



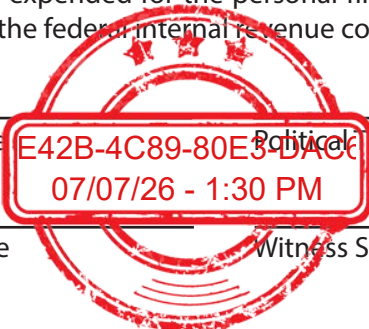
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/7/2026 2.a. Candidate or Committee Name: Cory Martin
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1812 Blue Springs Ct
City: Franklin State: TN Zip Code: 37069 Phone: _____
5. Candidate Home Address: 1812 Blue Springs Ct
City: Franklin State: TN Zip Code: 37069 Phone: _____
Candidate Email Address: robertkm47@gmail.com
6. Office Sought: (include district number, if applicable) Wmson Cty School Board-Dist 08
7. Name of Political Treasurer (may be candidate): Robert Martin
Political Treasurer Email Address: robertkm47@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 ☐ Runoff Election
9. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date



12. Summary:

a. Balance On Hand Last Report	\$ <u>\$3,699.91</u>
b. Total Receipts This Period	\$ <u>\$5,457.00</u>
c. Total Disbursements This Period	\$ <u>\$4,780.19</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$4,376.72</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Cory Martin

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$1,907.00
(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) \$ \$3,550.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$5,457.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,780.19
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$4,780.19

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ \$60.00
- b. Itemized In-Kind Contributions Received This Period \$ \$253.98
- c. Total In-Kind Contributions Received This Period \$ \$313.98

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Amy Middle Name: _____ Last Name: Atwood
Address: 6048 Temple Rd. City: Nashville State: TN Zip Code: 37221
Occupation: Registered Nurse Employer: Monroe Carell Jr. Children's Hospital at Vande
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**
First Name: J B Middle Name: _____ Last Name: Junghans
Address: 1089 Vaughn Crest Dr. City: Franklin State: TN Zip Code: 37069
Occupation: Consultant Employer: Impact Advisors
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/29/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Leah Middle Name: _____ Last Name: Jensen-Rader
Address: 2413 McIntyre Court City: Franklin State: TN Zip Code: 37069
Occupation: Child Care Worker Employer: Forest Hill Baptist MDO
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/29/2026 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Gray Middle Name: _____ Last Name: Stubblefield
Address: 937 Cherry Grove Rd. City: Franklin State: TN Zip Code: 37069
Occupation: Real Estate Employer: Cherry & Associates
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/30/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$650.00
(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: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$650.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Erin Middle Name: _____ Last Name: Bell

Address: 112 Oakland Hills Dr. City: Franklin State: TN Zip Code: 37069

Occupation: Move Manager Employer: Let's Get Moving

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 5/1/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Jennifer Middle Name: _____ Last Name: Hale

Address: 1072 Stonebridge Park Dr. City: Franklin State: TN Zip Code: 37069

Occupation: Pharmacist Employer: Vanderbilt Health

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 5/3/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Brittany Middle Name: _____ Last Name: Crawford

Address: 145 St. Andrews Dr. City: Franklin State: TN Zip Code: 37069

Occupation: Marketing Director Employer: Houghton, Mifflin & Harcourt

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 5/3/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Revida Middle Name: _____ Last Name: Rahman

Address: 300 Shadow Creek Dr. City: Brentwood State: TN Zip Code: 37027

Occupation: Insurance Claims Employer: TN Farmers Mutual Ins Co

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 5/6/2026 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$1,000.00

(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: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,000.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Bruff

Address: 6002 Temple Road City: Nashville State: TN Zip Code: 37221

Occupation: Marketer Employer: HarperCollins Christian Publishers

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 5/11/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Revida Middle Name: _____ Last Name: Rahman

