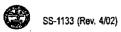
# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

. O. O	iticate committee		
1. DATE OF REPORT 2.a. NAME OF C	ANDIDATE OR COMMITTEE		
04.23-18 Jo	e. C. MAt	theus	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route City	State		Phone
605 Harris Lane GAL	Intin Tw	37066 615	-708 -1877
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)			
Street or Rural Route City	State	Zip Code F	Phone
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICA	L TREASURER (may be cand	lidate)
Summer County Commissioner Dist 4	The C. (	matthews	ļ
7. CATEGORY OR REPORT (Check one)	<u> </u>		
			VEADEND
FIRST SECOND THRD FOURTH QUARTER QUARTER QUARTER	PRE-PRIMARY GENERAL	MID-YEAR L SUPPLEMENTAL S	YEAR-END UPPLEMENTAL
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REI		
04-01-2018	04.24-8	2018	
9. (Check one)			·
1 .		11. 0	Inne AND overendi
<ul> <li>a.                This campaign is exempt from detailed disclosure becautures total \$1,000 or less for this reporting period. (Continued to the continued to the</li></ul>	use contributions (including in	i-kind) received total \$1,000 or 2f \	less AND expendi-
b. This campaign is required to file a detailed financial disc	losure because contributions	(including in-kind) received to	tal more than \$1,000
and/or expenditures total more than \$1,000 for this repo	nting period.		
10. I/we do solemnly swear or affirm that the information contains	ed in this campaign financial	disclosure report is true and t	hat this report is an the Campaign
accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm the	es required to be reported by at no campaign contributions l	have been expended for the p	ersonal financial
benefit of the candidate or for any other nonpolitical purpose a	is defined by the federal inter	nal revenue code.	
	$\cap$	o m	_
Signature of candidate date	fee (	re of political treasurer	042318
signature of candidate date	signatur	re of political treasurer	date
		<u></u> .	
11. WITNESS SIGNATURE			
10 U Mul	m = 0 1/2	1- M-14/2 21	mhx/IC
Som Kate 11 billhous CA/23/2	1 Opnati	to Militarius	V1/21/0
signature of witness date	sig	nature of witness	/ Adate
	· · · · · · · · · · · · · · · · · · ·	1 '	
12. SUMMARY			
<u> </u>	_	- IN 99	
a. BALANCE ON HAND LAST REPORT		\$	
		. 1.100 <u>90</u>	
b. TOTAL RECEIPTS THIS PERIOD			
c. TOTAL DISBURSEMENTS THIS PERIOD	2. <b>3.2018</b> FM.	863.00	
C. TOTAL DISBURSEMENTS THIS PERIOD	८ उर्रणाप्त	•••••	200 89
d. BALANCE ON HAND (12.a. plus 12.b. minus 1444)		\$	247.89
	<del></del>		~
e. TOTAL LOANS OUTSTANDING	OMMISSION	\$ <u></u>	<u> </u>
e. TOTALLOANS OUTSTANDING			
C TOTAL OBLIGATIONS OF TOTALISING		¢	<i>Ø</i>
f. TOTAL OBLIGATIONS OUTSTANDING			<del></del>

## **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Joe C. MAHhews	FROM: 64-01-18 TO: 04-24-18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	.s 100 00
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 1,100 °C
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>D</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$
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)
s Ø	<u> </u>
\$	
\$	
\$	<del></del>
s	<del></del>
\$	·····
	<del>_</del>
•	····
	_
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>Ø</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>Ø</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 863.00
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)	<i>*</i>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	)\$ <u>Ø</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$Ø
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>863.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	. <u>-</u>



## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD
Joe C. Matt	TO: 64.24-18				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR E			· · · · · · · · · · · · · · · · · · ·	<del></del>	)
First Name	Middle Nan		Contribution Received For:		Amount of Contribution
Last Name/Organization Name	7	T	Primary Election	General Election	\$1,000.00
Address 54 Industrial Par			Runoff (Local Election	ns Only)	,
City Hendersonuille	State	Zip Code 37675	Date of Contribution		Aggregate This Election
Occupation Tool + Dye Mach Employer/owner Henry L. Mer	ine 5		04-06-	# 1,000 =	
First Name	Middle Na	me	Contribution Received For		Amount of Contribution
Last Name/Organization Name			Primary Election [		
Address	•••		Runoff (Local Electio		
City	ty State Zip Code				Aggregate This Election
Occupation	<u>.t</u>	l			
Employer					
First Name	Middle Nan	ne	Contribution Received For	:	Amount of Contribution
Last Name/Organization Name	<del>-</del>	Primary Election			
Address	<del></del>		Runoff (Local Election		
City	State	Zip Code	Date of Contribution		Aggregate This Election
	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1		Primary Election C	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution	<del>.</del>	Aggregate This Election
Occupation	•				
Employer					
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages     (If this is the last page of contributions, this amount must		•			1,000 00

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE O		2. REPORT COVERING THE PERIOD									
Joe C. T	JUS++P	<u>رحد</u>	<u>)5</u>		FROM:04-01-18	TO: 64.24-18 Amount					
3. TOTAL ITEMIZED IN-KINI	O CONTRIBUTIONS	FROM	PRECEDING PAG	SE (enter \$0 if first itemized page	e)	Amount Ø					
				RIBUTION (in-kind contributions totaling	<u></u>	ntributor during the period)					
First Name	N	liddle Nar	ne	In-Kind Contribution Receive	d For:  General Election	Value of In-Kind Contribution					
Last Name/Organization Name	•			Runoff (Local Election							
Address				Date of In-Kind Contribution	is only)	Aggregate this Election					
City	State Zip Code			Description of In-Kind Contribution	<del></del>	<u> </u>					
Occupation	Employer		<u> </u>								
First Name	First Name Middle Name				In-Kind Contribution Received For: Value of In-Kind Contribu						
Last Name/Organization Name	· · · · · · · · · · · · · · · · · · ·		-	1 = 1	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)						
Address				Date of In-Kind Contribution		Aggregate this Election					
City	Sity State Zip Code				· •	·····					
Occupation	Employer										
First Name		fiddle Nar	ne	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution					
Last Name/Organization Name				Runoff (Local Election	_						
Address				Date of In-Kind Contribution	<del></del>	Aggregate this Election					
City	s	itate	Zip Code	Description of In-Kind Contribution							
Occupation	Employer										
First Name	N N	liddle Nar	ne	In-Kind Contribution Receive		Value of In-Kind Contribution					
Last Name/Organization Name	<u></u>			Primary Election C  Runoff (Local Election	General Election						
Address				Date of In-Kind Contribution		Aggregate this Election					
City	S	tate	Zip Code	Description of In-Kind Contribution		<u>,,,,,</u>					
Occupation	Employer										
First Name		iddle Nam	e	In-Kind Contribution Receive	_	Value of In-Kind Contribution					
Last Name/Organization Name	<u> </u>	-	<u></u>	Primary Election	General Election						
Address			Date of In-Kind Contribution	o ony	Aggregate this Election						
City	St	ate	Zip Code	Description of In-Kind Contribution		1					
Occupation	Employer		1								
5. TOTAL ITEMIZED IN-KIN (Carry forward to item 3. of next p	_ +		re used.)			Ø					
(If this is the last page of in-kind or	ontributions, this amount m	iust be sh	own in item 22b. of sumr	nary.)		<u>y</u>					

