#### CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Candidate Committees  1. DATE OF REPORT  6 - 30 - 18  2.a. NAME OF CANDIDATE OR COMMITTEE  HAT THE W WISON COUNTY  2.b. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION DATE  4.a. CAMPAIGN ADDRESS AND PHONE  Street or Rural Route  5 & Liberty Chapt M. M. Julia T. J. 37/22  4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)  Street or Rural Route  City State Zip Code Phone	ITY .
2.b. IF COMMITTEE, NAME OF CANDIDATE  2.b. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION COMM  3. ELECTION DATE  2.0. 18  4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route  5 & Liberty Chapter M. Mt. Juliet Jw 37/22 6/5-305-45  4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	
2.b. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION DATE  2.0.18  4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route  Street or Rural Route  State  City  State  Zip Code  Phone  3. 7/12  4.5. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	
Street or Rural Route City State Zip Code Phone  590 Liberty Chapter M. M. Julist Tw 37/122 6/5-305-45  4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	71
The state of the s	<u></u>
5. OFFICE SOUGHT (include district number, if applicable)  6. NAME OF POLITICAL TREASURER (may be candidate)  COMMISSIONER - DIST. 22  3. II Easley	
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD  5-31-18  9. (Check one)  8.b. ENDING DATE OF REPORTING PERIOD  6-30-18  9. (Check one)	
<ul> <li>b.  This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than and/or expenditures total more than \$1,000 for this reporting period.</li> <li>10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report 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 of or any other nonpolitical purpose as defined by the federal internal revenue code.</li> </ul>	s an
\( \lambda \) signature of candidate \( \text{date} \) \( \text{date} \) \( \text{signature of political treasurer} \) \( \text{date} \)	<u>,                                     </u>
Jann Coul 7-10-18  11. WITNESS STONATURE	
Jam Cruch 710-1	<u>8</u>
signature of witness date signature of witness date	
signature of witness date signature of witness date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT\$	
b. TOTAL RECEIPTS THIS PERIOD	

TOTAL OBLIGATIONS OUTSTANDING \$



#### SUMMARY PAGE - CANDIDATE

JUL I I 2018
WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT CC	THON COM THE PERIOD
MAHhew Wilson	FROM: 4/1/18	TO: 6/36/18
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)	\$ <u>800,00</u>	<u> </u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.	.)	\$ 800,00
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ 2134.30
17. INTEREST RECEIVED THIS REPORTING PERIOD	,,,,,	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ <u>293430</u>
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	e, gasoline)
Posternals \$ 1118.	72	
Wilson Cty Voten Into \$ 18.	,00	
SIGNAGE \$ 846	69	
Supplies for signs \$ 130.	<u>89</u>	
\$		
<u></u> \$		
\$		
\$		
<u> </u>		
Total of Expenditures (\$100 or less each payee)	\$ <u>38,00</u>	
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.)	***************************************	\$ 2/34/30
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>&amp;</u>	<del></del>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	<del></del>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.	b.)	\$
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	
c. TOTAL OBI IGATIONS OUTSTANDING (add 23 a, and 23 h.) (must be shown i ite	m 12 f )	¢ &

JUL I I 2018

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDOTE TO THE PROPERTY OF

1. NAME OF CANDIDATE OR COMMITTEE		<u> </u>		2. REPORT COVE	RING THE PERIOD				
MASShew Wilso	TO: 6/70//8								
3. TOTAL ITEMIZED CAMPAIGN CONTRIBL	ITIONS FE	ROM PRECEDING P	AGE (enter \$0 if first itemized p	page)	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR	4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributo								
First Name	Middle Na	ime	Contribution Received For:	Amount of Contribution					
Doul y Last Name Organization Name Levia y			Primary Election	500,00					
Address			Runoff (Local Election	s Only)					
City Mt. Juliet	State	Zip Code 77/71	Date of Contribution	Aggregate This Election					
Occupation  Methodel  Employer	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		s/24/18	500.00					
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution				
No Y Last Name/Organization Name W; 11/9/4/5	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Primary Election	General Election	300,00				
Address			Runoff (Local Election	s Only)					
City Mt. Juliet	State [W	Zip Code 37/12	Date of Contribution	Aggregate This Election					
City  Mt, Juliet  Occupation  Actual ed  Employer			5/24/18	700.00					
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution					
Last Name/Organization Name			Primary Election						
Address		***	Runoff (Local Elections						
City	State	Zip Code	Date of Contribution	Aggregate This Election					
Occupation	<u> </u>		-						
Employer			-						
First Name	Middle Nam	е	Contribution Received For:	Contribution Received For:					
ast Name/Organization Name	<u></u>		Primary Election						
Address			Runoff (Local Elections						
City	State	Zip Code	Date of Contribution	Aggregate This Election					
Occupation		<u> </u>							
imployer		· · · · · · · · · · · · · · · · · · ·							
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must		•			200,00				