Address: 300 Shadow Creek Dr. City: Brentwood State: TN Zip Code: 37027

Occupation: Insurance Claims Employer: TN Farmers Mutual Ins Co

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 5/30/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Siobhan Middle Name: _____ Last Name: Spencer

Address: 1092 Vaughn Crest Dr. City: Franklin State: TN Zip Code: 37069

Occupation: Consultant Employer: Self

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/16/2026 Aggregate This Election: \$ \$917.87

Business or Organization Name: _____ **OR**

First Name: Abby Middle Name: _____ Last Name: Peterson

Address: 1304 Glade Drive City: Franklin State: TN Zip Code: 37069

Occupation: Homemaker Employer: None

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/26/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,750.00

(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: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,750.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Keith Middle Name: _____ Last Name: Gott

Address: 1035 Holly Tree Farms Rd. City: Brentwood State: TN Zip Code: 37027

Occupation: Retired Employer: None

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/28/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Philip Middle Name: _____ Last Name: Jones

Address: 1052 Holly Tree Farms Rd. City: Brentwood State: TN Zip Code: 37027

Occupation: Program Manager Employer: Cigna

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/28/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Revida Middle Name: _____ Last Name: Rahman

Address: 300 Shadow Creek Dr. City: Brentwood State: TN Zip Code: 37027

Occupation: Insurance Claims Employer: TN Farmers Mutual Ins Co

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 6/30/2026 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**

First Name: Matthew Middle Name: _____ Last Name: Daniel

Address: 7505 Hallows Drive City: Nashville State: TN Zip Code: 37221

Occupation: Consultant Employer: Guild Education

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 6/30/2026 Aggregate This Election: \$ \$1,210.00

Total Contributions: \$ \$2,200.00

(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: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,200.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jeffrey Middle Name: _____ Last Name: Knipstein

Address: 902 Bridgewater Ct City: Nashville State: TN Zip Code: 37221

Occupation: Physician Employer: Kumquat Bioscience

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 6/30/2026 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**

First Name: Daren Middle Name: _____ Last Name: Thomas

Address: 205 Brittain Court City: Brentwood State: TN Zip Code: 37027

Occupation: Video Producer Employer: DaVita Inc

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/30/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Sarah Middle Name: _____ Last Name: Thoren

Address: 262 Saint Andrews Drive City: Franklin State: TN Zip Code: 37069

Occupation: Organizer Employer: Parallel Solutions

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/30/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Tommy Middle Name: _____ Last Name: Wilkins

Address: 301 General JB Hood Drive City: Franklin State: TN Zip Code: 37069

Occupation: HR Employer: Safe Life

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/30/2026 Aggregate This Election: \$ \$600.00

Total Contributions: \$ \$3,100.00

(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: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,100.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Ashley Middle Name: _____ Last Name: Dennis
Address: 2838 Polo Club Road City: Nashville State: TN Zip Code: 37221
Occupation: Travel Advisor Employer: Tailor My Travels
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 6/30/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Charles Middle Name: _____ Last Name: Spencer
Address: 426 Pernell Rd. City: Lebanon State: TN Zip Code: 37087
Occupation: Retired Employer: None
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 6/30/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Julia Middle Name: _____ Last Name: Halford
Address: 2212 Creekside Lane City: Franklin State: TN Zip Code: 37064
Occupation: Spiritual Director Employer: Self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$250.00

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: \$ _____

Total Contributions: \$ \$3,550.00
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

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: _____ **OR**

First Name: Matt Middle Name: _____ Last Name: Spencer

Address: 1092 Vaughn Crest Dr. City: Franklin State: TN Zip Code: 37069

Occupation: Executive Employer: Suited, Inc.

