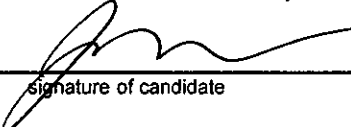
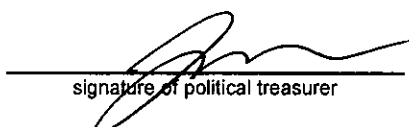




CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10-27-14		2.a. NAME OF CANDIDATE OR COMMITTEE MATT STAMPER	
2.b. IF COMMITTEE, NAME OF CANDIDATE N/A		3. ELECTION DATE 11-4-14	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 115 CAMDEN CT N HENDERSONVILLE TN 37075-1236 615-339-0017			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone N/A (SAME AS 4.a.) - - - -			
5. OFFICE SOUGHT (include district number, if applicable) ALDEMAN, WARD SIX		6. NAME OF POLITICAL TREASURER (may be candidate) MATT STAMPER	
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 type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 10-1-14		8.b. ENDING DATE OF REPORTING PERIOD 10-25-14	
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		10-27-14 _____ date	
 _____ signature of political treasurer		10-27-14 _____ date	
11. WITNESS SIGNATURE  _____ signature of witness		10-27-14 _____ date	
 _____ signature of witness		10-27-14 _____ date	
12. SUMMARY			
FILED			
a. BALANCE ON HAND LAST REPORT		\$ <u>5,905.80</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>1,275.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2,415.86</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>4,764.94</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>5,000.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0.00</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MATT STAMPEK				2. REPORT COVERING THE PERIOD		
				FROM: 10-1-14	TO: 10-25-14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name SEAN		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name TORR				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		200.00
Address 156 CAUDILL DRIVE				<input type="checkbox"/> Runoff (Local Elections Only)		
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution		Aggregate This Election
Occupation CPA				10-13-14		200.00
Employer Deloitte & Touche						
First Name Fred		Middle Name D.		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Culbreath				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		500.00
Address 166 CAUDILL DRIVE				<input type="checkbox"/> Runoff (Local Elections Only)		
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution		Aggregate This Election
Occupation Retired				10-20-14		500.00
Employer Retired						
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						
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 (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.)					700.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MATT STAMPER			2. REPORT COVERING THE PERIOD FROM: 10-1-14 TO: 10-25-14		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure YARD SIGNS	Amount of Expenditure 491.63
Last Name/Business Name CONCEPT ONE					
Address 210 N LOCUST AVE					
City GALLATIN	State TN	Zip Code 37066			
First Name		Middle Name		Purpose of Expenditure Deposit for election night party	Amount of Expenditure 150.00
Last Name/Business Name BACK FOOT CHARLIE'S					
Address 125 SANDERS FERRY ROAD					
City HENDERSONVILLE	State TN	Zip Code 37075			
First Name		Middle Name		Purpose of Expenditure MAILER	Amount of Expenditure 423.38
Last Name/Business Name MAILER'S CHOICE					
Address 1504 ELM HILL PIKE					
City NASHVILLE	State TN	Zip Code 37210			
First Name		Middle Name		Purpose of Expenditure POSTAGE	Amount of Expenditure 544.67
Last Name/Business Name U.S. POSTMASTER					
Address					
City	State	Zip Code			
First Name Keith		Middle Name		Purpose of Expenditure Design work for mailer	Amount of Expenditure 357.50
Last Name/Business Name Tyrell					
Address 80 VILLA WAY					
City HENDERSONVILLE	State TN	Zip Code 37075			
First Name		Middle Name		Purpose of Expenditure ADVERTISING	Amount of Expenditure 374.52
Last Name/Business Name THE FACEBOOK, INC.					
Address 1601 WILLOW RD.					
City MENLO PARK	State CA	Zip Code 94025			
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.)				2,341.70	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <p style="text-align: center; font-size: 1.2em; margin: 0;">MATT STAMPER</p>	2. REPORT COVERING THE PERIOD <table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 2px;">FROM:</td> <td style="border: none; padding: 2px;">TO:</td> </tr> <tr> <td style="border: none; text-align: center; padding: 2px;">10-1-14</td> <td style="border: none; text-align: center; padding: 2px;">10-25-14</td> </tr> </table>	FROM:	TO:	10-1-14	10-25-14
FROM:	TO:				
10-1-14	10-25-14				

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 <p style="text-align: center; font-size: 1.2em;">JON</p>	Middle Name <p style="text-align: center; font-size: 1.2em;">MATTHEW</p>	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name <p style="text-align: center; font-size: 1.2em;">STAMPER</p>		5,000.00	0.00	0.00	5,000.00
Address <p style="text-align: center; font-size: 1.2em;">115 CAMPDEN CT N</p>			Loan Received For:		Date of Loan
City <p style="text-align: center; font-size: 1.2em;">HENDERSONVILLE</p>			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		9-30-14
State <p style="text-align: center; font-size: 1.2em;">TN</p>	Zip Code <p style="text-align: center; font-size: 1.2em;">37075</p>				

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
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

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.) (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.)			
Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
5,000.00	0.00	0.00	5,000.00

