CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

JAN 3 1 2022

101	omgic-oandi	date committee		The state of the s
1. DATE OF REPORT	2.a. NAMEOFCAND Stenhen	DATE OR COMMITTEE	ELEC	TION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	
			2020	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City Lebanan	State	Zip Code 37090 (1)	Phone 15-405-9310
815 / rougualy ferry file		///	37070 47	1 101 1010
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable) 6.	NAME OF POLITICAL T	REASURER (may be o	candidate)
7. CATEGORY OR REPORT (Check one)				×/
FIRST SECOND THIRD QUARTER QUARTER QUARTER		PRE- PRE- IMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.8	. ENDING DATE OF REPOR	RTING PERIOD	
7-1-21		1-15	.22	
9. (Check one)				
 a. This campaign is exempt from detailed tures total \$1,000 or less for this report b. This campaign is required to file a detaind/or expenditures total more than \$1 	ting period. (Complete ailed financial disclosure	items 12d., 12e. and 12f.) because contributions (inc		
100				
I/we do solemnly swear or affirm that the inf accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we s benefit of the candidate or for any other nonpositions signature of candidate.	ns and expenditures req wear or affirm that no c	puired to be reported by the ampaign contributions have ned by the federal internal	candidate committee to been expended for the	by the Campaign
11. WITNESS SIGNATURE signature of witness	1-21-22 date	signatu	we of witness	1-26-22 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			s 3, 406. 37	-
b. TOTAL RECEIPTS THIS PERIOD			\$	
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 1,340,50	
d. BALANCE ON HAND (12.a. plus 12.b. mir	nus 12.c.)		\$	2,066.09
				Ø
e. TOTAL LOANS OUTSTANDING		••••••••••••	Φ	
f. TOTAL OBLIGATIONS OUTSTANDING			\$	

SUMMARY PAGE - CANDIDATE

10. 10	14. REPORT COVER	
7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	FROM: 7-1-21	TO: 1-15-22
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, ga	asoline)
Fraternal Order of Police Sain Housen Ladge \$ 100.		
Watertown High School Baseball dengtion \$ 100,	_ REC	EIVED
Shriners International donation \$ 100.00	– JAN	3 1 2022
\$	– wii sc	ON COUNTY
\$		COMMISSION
\$	_	
\$	_	
\$	_	
\$	_	
Total of Expenditures (\$100 or less each payee)	300.	
b. Itemized Expenditures (Over \$100 each payee this period)	7,070	1 340 50
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		40.00
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		7,70,
22.IN-KIND CONTRIBUTIONS	Ø	
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)		O'
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) .		
23. OBLIGATIONS	O'	
a. Unitemized Obligations Outstanding (\$100 or less each)		
b. Itemized Obligations Outstanding (Over \$100 each)		8
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.f.)	

SS-113



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

					LSON COUNTY
1. NAME OF CANDIDATE OR COMMITTEE	THONTODRANGSION				
5 tophen Gooda (1 FROM: 7-1-21					TO: 1-15-2)
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount O
4. COMPLETE THE APPROPRIATE ITEMS FOR E				100 from any contributor	
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	J		☐ Primary Election ☐	General Election	
250,110/010-30110-110-110-110-110-110-110-110-11					
Address			Runoff (Local Election	s Only)	
		T			/
City	State	Zip Code	Date of Contribution	/	Aggregate This Election
Convection		1	1		
Occupation					
Employer			1		
First Marro	Middle Nar	mo.	Contribution Received For:	/	Amount of Contribution
First Name	IVIIQUIE INAI	ile	Continuation received 1 of.		Amount of Contribution
Last Name/Organization Name	-		Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
	1	In a l	Date of Odeits tier		American This Florier
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		<u> </u>			
Occupation					
Employer			ľ		
First Name	Middle Nam	ie /	Contribution Received For:		Amount of Contribution
			_	_	
Last Name/Organization Name	-		Primary Election	General Election	
		/	<u> </u>		
Address	/		Runoff (Local Election	s Only)	
City State Zip Code			Date of Contribution		Aggregate This Election
Oily	/	2.0000			99-9
Occupation	/				
/					
Employer					
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
			☐ Primary Election ☐	General Election	
Last Name/Organization Name			E Fillinary Election	General Liestion	
Address		Runoff (Local Elections	: Only)		
Address			Manon (Local Elections	, Olly)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
/					
Occupation					
Feedback					
Employer	_проус.				
					-
5. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount mus				1	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