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

In-Kind Contribution Value: \$ \$203.98 In-Kind Contribution Date: 5/3/2026 Aggregate This Election: \$ \$453.98

Description of In-Kind Contribution: Snacks for fund-raiser

Business or Organization Name: _____ **OR**

First Name: Charles Middle Name: _____ Last Name: Spencer

Address: 426 Pernell Rd. City: Lebanon State: TN Zip Code: 37087

Occupation: Retired Employer: None

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

In-Kind Contribution Value: \$ \$50.00 In-Kind Contribution Date: 5/3/2026 Aggregate This Election: \$ \$150.00

Description of In-Kind Contribution: Snacks for fund-raiser

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: \$ \$253.98

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: U.S. Postal Service **OR**

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

Address: 475 Lienfant Plaza SW City: Washington, D.C. State: N/A Zip Code: 20260

Purpose of Expenditure: Postage Stamps

Amount of Expenditure: \$ \$63.75 Date of Expenditure: \$ 4/28/2026

Business or Organization Name: Twine Graphics & Screen Printing **OR**

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

Address: 1113 Harpeth Industrial Court City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Tee Shirts

Amount of Expenditure: \$ \$459.64 Date of Expenditure: \$ 4/29/2026

Business or Organization Name: Tractor Supply Co. **OR**

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

Address: 911 Centerpoint Rd. City: Hendersonville State: TN Zip Code: 37075

Purpose of Expenditure: Posts & Zip Ties for Yard Signs

Amount of Expenditure: \$ \$160.00 Date of Expenditure: \$ 5/8/2026

Business or Organization Name: Amazon Web Services, Inc. **OR**

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

Address: 410 Terry Ave. North City: Seattle State: WA Zip Code: 98109-521

Purpose of Expenditure: Web Hosting

Amount of Expenditure: \$ \$4.47 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: Printing, Etc, **OR**

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

Address: 1411 South Dickerson Road City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Yard Signs & Lapel Stickers

Amount of Expenditure: \$ \$740.81 Date of Expenditure: \$ 5/20/2026

Total Expenditures: \$ \$1,428.67

(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: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,428.67

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: U.S. Postal Service **OR**

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

Address: 475 Lienfant Plaza SW City: Washington, D.C. State: N/A Zip Code: 20260

Purpose of Expenditure: Postage Stamps

Amount of Expenditure: \$ \$63.75 Date of Expenditure: \$ 5/26/0020

Business or Organization Name: Amazon Web Services, Inc. **OR**

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

Address: 410 Terry Ave. North City: Seattle State: WA Zip Code: 98109-521

Purpose of Expenditure: Web Hosting

Amount of Expenditure: \$ \$3.95 Date of Expenditure: \$ 6/1/2026

Business or Organization Name: U.S. Postal Service **OR**

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

Address: 475 Lienfant Plaza SW City: Washington, D.C. State: N/A Zip Code: 20260

Purpose of Expenditure: Postage Stamps

Amount of Expenditure: \$ \$63.75 Date of Expenditure: \$ 6/15/2026

Business or Organization Name: Printing, Etc, **OR**

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

Address: 1411 South Dickerson Road City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Postcard Mailings

Amount of Expenditure: \$ \$2,887.40 Date of Expenditure: \$ 6/22/2026

Business or Organization Name: Campaign Verify, Inc. **OR**

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

Address: 1215 31st Street NW City: Washington, D.C. State: N/A Zip Code: 20007-999

Purpose of Expenditure: To verify campaign

Amount of Expenditure: \$ \$95.00 Date of Expenditure: \$ 6/22/2026

Total Expenditures: \$ \$4,542.52

(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: Cory Martin
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,542.52

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: U.S. Postal Service **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 475 Lienfant Plaza SW City: Washington, D.C. State: N/A Zip Code: 20260
Purpose of Expenditure: Postage Stamps
Amount of Expenditure: \$ \$63.75 Date of Expenditure: \$ 6/29/2026

Business or Organization Name: Stripe, Inc. **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 Oyster Point Blvd. South City: San Francisco State: CA Zip Code: 94080
Purpose of Expenditure: Contribution Collection Fees
Amount of Expenditure: \$ \$173.92 Date of Expenditure: \$ 6/30/2026

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: \$ \$4,780.19

(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.)