

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10-11-2016</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Matt Church for Aldermen</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Matt Church</u>		3. ELECTION DATE <u>11-8-16</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>1527 WALKER DR LAVERGUE TN 37086 615405-3519</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) <u>LAVERGUE Aldermen</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Kathrine Church</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>July 20-2016</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>September 30, 2016</u>	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> 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.			
10. 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.			
<u>Matt Church</u> signature of candidate		<u>Kathrine Church</u> signature of political treasurer	
<u>10-10-16</u> date		<u>10-10-16</u> date	
11. WITNESS SIGNATURE			
<u>Kirk Fontel</u> signature of witness		<u>Kirk Fontel</u> signature of witness	
<u>10-10-16</u> date		<u>10-10-16</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>490.00</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2400.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2690.68</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>199.32</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>2400.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>2400.00</u>	



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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>MATT Church For Alderman</i>				2. REPORT COVERING THE PERIOD FROM: <i>7-26-16</i> TO: <i>9-30-16</i>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name <i>Matthew</i>		Middle Name <i>W</i>		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>Church</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>\$1,200.00</i>
Address <i>1527 WAXMIN DR</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Livermore</i>		State <i>TN</i>	Zip Code <i>37086</i>	Date of Contribution <i>9/1</i>		Aggregate This Election
Occupation <i>H&Z MAT Director</i>						
Employer <i>Premier Protective</i>						
First Name <i>Katie</i>		Middle Name <i>IRINE</i>		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>Church</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>\$1,200.00</i>
Address <i>1527 WAXMIN DR</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Livermore</i>		State <i>TN</i>	Zip Code <i>37086</i>	Date of Contribution		Aggregate This Election
Occupation <i>Walmart Tech</i>						
Employer <i>Walmart</i>						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name Kirt		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name Fonte				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 506 Bodes Street				Date of In-Kind Contribution 9-17-16	
City Hopkinsville		State KY	Zip Code 42240	Value of In-Kind Contribution \$50.00	
Occupation NA Retired		Employer NA		Aggregate this Election	
Description of In-Kind Contribution Cooler for old times Day Drives					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					Value of In-Kind Contribution
(Carry forward to item 3. of 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 item 22b. of summary.)					\$50.00

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD						
				FROM: 7-26-16		TO: 9-30-16				
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										
First Name MATTHEW		Middle Name WILLIAM		Outstanding Loan Balance (Beginning of Period)		Loans Received \$2400.00	Loan Payments N/A	Outstanding Loan Balance (End of Period) \$2,400.00		
Last Name/Organization Name Church										
Address 1527 WAYMOND DR				Loan Received For:			Date of Loan			
City Memphis				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			Aug 5-16			
State TN		Zip Code 37086								
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)										
First Name Katherine		Middle Name IRINE		First Name		Middle Name				
Last Name/Organization Name Church				Last Name/Organization Name						
Address 1527 WAYMOND DR				Address						
City Memphis		State TN		Zip Code 37086		City		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		State		Zip Code		City		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		State		Zip Code		City		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		State		Zip Code		City		State Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (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.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
				\$2400.00		\$2400.00	N/A	\$2400.00		



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM: 7-26-16		TO: 9-30-16	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name MATTHEW		Middle Name WILLIAM		\$1,200.00			\$1,200.00
Last Name/Business Name church							
Address 1527 WAXMINDI							
City Lawrence	State TN	Zip Code 37086					
Description of Obligation LOAN \$1200.00 FOR Campaign							
First Name Katie		Middle Name JANE		\$1,200.00			\$1,200.00
Last Name/Business Name church							
Address 1527 WAXMINDI							
City Lawrence	State TN	Zip Code 37086					
Description of Obligation LOAN \$1,200.00 FOR Campaign							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				\$2,400.00			\$2,400.00