JUL II 2018

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS COUNTY

1. NAME OF CANDIDAT	E OR COMMITTE		**************************************		COVERING THE PERIOD					
					FROM: 4/1/18	TO: 6/30/18 Amount				
<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>	AGE (enter \$0 if first itemized pag-		<u>X</u>				
4. COMPLETE THE APPRO	PRIATE ITEMS FOR	EACH ITE	MIZED IN-KIND CON	NTRIBUTION (in-kind contributions totaling		contributor during the period)				
First Name		Middle I	Name		In-Kind Contribution Received For:    Primary Election   General Election					
Last Name/Organization Name					Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution						
City		State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution					
Occupation	Employer									
First Name	Name Middle Name				d For:  General Election	Value of In-Kind Contribu				
Last Name/Organization Name										
Address				Date of In-Kind Contribution  Runoff (Local Elections Only)  Aggregate this Elect						
City		State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer	Oidio		Description of in-raind Continuation						
, ••	2									
First Name	and the second s	Middle N	lame	In-Kind Contribution Received		Value of In-Kind Contribu				
ast Name/Organization Name										
Address					Runoff (Local Elections Only)  Date of In-Kind Contribution  Aggregate this Election					
City					Description of In-Kind Contribution					
Occupation	Employer	State Zip Code		Description of In-Kind Contribution						
Secupation	Znapoyer									
irst Name		Middle N	ame	In-Kind Contribution Received		Value of In-Kind Contribut				
ast Name/Organization Name					General Election					
Address					Runoff (Local Elections Only)  Date of In-Kind Contribution Aggregate this Election					
ity		State	Zip Code	Description of In-Kind Contribution		33.33.				
Occupation	Employer	State	Zip Code	Безарноп опи-мно солиновной						
	2									
rst Name		Middle Nar	me	In-Kind Contribution Received		Value of In-Kind Contribut				
ist Name/Organization Name					General Election	:				
ddress				Runoff (Local Elections  Date of In-Kind Contribution	Only)	Aggregate this Election				
ty		State	Zip Code	Description of In-Kind Contribution	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	35.55.5				
ccupation	Employer	Ulaio	Zip Oute	Pesculation or III-VING Contribution						
wordings	Employer									
. TOTAL ITEMIZED IN-K										
(Carry forward to item 3, of ne:			are used.) hown in item 22b. of sum			<b>&amp;</b>				

### ITEMIZED STATEMENT OF EXPENDITURES - QANDIDATE

1. NAME OF CANDIDATE OR COM	RING THE PERIOD								
	Amount								
<ol> <li>TOTAL ITEMIZED CAMPAIGN E.</li> <li>COMPLETE THE APPROPRIATE ITI</li> </ol>					period)				
First Name	Middle N		Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name  1 - M PAIN FING  Address	- Promoti		Postcands	1/18,32					
City Mt. Treliet	State IN	Zip Code							
First Name	Middle N	ame	Purpose of Expenditure	egy anggig an engeneral en en en en entere en elle en el alle en elle en el alle el	Amount of Expenditure				
Last Name/Business Name  Add/AwCd Sigws  Address			Conoplant Si,	846.69					
city L&b.gweV	State TN	Zip Code <b>3</b> 7087							
First Name	Middle Na	ame	Purpose of Expenditure	er ear ear ear ear ear ear ear ear ear e	Amount of Expenditure				
Last Name/Business Name LOVIS Address			Supplies fon	130.89					
cay Mt. Juliet	State  J.V	Zip Code							
irst Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure				
ast Name/Business Name									
Address		<del>*************************************</del>							
city	State	Zip Code							
irst Name	Middle Nar	ne	Purpose of Expenditure	t tende en	Amount of Expenditure				
ast Name/Business Name									
ddress									
ity	State	Zip Code							
irst Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure				
ast Name/Business Name	I								
ddress									
ity	State	Zip Code							
<ol> <li>TOTAL ITEMIZED EXPENDITUR (Carry forward to item 3. of next page if addit (If this is the last page of expenditures, this a</li> </ol>	itional pages of this form a	•			209630				

JUL 1 1 2018

### WILSON COUNTY ITEMIZED STATEMENT OF LOANS - CANDIDATE ON COMMISSION

NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD				
Matthew Wilson								FROM: TO: 4-10-18				
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	ecidi, nit, wan in Site all waters in period (2002)	on a series of the series of t	and make the services of market all the services of	anicos (ng aniloja (ng. 1911)	A memorina di Associa di A	ting the spatial in a residence and control	reed positive reading	meknig#####	(Accessed to the Control of the Cont	ner hert statung zueren i Robins Labert in den ere	
First Name Middle Name Outstand					g Loan Balance Loans Loan g of Period) Received Payments				Outstanding Loan Balance (End of Period)			
Ma + 10 Eu/ Last Name/Organization Name (Beginning							İ	<b>X</b>				
Wilsom						2134	. 30	6179.			4.30	
					ceived For:  Date of Loan							
City	State	Zip Code	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					MAY 2018				
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)												
First Name		Middle Name	)		First Name				Middl	le Name		
Last Name/Organization Name					Last Name/Org	anization N	ame		<del></del>		**************************************	
Address					Address				····			
City		State	Zip Co	de	City		**• It I		State		Zip Code	
Amount Guaranteed Outstanding			<del></del>		Amount Guaranteed Outstanding							
First Name . Middle Name				First Name Middle Name								
Last Name/Organization Name					Last Name/Organization Name							
Address					Address							
City State Zip Code			de	Cily				State		Zip Code		
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding							
First Name Middle Name					First Name Middle Name							
Last Name/Organization Name					Last Name/Organization Name							
Address				Address								
City	City State Zip Code			ie .	City State Zip Code					Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding								
First Name		Middle Name	***************************************	otor otsoczą sz oże szcz. o	First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name								
Address					Address							
City		State	Zip Cod	e	City				State		Zip Code	
Amount Guaranteed Outstanding			<u></u>		Amount Guarant	eed Outstan	nding		·			
Totals for all Loans (complete on last page of itemized loans)  (Total loans received should also be shown in item 16. on summary page.)								anding Loan Balance End of Period)				
(Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)					<b>X</b>		2134.30			1	134.30	