WILSON COUNTY

NAME OF CANDIDATE OR COMMITTEE						THOMES BANKED IN
Stephen Goed			FROM: 7-1-21	TO: 1-15-22		
3. TOTAL ITEMIZED IN-KIND CONT	NS FROM	PRECEDING PAGE (enter \$0 if first itemized page)	Amount	
4. COMPLETE THE APPROPRIATE ITEI						tributor during the period)
Nest Name Middle Name				In-Kind Contribution Received	d For:	Value of In-Kind Contribution
Last Name/Organization Name		l		Primary Election	/	
Last reality of garnization reality				Runoff (Local Election	ns Only)	
Address			Date of In-Kind Contribution	Aggregate this Election		
City	City State Zip Code			Description of In-Kind Contribution		
Occupation	Employer			1		
		V				
First Name		Middle Nam	ne	In-Kind Contribution Received Primary Election	f For: General Election	Value of In-Kind Contribution
Last Name/Organization Name		•		Runoff (Local Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City	$\overline{}$	State	Zip Code	Description of In-Kind Contribution	/	L
Occupation	Employer	\leftarrow				
First Name Middle Name			In-Kind Contribution Received	_	Value of In-Kind Contribution	
Last Name/Organization Name		L		- /	General Election	
Address			_	Runoff (Local Election	s Only)	Aggregate this Election
		A	1701			99-3
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		/			
						W
First Name		Middle Nam	e	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Losal Election	s Only)	
Address		/		Date of In-Kind Contribution	Aggregate this Election	
City	-/	State	Zip Code	Description of In-Kind Contribution	\	
Occupation	Epiployer					
X						
First Name		Middle Name		In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections			
Address			Date of In-Kind Contribution	, chily	Aggregate this Election	
City State Zip Code			Description of In-Kind Contribution			
/-	mployer					
5. TOTAL ITEMIZED IN-KIND CONT						
(Carry forward to item 3. of next page if addit (If this is the last page of in-kind contributions)	nonal pages o s, this amoun	r this form are t must be sho	e used.) wn in item 22b. of summary.	.)		`n:



JAN 3 1 2022

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT	RINGFAMINASSION		
Stephen Goodall	FROM: 7-1-21	TO: 1-15-22				
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR			<u> </u>	erio d)		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Mt. Juliet His	h School	Advertisement		\$200		
Address 1879 Goldon Bear Gate				,		
City MT. Juliat	TW 37/22					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Wilson County Republica	n Party	Ponatian		\$ 150		
Address P.O. Box 124						
City MT. Julisat	State Zip Code 37121					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name MP Metal Promo		Alvertisemens	J	1440.50		
Address 1700 South Lamor Blv-	1. Suite 379-M			4		
City Austin	State Zip Code					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name MT. Tuliet Quar	terbach Club	Ponetion		\$ 250		
Address 1875 Goldon Boar Gatem	k			1200		
City MT. Juliet	State Zip Code 37124					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name				/		
Address						
City	State Zip Code					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
.ast Name/Business Name						
Address] /				
City	State Zip Code					
 TOTAL ITEMIZED EXPENDITURES (Carry forward to fiem 3. of next page if additional pages (If this is the last page of expenditures, this amount must 				\$1,040.50		