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD	
Joe C. MAti	TO: 6424-18					
	Amount					
TOTAL ITEMIZED CAMPAIGN EXPENDITU     COMPLETE THE APPROPRIATE ITEMS FOR E					<u> </u>	
	.,			to any payee during the per		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address			1			
City	State	Zip Code				
First Name Middle Name			Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	<u>'</u>					
Address						
City	City Stafe Zip Code					
First Name	Middle Na	me	Purpose of Expenditure	•	Amount of Expenditure	
Last Name/Business Name		1				
Address						
City	State	Zip Code	<del></del>			
First Name	ne	Purpose of Expenditure	".	Amount of Expenditure		
Last Name/Business Name	•		_			
Address			1			
City	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	,		1			
Address			]			
City	State	Zip Code	]			
First Name	irst Name Middle Name				Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages				Ø		
(If this is the last page of expenditures, this amount mus	<u> </u>					

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PE							ING THE PERIOD				
FROM: TO:											
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)											
Complete the Following for the Source of	of the Loan										
First Name Middle Name Outstanding Loan Balance							, T.	Loan	. [	Outs	tanding Loan Balance
Joe C (Beginning					of Period) ひ	Receive	ed P. Jarz	aymer	3 ∞		(End of Period)
Last Name/Organization Name Matthews						$  \mathscr{D}  $	۲۰۰۱	ಶಹ	o <sup>-</sup>		$\varnothing$
Leo5 Hamis Lane De Primary					ed For:						-31-18
City	State	Zip Code	Primary Electi			Election					20.18
GALLAHIN	7	3706	6	☐ Runoff (	Local Elections	Only)					
L	ist All Endor	sers or Guara	antors fo	or Above Loa	n (If more spa	ice is neede	d please attac	h a p	age)		
First Name		Middle Name	)		First Name					Middle	Name
Last Name/Organization Name		<b>J</b>		•	Last Name/On	ganization Nai	me		-		
Address					Address				<u>-</u>		
City		State	Zip Co	ode	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 Co	ode	City					State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding				
First Name		Middle Name			First Name					Middle	Name
Last Name/Organization Name		-			Last Name/Or	ganization Nar	ne				
Address	-				Address						
City		State	Zip Co	xde	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 Co	de	City	· .			_	State	Zip Code
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding				
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in Item 16. on summary page.)				Outstanding Le		Loans Received		Loan Payme		Outstanding Loan Balance (End of Period)	
(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.)					* 86		Ø	1	86.		Ø

## **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
Joe C. MAY			FROM: 64-61-	-18 TO: 4	4-24-18	
3. COMPLETE THE APPROPRIATE ITEMS F		Outstanding Balance	Debt Incurred	Payments	Outstanding Balance	
OBLIGATION (obligations totaling more than \$100 owed to any			(Beginning of Period)	This Period	This Period	(End of Period)
personivendor at the end of the reporting p	person/vendor at the end of the reporting period)			Ø	" 863	ھي
First Name	Middle Na	me				
Joe				,	200	×
Last Name/Business Name  TO 19 HT New 5			\$ 863	Ø	# 863 °C	l <i>(/</i> )
			1 000	,		
605 Harris Lane	_					
City GALLATIN	State	Zip Code				
Description of Obligation	1//	37675			<u> </u>	l
Lan						
First Name	Middle Na	me			ì	
Last Name/Business Name						
Address			-			
Address						
City	State	Zîp Code	1		ļ	
Description of Obligation						
First Name	Middle Na	тне				
Latter Decision Nation			-		ĺ	
Last Name/Business Name					İ	
Address						
	·	T	1			
City	State	Zip Code				
Description of Obligation	<u> </u>	<u></u>	L	L		
First Name	Middle Na	ne				
1114112112						
Last Name/Business Name						
			_		•	
Address					-	
City	State	Zip Code				
	<u> </u>					
Description of Obligation						
First Name	Middle Na	ne				
Linthless Business W			<b>.</b>			
Last Name/Business Name						
Address			1			
			1			
City	State	Zip Code				1
Description of Obligation	L	1	1		<u> </u>	L
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of	olumn mus	t also be shown	* 863 °C	Ø	5863 °€	
in Item 23b. on summary page.)				r		