CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR CO	OMMITTEE		
2-1-2021	Matt Can		J		
2.b. IF COMMITTEE, NAME OF CANDIDATE	1.18/14 -001	poet		3. ELECTION DA	ATE
•				doda	
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route	City		State	Zip Code	Phone
127 Colon oak Colon	Henders	mile	TN	5 (075	615.389.3390
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, it	f applicable)	6. NAME O	F POLITICAL	TREASURER (ma	y be candidate)
Dist 7 County Commissi	0.00 5	Math	Como	dull	
7. CATEGORY OR REPORT (Check one)			1		
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	☐ MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEMENT	
8.a. BEGINNING DATE OF REPORTING PERIOD	ŀ	8.b. ENDING	DATE OF REPO	RTING PERIOD	
12-2020		<u>d-1-</u>	2028K		
9. (Check one)	4				
 a. This campaign is exempt from detailed tures total \$1,000 or less for this report. 					61,000 or less AND expendi-
b This campaign is required to file a de and/or expenditures total more than \$			ontributions (ir	ncluding in-kind) re	ceived total more than \$1,000
and/or expenditures total more than	pri,000 for allo report	ung ponos.			
I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor	ons and expenditure swear or affirm that	s required to be no campaign co	reported by the	e candidate comm ve been expended	ittee by the Campaign
	_	•		1	
Mast lance	2-1-202	, /	Walt !	my	2-1-2-27 r date
signature of candidate	date	7	signature o	of political treasure	r date
11. WITNESS-SIGNATURE				1	
		•		////	
1//	2-1-21		4	// 4	2.1-21
signature of witness	date		signa	ture of witness	date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				\$	
b. TOTAL RECEIPTS THIS PERIOD	F#	LFD		\$	
c. TOTAL DISBURSEMENTS THIS PERIOD	АМ	PA	1	\$	<u></u>
d. BALANCE ON HAND (12.a. plus 12.b. r	FEB (1 2021	***************************************		s \$50
	SUMNER	COUNTY			
e. TOTAL LOANS OUTSTANDING					\$ <u>.</u>
				· · · · · · · · · · · · · · · · · · ·	9
f. TOTAL OBLIGATIONS OUTSTANDING		***************************************			\$ ————

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Mark complete Friends of mark complete	FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$_ _
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$
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)
N/P	
\$.,
<u> </u>	
\$	<u> </u>
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	\$
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22	2.b.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i i	tem 12.f.)\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	IG THE PERIOD							
Mark Campbell			FROM: 12.200	TO: 2-1-2021				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount							
4. COMPLETE THE APPROPRIATE ITEMS FOR E								
	Middle Name	;	Contribution Received For:		Amount of Contribution			
MALL	Jam							
Last Name/Organization Name			Primary Election	Seneral Election	850			
Campbell			Runoff (Local Elections	Only)	th a			
Address the oak ct w			La runon (Lucal Elections	Only)				
137 Who oak at w	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	1110		· ·					
od many / Com	,	9						
Employer								
IN Rose Co								
First Name	Middle Nam	e	Contribution Received For	:	Amount of Contribution			
Last Name/Organization Name	J		Primary Election	General Election				
			<u> </u>					
Address			Runoff (Local Elections	Only)				
City	State Zip Code			Date of Contribution				
Occupation		<u> </u>	†					
Employer		_	•					
First Name	e	Contribution Received For		Amount of Contribution				
Last Name/Organization Name			Primary Election	General Election				
Address	-	•	Runoff (Local Elections	Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	ــــــــــــــــــــــــــــــــــــــ	<u></u>	1					
Employee			4					
Employer								
First Name	First Name Middle Name				Amount of Contribution			
Last Name/Organization Name		Primary Election	General Election					
Address		Runoff (Local Elections	s Only)	!				
