CAMPAIGN FINANCIAL DISCLOSURE STATE

For State and Local Candidates For Single-Candidate Committees DATE OF REPORT NAME OF CANDIDATE OR COMMITTEE 4-9-2020 2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City Lebanon Street or Rural Route State Zip Code Phone OFFICE SOUGHT (include district number, if applicable) NAME OF POLITICAL TREASURER (may be candidate) CATEGORY OR REPORT (Check one) FOURTH PRF. FIRST SECOND THIRD MID-YEAR YEAR-END QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL 8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD 9. (Check one) a. 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. 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. 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 po-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. signature of candidate WITNESS SIGNATURE

signature of witness

signature of witness

12. SUMMARY

BALANCE ON HAND LAST REPORT

TOTAL RECEIPTS THIS PERIOD

TOTAL DISBURSEMENTS THIS PERIOD

BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) d

TOTAL LOANS OUTSTANDING.....

TOTAL OBLIGATIONS OUTSTANDING

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		
Stephen Goodall	14. REPORT COV FROM:	ERING THE PERIO
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	rkow.	TO:
a. Unitemized Contributions (\$100 or less from each source this period)	. 300.00	
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.	on and in the control of	
WCRP \$ /60.	g., printing, postage, g	jasoline)
WIRP \$ 25.00	2	
\$ 47		
		
		
\$		
\$	····	
\$		
\$	·	
\$	-	
Total of Expenditures (\$100 or less each payee)	\$ 125.00	
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		913 57
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)	s <i>Ø</i>	
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.b.) .	\$	a
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	s	
b. Itemized Obligations Outstanding (Over \$100 each)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12		Ø

Page λ of 7

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	mmittee n bood	1/		2. REPORT COVE	RING THE PERIOD			
Stephe	TO: 3-31-20							
3. TOTAL ITEMIZED CAMPAIGN (Amount							
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITE	EMIZED CONTRIBU	JTION (contributions totaling more than \$1	00 from any contributo	. I. г)			
First Name	Middle		Contribution Received For:	i digi manani da kang masaning da da da kang man	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Elections	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation	<u> </u>							
Employer				!				
First Name	Middle N	lame	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name	<u> </u>		Primary Election (General Election				
Address			Runoff (Local Elections (Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution			
ast Name/Organization Name			Primary Election G	eneral Election				
Address			Runoff (Local Elections O	nly)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
mployer								
irsl Name	Middle Nar	ne	Contribution Received For:	Amount of Contribution				
ast Name/Organization Name			Primary Election General Election		Amount of Contribution			
ddress								
ty	State	7ia Carda	Runoff (Local Elections On					
cupation	Ciale	Zip Code	Date of Contribution		Aggregate This Election			
ployer								
-p.o.) or								
TOTAL ITEMIZED CONTRIBUTIO (Carry forward to item 3. of next page if additional fit this is the last page of contributions, this are	onal pages of this form ar	e used.) tem 15b. of summary.)						
Ža.								

