



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1/29/2025 2.a. Candidate or Committee Name: Matt Wilkinson for Sumner County Commission
2.b. If Committee, Name of Candidate: Matt Wilkinson 3. Election Date: _____
4. Campaign Address: 1036 Somerset Downs Blvd
City: Hendersonville State: TN Zip Code: 37075 Phone: 619-847-5254
5. Candidate Home Address: 1036 Somerset Downs Blvd
City: Hendersonville State: TN Zip Code: 37075 Phone: 619-847-5254
Candidate Email Address: _____
6. Office Sought: (include district number, if applicable) County Commission - District 24
7. Name of Political Treasurer (may be candidate): Matt Wilkinson
Political Treasurer Email Address: matt4sumner@gmail.com RECEIVED
JAN 30 2026
SUMNER COUNTY
ELECTION COMMISSION
8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election
9. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
10. Detailed Disclosure: (Check one)
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
 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.

11. 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.

1/30/26

Date

Candidate Signature

1/30/26

Date

Political Treasurer Signature

1/30/26

Date

Witness Signature

1/30/26

Date

Witness Signature

12. Summary:

a. Balance On Hand Last Report	\$	0
b. Total Receipts This Period	\$	1,130.76
c. Total Disbursements This Period	\$	409.22
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	721.54
e. Total Loans Outstanding	\$	0
f. Total Obligations Outstanding	\$	0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Matt Wilkinson for Sumner County Commission

14. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ 1,130.76
- c. Loans Received This Reporting Period \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 1,130.76

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 409.22
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 409.22

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 150.00
- c. Total In-Kind Contributions Received This Period \$ 150.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Matt Wilkinson for Sumner County Commission
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Matt Middle Name: _____ Last Name: Wilkinson
Address: 1036 Somerset Downs Blvd City: Hendersonville State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 10/24/2025 Aggregate This Election: \$ 150.00

Business or Organization Name: _____ **OR**
First Name: Aaron Middle Name: _____ Last Name: Allison
Address: 202 Birkshire Pl City: Gallatin State: TN Zip Code: 37066
Occupation: Pastor Employer: CIL Church
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 520.51 Date of Contribution: 11/21/2025 Aggregate This Election: \$ 520.51

Business or Organization Name: _____ **OR**
First Name: Daniel Middle Name: _____ Last Name: Ford
Address: 1079 Luxborough Dr City: Hendersonville State: TN Zip Code: 37075
Occupation: Nurse Practitioner Employer: Vanderbilt Medical
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 104.10 Date of Contribution: 12/17/2025 Aggregate This Election: \$ 104.10

Business or Organization Name: _____ **OR**
First Name: Jennifer Middle Name: _____ Last Name: Vera
Address: 4810 N Whisper Wood Dr City: Lehi State: UT Zip Code: 84043
Occupation: retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 52.05 Date of Contribution: 12/17/2025 Aggregate This Election: \$ 52.05

Total Contributions: \$ 826.66

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Matt Wilkinson for County Commission

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 826.66

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Evy Middle Name: _____ Last Name: Silk

Address: 1022 Heathrow Dr City: Hendersonville State: TN Zip Code: 37075

Occupation: retired Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ 200.00 Date of Contribution: 12/22/2025 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ **OR**

First Name: Tiffany Middle Name: _____ Last Name: Eaton

Address: 1075 Luxborough Dr City: Hendersonville State: TN Zip Code: 37075

Occupation: retired Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ 104.10 Date of Contribution: 1/2/2026 Aggregate This Election: \$ 104.10

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 1,130.76

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Matt Wilkinson for County Commission
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

First Name: Mark Middle Name: _____ Last Name: Evans
Address: 1567 Drakes Creek Rd City: Hendersonville State: TN Zip Code: 37075

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ 150.00 In-Kind Contribution Date: 1/10/2026 Aggregate This Election: \$ 150.00

Description of In-Kind Contribution: Facility rental fee

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ 150.0

(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Matt Wilkinson for Sumner County Commission

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: Harland Clarke OR

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

Address: 15955 La Cantera Pkwy City: San Antonio State: TX Zip Code: 78256

Purpose of Expenditure: Business Checks

Amount of Expenditure: \$ 23.25 Date of Expenditure: \$ 11/5/2025

Business or Organization Name: Netlify OR

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

Address: 101 2nd St City: San Francisco State: CA Zip Code: 94105

Purpose of Expenditure: Domain

Amount of Expenditure: \$ 10.99 Date of Expenditure: \$ 11/14/2025

Business or Organization Name: Vistaprint OR

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

Address: 275 Wyman St City: Waltham State: MA Zip Code: 02451

Purpose of Expenditure: Advertising materials

Amount of Expenditure: \$ 286.22 Date of Expenditure: \$ 1/14/2026

Business or Organization Name: TN Republican Party OR

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

Address: 95 White Bridge Rd Ssuite 414 City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: Candidate fee

Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 12/29/2025

Business or Organization Name: Edmonton State Bank OR

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

Address: 780 S Browns Lane City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Bank Fee

Amount of Expenditure: \$ 8.00 Date of Expenditure: \$ 11/28/2025

Total Expenditures: \$ 378.46

(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: Matt Wilkinson for Sumner County Commission
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 378.46

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: WinRed Tech Services OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1776 Wilson Blv Ste 530 City: Arlington State: VA Zip Code: 22219
Purpose of Expenditure: Online contribution processing fee
Amount of Expenditure: \$ 30.76 Date of Expenditure: \$ 1/2/2026

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: \$ _____

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: \$ _____

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: \$ _____

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: \$ 409.22
(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.)