

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT/ED

For State and Local Candidates For Single-Candidate Committees

JUL 14 2023

1796		. Or Single di		W	LSON COUNTY
1. Date: 7-1	2-23 2.a. Candidate	or Committee Nam	ne: Stephen	Goodall	TION COMMISSION
2.b. If Committe	ee. Name of Candidate:			3. Election D	ate:
4. Campaign A	ddress: 8152 7	Trougdale Ferr	y Pike		
City: Leb	ddress: 8152	_State:	Zip Code: <u>3709</u>	\mathcal{O} Phone: \mathcal{L}	15-405-9310
5. Candidate He	ome Address:	Same as Ca	mpa gn		
City:		_ State:	Zip Code:	Phone:	
Candidate Er	mail Address:				
	t: (include district numb				
7. Name of Poli	tical Treasurer (may be c	andidate): $\it Br$	and Goodall		**
Political Treas	urer Email Address:				
8. Category or F	Report: (check one)				
First Quart	er 🔲 Second Quarte	r 🔲 Third Quarter	Fourth Quarte	er 🔲 Pre-Primai	y Pre-Genera
	upplemental Year-			_	
9 Reporting Pe	riod: Start Date:	JAN 16 2023	End Date: JUN	3 0 2023	
	closure: (Check one)				
	paign is exempt from det	ailed disclosures be	cause contributions (i	including in-kind)	received total \$1,000
or less AN	ID expenditures total \$1,	,000 or less for this r	eporting period. (Co	mplete items 12.d.	, 12.e., and 12.f.)
This camp total more	paign is required to file a e than \$1,000 and/or exp	detailed financial di penditures total mor	sclosure because cor re than \$1,000 for this	ntributions (includ s reporting period	ing in-kind) received
and that thi by the cand campaign o		counting of campai Campaign Financia expended for the path the federal internal for	ign contributions and al Disclosure Act. Ado personal financial bei	d expenditures required itionally, I/we swith the candidate of the candida	uired to be reported ear or affirm that no late or for any othe
Witness Signa	Ture Date	1/12/23	Witness Signature	Date Date	7/12/23
12. Symmary:		/		1 1.6	
a. Balance	On Hand Last Report	<i>V</i>	\$ _	1,216,09	
	ceipts This Period			156.00	
	sbursements This Period			130	
	On Hand (12.a. plus 12.k			1,066.09	
	ans Outstanding			<u> </u>	
f. Total Ob	oligations Outstanding		\$_	P	

SUMMARY PAGE - CANDIDATE

	SUMMARY PAGE - CANDIDATE ne of Candidate or Committee: 5+cohen Goodall	RECEIVED
	ne of carialacte of committees.	ELECT SOM
14. Rep	orting Period: Start Date: $1-16-33$ End Date: $6-30-33$	- CONCOUNTY
15. Rec		O COMMISSION
a.	Unitemized Contributions (\$100 or less from each source this period) \$	
b.	Itemized Contributions (over \$100 from each source this period)\$	_ <i>p</i>
c.	Loans Received This Reporting Period\$\$	
d.	Interest Received This Reporting Period\$	9
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	9
	oursements:	
a.	Total Expenditures (other than loan payments)	150.00
b.	Loan Repayments Made This Period\$	
c.	Total Obligation Payments Made This Period\$	<i>D</i>
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$	
17. ln-K	ind Contributions:	our .
a.	Unitemized In-Kind Contributions Received This Period\$	
b.	Itemized In-Kind Contributions Received This Period\$\$	<u> </u>
c.	Total In-Kind Contributions Received This Period	9
18. Obl	igations:	
a.	Total Obligations Outstanding (must be shown in item 12.f.)	Ø

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee	Name: 5tephen Goodall		
	Date: 1-16-33 End Date: 6-30-3	3	
	ons from preceding page (enter \$0 if first page)		
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Na	me:		OF
	st Name: Middle Name:		
Address	City:	State: Zip Code:	
Occupation	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$_	Date of Contribution:	Aggregate This Election: \$	-
Business or Organization Nat	me:		OF
-	Middle Name:	/	
	City:		
Occupation:	Employer:		
	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Duringer or Organization Na	mai		OF
Business or Organization Nar	Middle Name:	Last Name:	
		State: Zip Code:	
	Employer:		
	☐ Primary Election ☐ General Election		
	Date of Contribution:		
Business or Organization Nar	/	Last Name.	OR
First Name:		Last Name:	
Address:			
Occupation:	Employer:		
Contribution Received For	Primary Election General Election		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
.			
Total Contributions: \$		this is the last page of contribution	+h:-
	page if additional pages of this form are used. If the summary on first page.)	uns is the last page of contributions,	CI 113