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE C	OR COMMITTE	E	1.1/		2. REPORT COVE	RING THE PERIOD			
1. NAME OF CANDIDATE OR COMMITTEE 5tephen Goodall 2. REPORT COVE FROM: 3-33-20						TO: 3-31-20			
3. TOTAL ITEMIZED IN-KINI	D CONTRIBU	TIONS FR	OM PRECEDING	PAGE (enter \$0 if first itemized page	9)				
4. COMPLETE THE APPROPRI	ATE ITEMS FOI	R EACH ITE	MIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling	more than \$100 from any co	ontributor during the period)			
First Name Middle Name			In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contributi				
Last Name/Organization Name				Runoff (Local Election					
Address			***************************************	Date of In-Kind Contribution					
City	ty Stale Zip Code			Description of In-Kind Contribution					
Occupation	Employe	ı							
First Name		Middle	Name	In-Kind Contribution Received	For:	Value of In-Kind Contribution			
Last Name/Organization Name				Primary Election	General Election	Salad of Wy Valle Completing			
Address				Runoff (Local Elections Date of In-Kind Contribution	Runoff (Local Elections Only)				
City		State	Zip Code			Aggregate this Election			
Occupation	Employer		Zip Code	Description of In-Kind Contribution					
	Employer								
First Name		Middle N	ame	In-Kind Contribution Received		Value of In-Kind Contribution			
ast Name/Organization Name	***************************************			Primary Election Runoff (Local Elections	General Election				
Address		 		Date of In-Kind Contribution	Only)	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution		<u></u>			
Occupation	Employer								
irst Name		Middle Na	ame	in-Kind Contribution Received F	or:	Value of In-Kind Contribution			
as! Name/Organization Name				Primary Election	General Election	Value of IT-Mad Continuation			
ddress					Runoff (Local Elections Only)				
				Date of In-Kind Contribution		Aggregate this Election			
ty		State	Zip Code	Description of In-Kind Contribution					
ecupation	Employer								
st Name	ner de la constantina	Middle Nan	ne	In-Kind Contribution Received F	or:	alue of In-Kind Contribution			
t Name/Organization Name				eneral Election					
ress			Runoff (Local Elections O		agregate this Election				
		State	Zip Code	Description of In-Kind Contribution					
upation	Employer	<u> </u>	<u> </u>						
Management of the community of the second of the community of the second	olekaj produktorio karaj produktorio karaj produktorio karaj karaj karaj karaj karaj karaj karaj karaj karaj k	Company of Assess							
TOTAL ITEMIZED IN-KIND C (Carry forward to item 3. of next page (If this is the last page of in-kind contri	if additional pages	of this form a	e used.) own in item 22b. of sumr	nary.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE Goodall				ERING THE PERIOD			
3. TOTAL ITEMIZED CAMPAIGN EX		ROM PRECEDING (PAGE (aptor \$0 if first itemized as	FROM: 2.23-20	TO: 3-3/-30 Amount			
4. COMPLETE THE APPROPRIATE ITS	EMS FOR EACH ITE	MIZED EXPENDITUR	RE (expenditures totaling more than \$100	age) O to any pavee during the n	eriodi			
First Name	Middle N	and an activated betaterations and activated by the Self Control of Self-	Purpose of Expenditure	the payer aring the p	Amount of Expenditure			
Last Name/Business Name Exposite Adversising Address 36 Deer Run City	<u> </u>		Hovertising		\$ 164.00			
City Woodbury	State	Zip Code 37 190						
irst Name	Middle N	ame	Purpose of Expenditure	Purpose of Expenditure				
ast Name/Business Name Houston's Meut M Address 3930 N- M1. Julit	_	Zip Code	Food Donation MT. Juliet Hiss Bashetball team	\$ 488, 89				
MT. Juliet	TN	37122	1/48 717 1 801 4) FULL	'/				
ast Name/Business Name Subway siddress 1/29 Frant/I'n Ru	Middle Na	ime	Purpose of Expenditure FOOD Donution f County Courthouse Bank + Trust E	Amount of Expenditure				
Lebanon	State TN	Zip Code 37090		<i>γ</i> γ				
rst Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
st Name/Business Name								
dress								
у	State	Zip Code						
st Name	Middle Nam	C	Purpose of Expenditure	Mile of the second of the seco	Amount of Expenditure			
t Name/Business Name					,			
fress								
1	lou.	7:0						
	State	Zip Code						
t Name	Middle Name		Purpose of Expenditure	Amount of Expenditure				
Name/Business Name			-					
ress								
	State	Zip Code	-					
TOTAL ITEMIZED EXPENDITURE (Carry forward to item 3, of next page if addition (If this is the last page of expenditures, this am	nal pages of this form are	e used.) em 19b. of summary.)			\$838.57			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDA	TE OR COMMITT	EE				· · · · · · · ·		2 1	REPORT C	OVERI	NG THE DEDICE	
51				2. REPORT COVERING THE PERIO FROM: TO: 3-31-20								
3. COMPLETE THE AP	PROPRIATE ITEM	IS FOR EA	CHITEM	IZED LOAI	(loans totaling)	more tha	n \$100 from ar	y source	during the peri	<u>l</u> od)	11-00	
Complete the Following for							STATE OF THE STATE	residente especi	all of the second second	as folding from more	re orani grafija promi samone prospektiva menerija.	
First Name	Middle	Name						Lo Payn		Outstanding Loan Balance ts (End of Period)		
Last Name/Organization Name				-				, cy	icins	(End of Period)	
Address			"	Loan Rece	ived For	<u> </u>			Data of Lan			
City				1	Date of Loan Primary Election General Election							
J.(j	State	Zip Cod	e 	☐ Runo	noff (Local Elections Only)							
	List All End	dorsers or G	uarantors f	for Above Lo	an (If more spa	ce is ne	eded please	attach a	page)			
First Name		Middle N			First Name	A COLUMN			<i>"</i>	Viddle Na	ame	
Last Name/Organization Name			· · · · · · · · · · · · · · · · · · ·		Last Name/Org	anization	Name	***************************************				
Address					Address		<u> </u>					
City		State	Zip Co	ode	City State Zip C						Zip Code	
Amount Guaranteed Outstanding			<u>J.</u>		Amount Guaranteed Outstanding							
First Name Middle Name				Maria de la Carlo de la Car	First Name Middle Name							
.ast Name/Organization Name	-				Last Name/Orga	nization	Name					
Address	Address					Address						
City		State	Zip Cod	de	City State Zip Code							
mount Guaranteed Outstanding		j			Amount Guarante	ed Outst	landing				124 0000	
irst Name		Middle Nan	ne	September 1	First Name Middle Name							
ast Name/Organization Name		<u> </u>			Last Name/Organization Name						ne	
ddress			·		Last Name/Organ	HZZUON N	ame					
udiess					Address					······		
ity		State	Zip Cod	e	City				Sta	ale	Zip Code	
nount Guaranteed Outstanding			I		Amount Guarantee	ed Outsta	ending				<u> </u>	
rst Name	t Name Middle Name				First Name Middle Name							
st Name/Organization Name			100	Last Name/Organization Name								
dress				Address								
ty	***************************************	State	Zip Code		City			State	State Zip (
ount Guaranteed Outstanding				A	Amount Guaranteed Outstanding							
otals for all Loans (compl	otals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance Loans I can Outstand			and the second second				
stal loans received should also be shown in item 16. on summary page.) tal loan payments should also be shown in item 20. on summary page.) al outstanding loan balance should also be shown in item 12.e. on front page.)					(Beginning of Pe		Loans Received	-	Loan Payments		tanding Loan Balance (End of Period)	
ta.		. z. o. on HOIR	vaye.)	L	· · · · · · · · · · · · · · · · · · ·					1		

