Period	\$ <u>-0-</u>
e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	\$ <u>6,675.00</u>

16. Disbursements:

a. Total Expenditures (other than loan payments).....	\$ <u>4,453.29</u>
(Note: Effective January 16, 2023, all expenditures must be itemized.)	
b. Loan Repayments Made This Period	\$ <u>-0-</u>
c. 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.).....	\$ <u>4,453.29</u>

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period	\$ <u>-0-</u>
b. Itemized In-Kind Contributions Received This Period	\$ <u>561.75</u>
c. Total In-Kind Contributions Received This Period	\$ <u>561.75</u>

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.)	\$ <u>-0-</u>
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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Joseph Schippers
2. Reporting Period: Start Date: 1/1/2023 End Date: 1/15/2024
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: Kim Middle Name: L Last Name: Reed
Address: 1175 Bastion Circle 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: \$ 200.00 Date of Contribution: 12/04/2023 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ **OR**
First Name: Linda Middle Name: _____ Last Name: Gilman
Address: 892 Meadowcrest Way 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: \$ 50.00 Date of Contribution: 12/02/2023 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ **OR**
First Name: Samual Middle Name: _____ Last Name: Spardaro
Address: 108 Drummers Way 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: \$ 500.00 Date of Contribution: 10/20/2023 Aggregate This Election: \$ 500.00

Business or Organization Name: _____ **OR**
First Name: John Middle Name: _____ Last Name: Herko
Address: 205 Lunette Circle 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: 10/21/2023 Aggregate This Election: \$ 300.00

Total Contributions: \$ 1,050.00

(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: Joseph Schippers
2. Reporting Period: Start Date: 7/1/2023 End Date: 01/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Andy Middle Name: Reno Last Name: Collier
Address: 106 Drummers Way 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: \$ 500.00 Date of Contribution: 10/24/2023 Aggregate This Election: \$ 500.00

Business or Organization Name: _____ **OR**
First Name: John Middle Name: Franklin Last Name: Loudon
Address: 165 Navy Circle 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: \$ 100.00 Date of Contribution: 10/26/2023 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ **OR**
First Name: Chandra Middle Name: Naidu Last Name: Boyapati
Address: 102 Navy Circle 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: \$ 25.00 Date of Contribution: 10/26/2023 Aggregate This Election: \$ 25.00

Business or Organization Name: _____ **OR**
First Name: August Middle Name: J Last Name: Soreno
Address: 210 Citadel Drive City: Mt. Juliet State: TN Zip Code: 37122
Occupation: Retired Military Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 250.00 Aggregate This Election: \$ 250.00

Total Contributions: \$ 1,925.00

(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: Joseph Schippers
2. Reporting Period: Start Date: 7/1/2023 End Date: 01/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,925.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Donn Middle Name: J Last Name: Heltsley
Address: 514 Calibre Lane 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: \$ 100.00 Date of Contribution: 10/26/2023 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ **OR**
First Name: Francis Middle Name: S Last Name: Knapp
Address: 106 Grey 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
Amount of Contribution: \$ 50.00 Date of Contribution: 10/26/2023 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ **OR**
First Name: Mark Middle Name: D Last Name: Schmidt
Address: 203 Lunette Circle 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
Amount of Contribution: \$ 100 Date of Contribution: 10/26/2023 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ **OR**
First Name: Mark Middle Name: _____ Last Name: Grasela
Address: 127 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: \$ 150.00 Date of Contribution: 11/1/2023 Aggregate This Election: \$ 150.00

Total Contributions: \$ 2,325.00

(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: Joseph Schippers
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2023
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,325.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Glenna Middle Name: L. Last Name: Spadaro
Address: 108 Drummers Way 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: \$ 500.00 Date of Contribution: 11/01/2023 Aggregate This Election: \$ 500.00

Business or Organization Name: _____ OR
First Name: Linda Middle Name: _____ Last Name: Henning
Address: 207 Lunette Circle 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: \$ 250.00 Date of Contribution: 11/3/2023 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Rodney Middle Name: _____ Last Name: Beason
Address: 128 Grey 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: \$ 50.00 Date of Contribution: 11/3/2023 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ OR
First Name: Melissa Middle Name: _____ Last Name: Rickenbaugh
Address: 1704 Ashwood Avenue City: Norwalk State: IA Zip Code: 50211
Occupation: Retired Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 11/16/2023 Aggregate This Election: \$ 100.00

Total Contributions: \$3,225.00

(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: Joseph Schippers
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3,225.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Pamela Middle Name: _____ Last Name: Laing
Address: 1100 Bastion Circle 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: \$ 100.00 Date of Contribution: 11/21/2023 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Janet Middle Name: _____ Last Name: Spangler
Address: 503 Calibre Ln 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: \$ 100.00 Date of Contribution: 11/21/2023 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Leonard Middle Name: _____ Last Name: Huff
Address: 109 Lexington Dr City: Mt. Juliet State: TN Zip Code: 37087
Occupation: Retired Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 11/21/2023 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ OR
First Name: Lou Middle Name: _____ Last Name: Suren
Address: 109 Lexington Dr City: Mt. Juliet State: TN Zip Code: 37087
Occupation: Retired Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 11/21/2023 Aggregate This Election: \$ 50.00