JAN 312022

ITEMIZED STATEMENT OF LOANS - CANDIDAN COMMISSION

1. NAME OF CANDIDATE	OR COMMITTEE						2. REPORT	COVER	NG THE PERIOD	
Sten	en boods	. //					FROM:		TO:	
3. COMPLETE THE APPRI	OPRIATE ITEMS FO	R EACH ITEM	IZED LOAN	(loans totaling n	nore than \$10	00 from any sou	7-1-21	neriod)	1-15-22	
Complete the Following for the							======			
Firs Name	Middle Name		Outstanding	Loan Balance	Loans		Loan	Outsta	Inding Loan Balance	
				(Beginning of Period) Received			Payments	(End Period)	
Last Name Organization Name								1/		
Address			Loan Recei	ved For:			Date of Lo	pan		
City				☐ Primary Election ☐ General Election						
City	State	Zip Code	☐ Runoff	(Local Elections (Only)					
	List All Endorsers		for Above Loa	an (If more spac	ce is neede	d please atta	a page)			
First Name	\ M	iddle Name		First Name				Middle Na	ame	
Last Name/Organization Name				Last Name/Org	anization Nar	me				
Address				Address						
City	St	ate Zip C	Code	City	/			State	Zip Code	
Amount Guaranteed Outstanding				Amount Guarant	teed Outstan	ding				
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
			\leftarrow		mazauon man					
Address			X	Address						
City	Sta	ite Zip C	de	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guarante	eed Outstand	ling				
First Name	Mic	idle Neme		First Name				Middle Na	ime	
Last Name/Organization Name		/		Last Name Organ	nization Nam	е				
Address				Address						
City	Sta	te Zip Co	ode	City	\rightarrow			State	Zip Code	
Amount Guaranteed Outstanding				Amount Guarante	ed Outstand	ing				
First Name	Mid	dle Name		First Name	=_==	\rightarrow		Middle Nan	ne	
ast Name/Organization Name				Last Name/Organ	ization Name					
Address				Address			_			
City	State	e Zip Coo		City				State	Zip Code	
mount Guaran feed Outstanding			<i>Y</i>	mount Guarante	ed Outstandi	ng		/		
. Totals for all Loans (complete	on last page of itemi	zed loans)		Outstanding Loan	Balance	Loans	Loan	Ou	tstanding Loan Balance	
(Total loans received should also be si (Total loan payments should also be si (Total outstanding loan balance should	hown in item 20, on summa	ry page.)	-	(Beginning of P		Received	Payme		(End of Period)	
(rotal outstanding loan balance should	also DE SHOWN IN REM 12.6.	on from page.)								



JAN 3 1 2022

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

A NAME OF OUR DIRECT OR ONLY					ELECTION	COMMISSION		
1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD				
COMPLETE THE APPROPRIATE ITEM OBLIGATION (obligations totaling more to person/vendor at the end of the reporting to the	S FOR EACH	CH ITEMIZED owed to any	Outstanding Balance (Beginning of Period)	FROM: 7- 1- Debt Incurred This Period	Payments This Period			
FirstName	Middle I	Vame						
Last Name/Business Name			-			1		
Address								
City	State	Zip Code	-					
Description of Obligation					1			
First Name	Middle N	ame	î		T			
Last Name/Business Name			-					
Address			1 /1					
City	State	Zip Code	1 / 1					
Description of Obligation	1/							
First Name	Middle Na	ame	/					
Last Name/Business Name		$\overline{}$						
Address		$\overline{}$						
City	State	Zip Code						
Description of Obligation								
First Name	Middle Na	me						
ast Name/Business Name	Α		1 \					
Address			1					
City	State	Zip Code	1 1			1		
Description of Obligation				/				
First Name	Middle Nar	me			1			
ast Name/Business Name	1							
ddress								
City	State	Zip Code	1					
description of Obligation								
. TOTALS (Total from Outstanding Balance - (End of Period) (olumn mu-4	also he ek sur				ALC: N		
in item 23b. on summary page.)	Joiumin musi	aiso de shown			ĭ			