



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 4-12-26 2.a. Candidate or Committee Name: Matthew Campbell

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 2026

4. Campaign Address: 1022 paddock park cc  
 City: Collatin State: TN Zip Code: 37066 Phone: 615-389-3390

5. Candidate Home Address: 1022 paddock park cc  
 City: Collatin State: TN Zip Code: 37066 Phone: 615-389-3390  
 Candidate Email Address: Matt.Campbell.26@gmail.com

6. Office Sought: (include district number, if applicable) District 12 County, Commission

7. Name of Political Treasurer (may be candidate): Matthew Campbell Friends of Matthew Campbell  
 Political Treasurer Email Address: \_\_\_\_\_

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: 2-11-26 End Date: 3-31-2026

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.

MM \_\_\_\_\_ 4-10-26 \_\_\_\_\_  
 Candidate Signature Date  
[Signature] \_\_\_\_\_ 4-10-26 \_\_\_\_\_  
 Witness Signature Date

MM \_\_\_\_\_ 4-10-26 \_\_\_\_\_  
 Political Treasurer Signature Date  
[Signature] \_\_\_\_\_ 4-10-26 \_\_\_\_\_  
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	<b>FILED</b>	.....	\$ <u>0</u>
b. Total Receipts This Period	<b>AM</b>	.....	\$ <u>2500</u>
c. Total Disbursements This Period	<b>PM</b>	.....	\$ <u>2238.05</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)		.....	\$ <u>585.95</u>
e. Total Loans Outstanding		.....	\$ <u>N/A</u>
f. Total Obligations Outstanding		.....	\$ <u>N/A</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Matthew Campbell

14. Reporting Period: Start Date: 2-11-26 End Date: 4-12-2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 324  
(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) ..... \$ 2,500
- 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.) ..... \$ \_\_\_\_\_

16. Disbursements:

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

17. In-Kind Contributions:

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

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: 2-11-2026 End Date: ~~4-30-2026~~ 3-31-26  
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: 37075  
Occupation: Retired Employer: Retired  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150.00 Date of Contribution: \_\_\_\_\_ 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: 37075  
Occupation: Retired Employer: Retired  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150 Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Chris Middle Name: \_\_\_\_\_ Last Name: Spencer  
Address: 104 Riverchase City: Hendersonville State: IN Zip Code: 37075  
Occupation: Director at Spi Employer: Spi  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 1500.00 Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Todd Middle Name: A Last Name: Alexander  
Address: 217 Strangor cc City: Chattanooga State: IN Zip Code: 37066  
Occupation: Retired Employer: Retired  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 1900.00

(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: \_\_\_\_\_
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: Cina Middle Name: \_\_\_\_\_ Last Name: ~~H~~ Carpenter

Address: 742 Douglas Bend Rd City: Crallaton State: IN Zip Code: 37066

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

In-Kind Contribution Value: \$ 200.00 In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: Mary Middle Name: \_\_\_\_\_ Last Name: Wooten

Address: 18429 Central pike City: Lebanon State: IN Zip Code: 37090

Occupation: Retired Employer: \_\_\_\_\_

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

In-Kind Contribution Value: \$ 150.00 In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: Kimberly Middle Name: \_\_\_\_\_ Last Name: Oक्टर

Address: 104 Glen oak ct w City: Hendersonville State: IN Zip Code: 37066

Occupation: Nurse Employer: Remnant Health Care owner.

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

In-Kind Contribution Value: \$ 250.00 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: \$ 600.00 + 1900 - 12500

(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: 2-11-26 End Date: 3-31-26
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: Mr. Signman LLC OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 129 Commerce Dr City: Hendersonville State: IN Zip Code: 37075  
Purpose of Expenditure: Signs - push cards - print  
Amount of Expenditure: \$ 2238.05 Date of Expenditure: \$ March 13-2026

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: \$ \_\_\_\_\_

(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.)