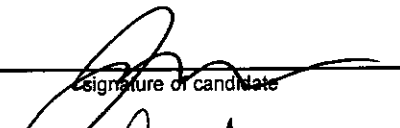
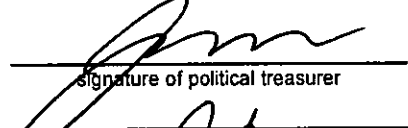
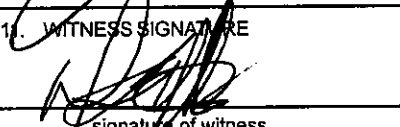
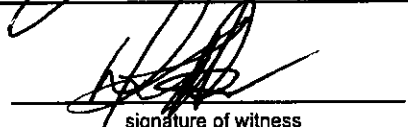


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <b>4-23-18</b>	2.a. NAME OF CANDIDATE OR COMMITTEE <b>MATT STAMPER</b>
2.b. IF COMMITTEE, NAME OF CANDIDATE <b>N/A</b>	3. ELECTION DATE <b>5-1-18</b>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <b>1002 Scarlet Ct.      Hendersonville      TN      37075      615-339-0017</b>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route      City      State      Zip Code      Phone <b>↑      ↑      ↑      ↑      ↑</b>	
5. OFFICE SOUGHT (include district number, if applicable) <b>TRUSTEE</b>	6. NAME OF POLITICAL TREASURER (may be candidate) <b>MATT STAMPER</b>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <b>4-1-18</b>	8.b. ENDING DATE OF REPORTING PERIOD <b>4-21-18</b>
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> 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.	
10. 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 of candidate	<b>4-23-18</b> _____ date
 _____ signature of political treasurer	<b>4-23-18</b> _____ date
 _____ signature of witness	<b>4/23/18</b> _____ date
 _____ signature of witness	<b>4/23/18</b> _____ date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <b>11,258.69</b>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <del>2,350</del> <b>2,350</b>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <b>6,104.25</b>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <b>7,504.44</b>
e. TOTAL LOANS OUTSTANDING .....	\$ <b>30,000</b>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <b>0</b>



## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;">MATT STAMPER</p>	14. REPORT COVERING THE PERIOD FROM: 4-18 TO: 4-21-18
<b>RECEIPTS</b>	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u>1,000</u>
b. Itemized Contributions (over \$100 from each source this period) .....	\$ <u>1,350</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) .....	\$ <u>2350</u>
16. LOANS RECEIVED THIS REPORTING PERIOD .....	\$ <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) .....	\$ <u>2350</u>
<b>DISBURSEMENTS</b>	
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)	
<u>CAMPAIGN MEALS</u> .....	\$ <u>106.20</u>
<u>SUPPLIES</u> .....	\$ <u>66.55</u>
<u>CAMPAIGN CONTRIBUTIONS</u> .....	\$ <u>100</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee) .....	\$ <u>272.75</u>
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$ <u>5,831.50</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) .....	\$ <u>6,104.25</u>
20. LOAN REPAYMENTS MADE THIS PERIOD .....	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) .....	\$ <u>6,104.25</u>
<b>22. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period) .....	\$ <u>522.74</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) .....	\$ <u>522.74</u>
<b>23. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each) .....	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) .....	\$ <u>0</u>



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
MATT STAMPER				FROM: 4-1-18	TO: 4-21-18
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name KAMALESH		Middle Name		Contribution Received For:	
Last Name/Organization Name PATEL				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 421 WOODLANDS DRIVE				Amount of Contribution 150	
City GALLATIN	State TN	Zip Code 37066		Date of Contribution 4-3-18	
Occupation BUSINESS OWNER				Aggregate This Election 150	
Employer SELF-EMPLOYED					
First Name LEE		Middle Name		Contribution Received For:	
Last Name/Organization Name HORD				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 108 KINWOOD CT.				Amount of Contribution 100	
City HENDERSONVILLE	State TN	Zip Code 37075		Date of Contribution 4-4-18	
Occupation CANDIDATE				Aggregate This Election 150	
Employer LEE HORD FOR CO. COMMISSION					
First Name Eddie		Middle Name		Contribution Received For:	
Last Name/Organization Name ROBERSON				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 1049 SMOKE RISE LANE				Amount of Contribution 100	
City HENDERSONVILLE	State TN	Zip Code 37075		Date of Contribution 4-6-18	
Occupation Retired				Aggregate This Election 100	
Employer					
First Name KEVIN		Middle Name		Contribution Received For:	
Last Name/Organization Name Pomeroy				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 2149 Garden Crossing				Amount of Contribution 200	
City Gallatin	State TN	Zip Code 37066		Date of Contribution 4-9-18	
Occupation INS. SALES				Aggregate This Election 200	
Employer CIA INSURANCE					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					550