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 5/epht ~ Godal				2. REPORT COVERING THE PERIOD				
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)	FROM: 2-33 Debt Incurred This Period	Payments This Period	3-31-20 Outstanding Baland (End of Period)		
Flrst Name	Middle	Name						
Last Name/Business Name			_					
Address								
City	State	Zip Code						
Description of Obligation								
First Name	Middle N	Jamo		ara antisadaria salah pilakan arabitat	and the state of t			
Last Name/Business Name	171000	turio.						
Address			_					
City	7							
Description of Obligation	State	Zip Code						
Description of Congation								
Flrst Name	Middle N	ame		The Articles of Control of Contro				
Last Name/Business Name			_					
Address			-					
City	State	Zip Code						
Description of Obligation						- · · · · · · · · · · · · · · · · · · ·		
First Name	Middle Na	me						
Last Name/Business Name			-					
Address			1					
City	State	Zip Code	1					
Description of Obligation					<u> </u>			
First Name	Middle Nan	ne				Control control disconnected the control of		
ast Name/Business Name								
ddress								
Sity	State	Zip Code						
escription of Obligation								
TOTALS (Total from Outstanding Balance - (End of Finitem 23b. on summary page.)	Period) column must	also be shown						
SS-1127 (Rev. 4/02)				Page	7	RDA 1159		