Total Contributions: \$ 3,525.00

(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: Joseph Schippers
2. Reporting Period: Start Date: 7/1/2023 End Date: 01/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3,525.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Bradley Middle Name: A Last Name: Feffer
Address: 507 Calibre Ln 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: \$ 50.00 Date of Contribution: 11/29/2023 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ **OR**
First Name: John Middle Name: _____ Last Name: Davis
Address: 567 Calibre Lane 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: \$ 50.00 Date of Contribution: 12/08/2023 Aggregate This Election: \$ 50.00

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: \$ _____

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: \$ 3,625.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Joseph Schippers
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
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: _____ **OR**
First Name: Alison Middle Name: _____ Last Name: Ford
Address: 431Creekview Drive City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure: Campaign design of mailers, website, palm card, yard sign and T-shirt
Amount of Expenditure: \$ 600.00 Date of Expenditure: \$ 10/23/2023

Business or Organization Name: Fox Printing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 931 Old Lebanon Dirt Road City: Hermitage State: TN Zip Code: 37076
Purpose of Expenditure: 1,000 Digital printing of palm cards
Amount of Expenditure: \$ 218.50 Date of Expenditure: \$ 10/26/2023

Business or Organization Name: Fox Printing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 931 Old Lebanon Dirt Road City: Hermitage State: TN Zip Code: 37076
Purpose of Expenditure: Redo of 1,000 Digital printing of palm cards
Amount of Expenditure: \$ 218.50 Date of Expenditure: \$ 11/6/2023

Business or Organization Name: _____ **OR**
First Name: Alison Middle Name: _____ Last Name: Ford
Address: 434Creekview Drive City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure: Edits to campaign materials
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 11/08/2023

Business or Organization Name: Fox Printing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 931 Old Lebanon Dirt Road City: Hermitage State: TN Zip Code: 37076
Purpose of Expenditure: Palm Cards for Schippers For Wilson County School Board, Zone 3
Amount of Expenditure: \$ 218.50 Date of Expenditure: \$ 11/15/2023

Total Expenditures: \$ 1,305.50

(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: Joseph Schippers

2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1305.50

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: Scott Comperry OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1198 Willow Brook Drive City: Clarksville State: TN Zip Code: 37043

Purpose of Expenditure: 100 24" x 18" signs

Amount of Expenditure: \$ 425.00 Date of Expenditure: \$ 11/22/2023

Business or Organization Name: McCord's Do it Best OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2865 E. Market Street City: Logansport State: IN Zip Code: 46947

Purpose of Expenditure: 4 4' x 8' Banners for Vote for Schippers for School Board

Amount of Expenditure: \$ 312.27 Date of Expenditure: \$ 12/14/2023

Business or Organization Name: Fox Printing OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 931 Old Lebanon Dirt Road City: Hermitage State: TN Zip Code: 37076

Purpose of Expenditure: 3,451 9" x 6" Post Cards, Postage and Mailing

Amount of Expenditure: \$ 2,410.52 Date of Expenditure: \$ 1/11/2024

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: \$ _____

Total Expenditures: \$ 4,453.29

(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: Joseph Schippers
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
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: Joseph Middle Name: _____ Last Name: Schippers

Address: 209 Lunette Circle City: Mt. Juliet State: TN Zip Code: 37122

Outstanding Loan Balance (Beginning) \$ 0

Loans Received \$ 3,000

Loan Payments \$ _____

Outstanding Loan (End)..... \$ 3,000

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

Date of Loan: 9/7/2023

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

Business or Organization Name: _____ OR

First Name: Joseph Middle Name: _____ Last Name: Schippers

Address: 209 Lunette Circle City: Mt. Juliet State: TN Zip Code: 37122

Amount Guaranteed Outstanding: \$ 1,500.00

Business or Organization Name: _____ OR

First Name: Kim Middle Name: _____ Last Name: Schippers

Address: 209 Lunette Circle City: Mt. Juliet State: TN Zip Code: 37122

Amount Guaranteed Outstanding: \$ 1,500.00

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) \$ -0-

Loans Received \$ 3,000.00

Loan Payments \$ -0-

Outstanding Loan (End)..... \$ 3,000.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Joseph Schippers
2. Reporting Period: Start Date: 7/1/2023 End Date: 01/15/2024
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: Elemento Graphics OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 7160 Zionsville Road City: Indianapolis State: IN Zip Code: 46268

Occupation: _____ Employer: _____

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

In-Kind Contribution Value: \$ 561.75 In-Kind Contribution Date: 11/27/2023 Aggregate This Election: \$ 561.75

Description of In-Kind Contribution: Design/Print/Install Vote for Joe Schippers tailgate wrap and door decal wrap.

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: _____

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: _____

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: \$ 561.75

(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.)