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>MATT STAMPER</b>				2. REPORT COVERING THE PERIOD FROM: <b>4-1-18</b> TO: <b>4-21-18</b>			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>550</b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name <b>Chad</b>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <b>Ray</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<b>500</b>	
Address <b>2216 Kayla Drive</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <b>Gallatin</b>		State <b>TN</b>	Zip Code <b>37066</b>	Date of Contribution <b>4-3-18</b>		Aggregate This Election <b>500</b>	
Occupation <b>Business owner</b>							
Employer <b>Self-employed</b>							
First Name <b>Arlene</b>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <b>Cunningham</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<b>100</b>	
Address <b>104 CENTER POINT CT.</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <b>HENDERSONVILLE</b>		State <b>TN</b>	Zip Code <b>37075</b>	Date of Contribution <b>4-3-18</b>		Aggregate This Election <b>100</b>	
Occupation <b>BANKER</b>							
Employer <b>Regions</b>							
First Name <b>Keith &amp; Amy</b>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <b>Denner</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<b>200</b>	
Address <b>135 SARANAC TR.</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <b>HENDERSONVILLE</b>		State <b>TN</b>	Zip Code <b>37075</b>	Date of Contribution <b>4-18-18</b>		Aggregate This Election <b>200</b>	
Occupation <b>ATTORNEYS</b>							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer							
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)</small>					<b>1350</b>		

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>MATT STAMPER</b>				2. REPORT COVERING THE PERIOD FROM: <b>4-1-18</b> TO: <b>4-21-18</b>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name <b>CAROLINE</b>		Middle Name		In-Kind Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution <b>\$522.74</b>	
Last Name/Organization Name <b>KREUGER</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
Address <b>121 WINDHAM CIRCLE</b>				Date of In-Kind Contribution <b>4-18-17</b>		Aggregate this Election <b>522.74</b>	
City <b>Hendersonville</b>		State <b>TN</b>	Zip Code <b>37075</b>	Description of In-Kind Contribution  <b>PRINTING</b>			
Occupation <b>Co. Commission</b>		Employer <b>SMV Co.</b>					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS <small>(Carry forward to item 3. of 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 item 22b. of summary.)</small>					<b>522.74</b>		

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>MATT STAMPER</b>			2. REPORT COVERING THE PERIOD FROM: <b>4-1-18</b> TO: <b>4-21-18</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>0</b>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name <del>USPS</del>	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>US POSTMASTER</b>		<b>POSTAGE</b>		<b>4,040.53</b>
Address <b>105 IMPERIAL BLVD</b>				
City <b>HENDERSONVILLE</b>	State <b>TN</b>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>FACEBOOK</b>		<b>Advertising</b>		<b>967.14</b>
Address <b>1 HACKER WAY</b>				
City <b>MENLO PARK</b>	State <b>CA</b>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>BLACK-EYED-PEA</b>		<b>CATERING</b>		<b>823.83</b>
Address <b>164 E MAIN ST</b>				
City <b>HENDERSONVILLE</b>	State <b>TN</b>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				<b>5,831.50</b>

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 1.2em; text-align: center; margin-top: 10px;">MATT STAMPER</div>	2. REPORT COVERING THE PERIOD FROM: 4-1-18 TO: 4-21-18
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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 the Loan					
First Name JON	Middle Name MATTHEW	Outstanding Loan Balance (Beginning of Period) 30,000	Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 30,000
Last Name/Organization Name STAMPER		Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			Date of Loan 11-15-17
Address 1202 SCARLET CT.		City HENDERSONVILLE		State TN	Zip Code 37075

List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
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	City	State
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	City	State
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	City	State
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) <small>(Total loans received should also be shown in item 16. on summary page.)                  (Total loan payments should also be shown in item 20. on summary page.)                  (Total outstanding loan balance should also be shown in Item 12.a. on front page.)</small>	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)