Address	T-0.4	<u> </u>		Aggregate This Election				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
1			l					
Occupation								
Occupation Employer								
Employer 5. TOTAL ITEMIZED CONTRIBUTIONS		,						
Employer	es of this form	are used.)						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE			2	REPORT COVERI	
					FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CON	ITRIBUTIONS F	ROM PE	RECEDING PAGE (e	enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH I	TEMIZE	IN-KIND CONTRIBUT	FION (in-kind contributions totaling i	more than \$100 from any cor	tributor during the period)
First Name Aiddle Name			In-Kind Contribution Receive	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election			
Address			"	Date of In-Kind Contribution		Aggregate this Election
City	ty State Zip Code		Description of In-Kind Contribution			
Occupation	supation Employer					
			<u> </u>	In-Kind Contribution Receiv	ed For	Value of In-Kind Contribution
First Name	Midd	dle Name			General Election	Value of the value contains and
Last Name/Organization Name				Runoff (Local Election	ns Only)	
Address				Date of In-Kirxl Contribution		Aggregate this Election
City	ity State Zip Code			Description of In-Kind Contribution		
Occupation	Employer					
First Name Middle Name				In-Kind Contribution Receiv	red For. General Election	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Electio	ns Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City	Sta	ate	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name	/lid	idie Name	<u>.</u>	In-Kind Contribution Recei		Value of In-Kind Contribution
Last Name/Organization Name	<u>-</u>			Runoff (Local Election		
Address		- 11.		Date of In-Kind Contribution	Aggregate this Election	
City	St	State Zip Code		Description of In-Kind Contribution	1	
Occupation	Employer	,		1		
First Name Middle Name			In-Kind Contribution Reco		Value of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Election	ons Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City	St	late	Zip Code	Description of In-Kind Contribution	1	
Occupation	Employer			1		
5. TOTAL ITEMIZED IN-KIND CO	ONTRIBUTIONS	3				
(Carry forward to item 3. of next page if (If this is the last page of in-kind contrib	additional pages of ti	his form ar	e used.) wn in item 22b. of summar	у.)		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	•				T COVERING THE PERIOD	
		4		FROM:	TO:	
	Amount					
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT						
4. COMPLETE THE APPROPRIATE ITEMS FOR				υ το any payee dι		
First Name	Middle Nai	me	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	-					
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Na	me ·	Purpose of Expenditure	<u></u> .	Amount of Expenditure	
Last Name/Business Name						
Address	<u> </u>					
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	' 	Amount of Expenditure	
Last Name/Business Name						
Address	Address					
City	State	Zip Code				
First Name	Middle Na	ame	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 pa (if this is the last page of expenditures, this amount r	ges of this forr must be shown	n are used.) in item 19b. of summary.	.)			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD FROM: TO:				
3. COMPLETE THE APPRO	PRIATE ITEMS	FOR EACH IT	TEMIZ		oans totaling n	nore than \$100	from any sou	rce during	the peri	od)	
Complete the Following for the						Loans					
First Name	Middle Na	Middle Name			Outstanding Loan Balance (Beginning of Period)		. .	Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name			•				Ì				
Address					pan Received For: Date of Loan Primary Election General Election						
City	State	Zip Code			ff (Local Elections Only)						
	List All Endo	rsers or Guara	intors f	or Above Loa	n (If more spa	ice is needed	please atta	ich a pag	e)		
First Name		Middle Name	1		First Name					Middle N	larne
Last Name/Organization Name					Last Name/Or	ganization Nam	ne				
Address					Address						
City		State	Zip C	ode	City		-			State	Zip Code
Amount Guaranteed Outstanding		<u> </u>			Amount Guara	inteed Outstand	ding				
First Name	First Name Middle Name				First Name Middle Name					larne	
Last Name/Organization Name					Last Name/Organization Name						
Address				Address							
City	******	State Zip Code			City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	anteed Outstan	ding				
First Name		Middle Name)	:	First Name					Middle	Name
Last Name/Organization Name		•			Last Name/O	ganization Nar	ne				
Address					Address						
City		State	Zip C	Code	City			•		State	Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guar	anteed Outstan	ding	·	•	•	
First Name	st Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name							
Address	:			<u> </u>	Address					-	-
City		State	Zip (Code	City					State	Zip Code
Amount Guaranteed Outstanding					Amount Guar	anleed Outstan	ding				
Totals for all Loans (comp (Total loans received should also (Total loan payments should also (Total outstanding loan balance should also)	be shown in item 16. o be shown in item 20. o	n summary page n summary page	.)			Loan Balance of Period)	Loans Receive		Loa Paym		Outstanding Loan Bala (End of Period)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE	2. REPORT COVERING THE PERIOD				
				FROM:	TO:	
 OBLIGATION (obligations totaling 	COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED DBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame				
Last Name/Business Name			-			
Address	-					
City	State	Zip Code				
Description of Obligation						
First Name	Middle N	апе				
Last Name/Business Name	<u> </u>		_			
Address						
City	State	Zip Code	-			
Description of Obligation	l,					
First Name	Middle Na	ıme				
Last Name/Business Name	_ _ <u> </u>	-	-			:
Address		·	-			:
City	State	Zip Code	- 			
Description of Obligation		<u> </u>	1			
						
First Name	Middle Na	те	1			÷
ast Name/Business Name	 -	-	7 /			
Address			1	:		
City	State	Zip Code				
Description of Obligation			<u> </u>			
First Name	Middle Nan					
ast Name/Business Name	Wilddic Hall	6.	_ [
ddress					ļ	
City	State	Zip Code	7			
Description of Obligation						
. TOTALS			T			
(Total from Outstanding Balance - (End of in item 23b. on summary page.)	f Period) column must	also be shown				
						,