

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 04-09-14	2.a. NAME OF CANDIDATE OR COMMITTEE Joe C. Matthews		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE May 6, 2014	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 605 Harris Lane Gallatin Tennessee 37066 (615) 708-1877			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) Sumner County Circuit Court Clerk		6. NAME OF POLITICAL TREASURER (may be candidate) Kate Matthews	
7. CATEGORY OR REPORT (Check one) <input checked="" 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 type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD January 15, 2014		8.b. ENDING DATE OF REPORTING PERIOD March 31, 2014	
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. <u>Joe C. Matthews</u> <u>04/09/14</u> <u>Kate Matthews</u> <u>04/09/14</u> signature of candidate date signature of political treasurer date			
11. WITNESS SIGNATURE <u>Susan Perkins</u> <u>4-9-14</u> <u>Susan Perkins</u> <u>4-9-14</u> signature of witness date signature of witness date			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>2,000⁰⁰</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>1,150⁰⁰</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2,127⁰⁰</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>1,023.00</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	

FILED

A.M. P.M.

APR 10 2014

SUMNER COUNTY
ELECTION COMMISSION



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Joe C Matthews	14. REPORT COVERING THE PERIOD FROM: <u>1-15-14</u> TO: <u>3-31-14</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 500⁰⁰

b. Itemized Contributions (over \$100 from each source this period) \$ 650⁰⁰

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 1,150

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 1,150

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)

<u>Postage</u>	\$	<u>100⁰⁰</u>
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Total of Expenditures (\$100 or less each payee) \$ 100⁰⁰

b. Itemized Expenditures (Over \$100 each payee this period) \$ 2,027⁰⁰

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 2,127⁰⁰

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 2,127⁰⁰

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Joe C Matthews			2. REPORT COVERING THE PERIOD FROM: 1-15-14 TO: 3-31-14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name Charles		Middle Name Bruce		Contribution Received For:
Last Name/Organization Name Jordan				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election
Address 1048 Willow Park Circle				<input type="checkbox"/> Runoff (Local Elections Only)
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 1-15-14	Amount of Contribution \$ 200⁰⁰
Occupation Sales			Aggregate This Election \$ 200⁰⁰	
Employer Self				
First Name David		Middle Name L.		Contribution Received For:
Last Name/Organization Name Pigna				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election
Address 574 Cumberland Hills Drive				<input type="checkbox"/> Runoff (Local Elections Only)
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 1-31-14	Amount of Contribution \$ 250⁰⁰
Occupation Information Technology			Aggregate This Election \$ 250⁰⁰	
Employer Sumner County Government				
First Name Craig		Middle Name		Contribution Received For:
Last Name/Organization Name Hages				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election
Address 1172 Nashville Pike				<input type="checkbox"/> Runoff (Local Elections Only)
City Gallatin	State TN	Zip Code 37066	Date of Contribution 2-26-14	Amount of Contribution \$ 200⁰⁰
Occupation Insurance			Aggregate This Election \$ 200⁰⁰	
Employer Self				
First Name		Middle Name		Contribution Received For:
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.)				\$ 650⁰⁰



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Joe C Matthews				2. REPORT COVERING THE PERIOD			
				FROM: 1-15-14	TO: 3-31-14		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0		
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		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS							
(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.)					0		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Joe C. Matthews			2. REPORT COVERING THE PERIOD FROM: 1-15-14 TO: 3-31-14		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0	
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	Amount of Expenditure
Last Name/Business Name Exposure Advertising				Advertising	\$328⁰⁰
Address 36 Deer Run					
City Woodbury	State TN	Zip Code 37190			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name White Dove Marketing Group				Web site Printing of Handout Printing of Mailouts	\$1,699⁰⁰
Address 394 West Main Street Suite B-12					
City Hendersonville	State TN	Zip Code 37075			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	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 of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$2,027⁰⁰	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Joe C. Matthews				2. REPORT COVERING THE PERIOD	
				FROM: 1-15-14	TO: 3-31-14
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 NONE					
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received
Last Name/Organization Name				Loan Payments	Outstanding Loan Balance (End of Period)
Address				Loan Received For:	
City				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
State		Zip Code		Date of Loan	
<input type="checkbox"/> Runoff (Local Elections Only)					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)					
First Name		Middle Name		First Name	
Last Name/Organization Name				Middle Name	
Address				Last Name/Organization Name	
City				Address	
State		Zip Code		City	
Amount Guaranteed Outstanding				State	
Amount Guaranteed Outstanding				Zip Code	
First Name		Middle Name		First Name	
Last Name/Organization Name				Middle Name	
Address				Last Name/Organization Name	
City				Address	
State		Zip Code		City	
Amount Guaranteed Outstanding				State	
Amount Guaranteed Outstanding				Zip Code	
First Name		Middle Name		First Name	
Last Name/Organization Name				Middle Name	
Address				Last Name/Organization Name	
City				Address	
State		Zip Code		City	
Amount Guaranteed Outstanding				State	
Amount Guaranteed Outstanding				Zip Code	
First Name		Middle Name		First Name	
Last Name/Organization Name				Middle Name	
Address				Last Name/Organization Name	
City				Address	
State		Zip Code		City	
Amount Guaranteed Outstanding				State	
Amount Guaranteed Outstanding				Zip Code	
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance	
(Total loans received should also be shown in item 16. on summary page.)				(Beginning of Period)	
(Total loan payments should also be shown in item 20. on summary page.)				Loans Received	
(Total outstanding loan balance should also be shown in item 12.e. on front page.)				Loan Payments	
				Outstanding Loan Balance	
				(End of Period)	
				0	
				0	
				0	
				0	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Joe C. Matthews			FROM: 1-15-14		TO: 3-31-14	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
NONE						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			Ø	Ø	Ø	Ø