

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: John Stamps

14. Reporting Period: Start Date: 10/27/2024 End Date: 1/15/2025

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ \$3,700.00
- 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.) \$ \$3,700.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$8,339.06
(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.)..... \$ \$8,339.06

17. In-Kind Contributions:

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John Stamps
2. Reporting Period: Start Date: 10/27/2024 End Date: 1/15/2025
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: John Middle Name: _____ Last Name: Porter
Address: 9695 Poplar Ave City: Germantown State: TN Zip Code: 38139
Occupation: Builder Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 10/29/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Robert Middle Name: _____ Last Name: Harbin
Address: 12 Hunington Rd SW City: Rome State: GA Zip Code: 30165
Occupation: Physician Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,500.00 Date of Contribution: 10/29/2024 Aggregate This Election: \$ \$1,500.00

Business or Organization Name: _____ **OR**
First Name: Martha Middle Name: M. Last Name: Morrow
Address: 420 20th St City: Birmingham State: AL Zip Code: 35203
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,500.00 Date of Contribution: 10/29/2024 Aggregate This Election: \$ \$1,500.00

Business or Organization Name: _____ **OR**
First Name: John Middle Name: _____ Last Name: Gross
Address: 9490 Johnson Rd Ext City: Germantown State: TN Zip Code: 38139
Occupation: Business Manager Employer: Shea Clinic
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 10/29/2024 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$3,700.00

(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: John Stamps
2. Reporting Period: Start Date: 10/27/2024 End Date: 1/15/2025
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: One Stop Marketing **OR**

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

Address: 3815 Outland Rd City: Memphis State: TN Zip Code: 38118

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$386.87 Date of Expenditure: \$ 10/29/2024

Business or Organization Name: Text to Survey **OR**

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

Address: 1527 S Cooper St City: Arlington State: TX Zip Code: 76010

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$1,359.04 Date of Expenditure: \$ 10/31/2024

Business or Organization Name: Costco **OR**

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

Address: 3775 Hacks Cross Rd City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Supplies

Amount of Expenditure: \$ \$546.84 Date of Expenditure: \$ 10/29/2024

Business or Organization Name: Collierville Herald Independent **OR**

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

Address: 2850 Stage Village Cv City: Bartlett State: TN Zip Code: 38134

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$275.00 Date of Expenditure: \$ 10/31/2024

Business or Organization Name: Wolf River Brisket **OR**

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

Address: 9947 Wolf River Blvd #101 City: Germantown State: TN Zip Code: 38139

Purpose of Expenditure: Food and Beverage

Amount of Expenditure: \$ \$1,372.22 Date of Expenditure: \$ 11/6/2024

Total Expenditures: \$ \$3,939.97

(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: John Stamps
2. Reporting Period: Start Date: 10/27/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,939.97

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: Costco **OR**

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

Address: 3775 Hacks Cross Rd City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Election Night Supplies

Amount of Expenditure: \$ \$270.01 Date of Expenditure: \$ 11/6/2024

Business or Organization Name: Jims Place Grill **OR**

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

Address: 3660 S Houston Levee Rd Ste 111 City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Food and Beverage

Amount of Expenditure: \$ \$2,194.47 Date of Expenditure: \$ 11/20/2024

Business or Organization Name: The Brooks Collection **OR**

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

Address: 110 E Mulberry St City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Gifts

Amount of Expenditure: \$ \$434.61 Date of Expenditure: \$ 11/20/2024

Business or Organization Name: _____ **OR**

First Name: Rachel Middle Name: _____ Last Name: Wall

Address: 1190 Braywind Dr City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 11/30/2024

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: \$ _____

Total Expenditures: \$ \$8,339.06

(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.)