



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7-6-2026 2.a. Candidate or Committee Name: Matthew Campbell
2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8-6-2026
4. Campaign Address: 1022 Paddock Park Cr
City: Chattanooga State: TN Zip Code: 37066 Phone: 615.389.3390
5. Candidate Home Address: 1022 Paddock Park Cr
City: Chattanooga State: TN Zip Code: 37066 Phone: 615.389.3390
Candidate Email Address: MatCampbell26@gmail.com
6. Office Sought: (include district number, if applicable) 12th Dist County Commissioner
7. Name of Political Treasurer (may be candidate): Matthew Campbell
Political Treasurer Email Address: MatCampbell26@gmail.com

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: 4-26-2026 End Date: 6-30-2026

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.

Mat
Candidate Signature

7-6-2026
Date

Mat
Political Treasurer Signature

7-6-2026
Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

a. Balance On Hand Last Report	FILED	\$	589.95
b. Total Receipts This Period	AM	\$	3250.00
c. Total Disbursements This Period	PM	\$	1076.69
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	JUL 9 2026	\$	2763.26
e. Total Loans Outstanding	SUMNER COUNTY	\$	0
f. Total Obligations Outstanding	ELECTION COMMISSION	\$	0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Matthew Campbell

14. Reporting Period: Start Date: 4-26-2026 End Date: 6-30-2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ Ø
(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) \$ 3250.00
- c. Loans Received This Reporting Period \$ Ø
- d. Interest Received This Reporting Period \$ Ø
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 3250.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 1076.69
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ N/A
- c. Total Obligation Payments Made This Period \$ N/A
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 1076.69

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ Ø
- b. Itemized In-Kind Contributions Received This Period \$ 3250.00
- c. Total In-Kind Contributions Received This Period \$ 3250

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Matthew Campbell
2. Reporting Period: Start Date: 4-26-2026 End Date: 6-30-2026
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: Jeff Middle Name: _____ Last Name: Huey
 Address: 201 Bahia Mar pt City: Hendersonville State: IN Zip Code: 32075
 Occupation: Retired Employer: _____
 Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
 Amount of Contribution: \$ 150 Date of Contribution: 6-25-26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
 First Name: Linda Middle Name: _____ Last Name: Huey
 Address: 201 Bahia Mar pt City: Hendersonville State: IN Zip Code: 32075
 Occupation: Retired Employer: _____
 Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
 Amount of Contribution: \$ 150 Date of Contribution: 6-25-26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
 First Name: Kevin Middle Name: _____ Last Name: Brigert
 Address: 424 AB Wade Rd City: Portland State: IN Zip Code: 37148
 Occupation: Retired Employer: _____
 Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
 Amount of Contribution: \$ 100.00 Date of Contribution: 6-13-26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
 First Name: John Middle Name: C Last Name: Isbell
 Address: 156 Walton Tree N City: Hendersonville State: IN Zip Code: 32075
 Occupation: County Mayor Employer: Sumner County
 Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
 Amount of Contribution: \$ 250 Date of Contribution: 6-5-26 Aggregate This Election: \$ _____

Total Contributions: \$ 650.00

(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: Matthew Campbell
2. Reporting Period: Start Date: 4-26-2026 End Date: 6-30-2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 650.00

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: Josh Middle Name: _____ Last Name: Thifault
Address: 2395 Cages Bend Rd City: Challatin State: IN Zip Code: 37066
Occupation: N/A Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$100.00 In-Kind Contribution Date: 6-8-26 Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR
First Name: Pascal Middle Name: _____ Last Name: Sourence
Address: 1335 Longbow pike City: Challatin State: IN Zip Code: 37066
Occupation: pilot Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$500.00 In-Kind Contribution Date: 6-1-26 Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR
First Name: William Middle Name: _____ Last Name: Cambeth
Address: ~~4750 Poplar St~~ Poplar St City: Portland State: IN Zip Code: ~~37148~~ 37148
Occupation: Rep State Representative Employer: District 44 - State of TN
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$500.00 In-Kind Contribution Date: 6-30-26 Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: Republican Women of Sumner OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 101 William Hill Dr City: Hendersonville State: N Zip Code: 37075
Occupation: N/A Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$500.00 In-Kind Contribution Date: 6-26-26 Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ 2500.00
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Matthew Campbell
2. Reporting Period: Start Date: 4-26-2026 End Date: 6-30-2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 2500.00

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: Ma:ie Middle Name: _____ Last Name: Mobley
Address: 1056 Lt Gibson Cr City: Crowley State: IN Zip Code: 37066
Occupation: Retired Employer: N/A
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 100 In-Kind Contribution Date: 6-18-26 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: _____

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: \$ 3250.00
(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: Matthew Campbell
2. Reporting Period: Start Date: 4-26-2026 End Date: 6-30-2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: Putlix OR

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

Address: 10300 1st Circle City: Chattanooga State: TN Zip Code: 37066

Purpose of Expenditure: Campaign meet and greet

Amount of Expenditure: \$ 84.89 Date of Expenditure: \$ 6-16-2026

Business or Organization Name: Kroger OR

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

Address: 2011 Nashville Pk City: Chattanooga State: TN Zip Code: 37066

Purpose of Expenditure: Meet and Greet

Amount of Expenditure: \$ 162.14 Date of Expenditure: \$ 6-16-2026

Business or Organization Name: Coccolton Club House OR

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

Address: 122 Ferdinand Dr City: Chattanooga State: TN Zip Code: 37066

Purpose of Expenditure: Meet and Greet

Amount of Expenditure: \$ 175.00 Date of Expenditure: \$ 6-16-2026

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: \$ _____

Total Expenditures: \$ _____

(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.)