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

	61 1	1 :1	CIVED	
Candidate or Committee Name:	Stephen God	dall	JUI 7	
2. Reporting Period: Start Date: 1-	16-23 End Dat	:e: 6-30-37	FD WILSON 1 4 2023	
3. Total in-kind contributions from pro	eceding page (enter \$0 i	if first page) \$	FECTION COVAL	
COMPLETE THE APPROPRIATE ITEMS F dollars (\$100) from any contributor during the	FOR EACH IN-KIND CONT			
Business or Organization Name:			OR OR	
First Name:			t Name:	
Address:	City:	Sta	te:Zip Code:	
Occupation:				
In-Kind Contribution Received For:				
	escription of In-Kind Contribution:			
Business or Organization Name:		/	OR	
First Name:				
Address:Occupation:	City:	Sta	te: Zip Code:	
Occupation:	Employ	er:		
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$	_ In-Kind Contribution	Date: Agg	regate This Election: \$	
Description of In-Kind Contribution:	$\overline{}$			
Business or Organization Name:			OR	
First Name:Address:	Middle Name:	Las	t Name:	
Occupation:	/ <u></u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
In-Kind Contribution Received For:	_ •		Runoff (Local Elections Only)	
In-Kind Contribution Value: \$			regate This Election: \$	
Description of In-Kind Contribution:				
Business or Organization Name:			OR	
First Name:				
Address:				
Occupation:				
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$				
Description of In-Kind Contribution:				
Description of in-idia contribution.				
Total n-Kind Contributions: \$				
(Carry forward to the next page if add	itional pages of this forr	n are used. If this is the	last page of in-kind	
contributions this amount must be sh	nown in the summary or	n first page)		

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDA Stephen Goodall 1. Candidate or Committee Name: 2. Reporting Period: Start Date: 1-16-23 End Date: 6-30-23 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section. Retired Teachers of Wilson County OR Business or Organization Name: Last Name: Middle Name: First Name: ___ City: Mt. Juliet Address: 435 NW Rutland State: 7/ Zip Code: 37122_ Donation Purpose of Expenditure: _____ Date of Expenditure: \$____ Amount of Expenditure: \$ Business or Organization Name: Water town Chamber Last Name: Middle Name: First Name: ____ State: <u>TW</u> Zip Code: <u>37</u>/ *8*4 Address: 180 W. Main 51. City: Watertown Penatian Purpose of Expenditure: _____ Amount of Expenditure: \$ Business or Organization Name: First Name: ______ Middle Name: _____ Last Name: _____ ______ City: ______ State: ____ Zip Code: ____ Address: Purpose of Expenditure: Amount of Expenditure: \$ ______ Date of Expenditure: \$ _____ Business or Organization Name: ___ First Name: _____ Last Name: _____ Last Name: _____ _____ City: _____ State: ____ Zip Code: _____ Address: Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ Business or Organization Name: First Name: _____ Last Name: _____ Last Name: _____ _____ City: _____ State: ____ Zip Code: _____ Address: Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE 1. Candidate or Committee Name: 5tephen Goodall 2. Reporting Period: Start Date: 1-16-23 End Date: 6-30-23 3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$1,00). Complete the following for the source of each loan received and/or outstanding during the period. OR Business or Organization Name: Middle Name: ______ Last Name: _____ First Name: _____ City: _______ State: ____ Zip Code: _____ Address: Outstanding Loan Balance (Beginning) \$ ______\$ Loans Received\$ Loan Payments......\$ ______ Outstanding Loan (End)......\$ ☐ Primary Election Runoff (Local Elections Only) ☐ General Election Loan Received For: Date of Loan: List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Business or Organization Name Last Name: _____ First Name: _____ Middle Name: ___ State: ____ Zip Code: ____ _____ City: _____ Address: _____ Amount Guaranteed Outstanding: \$_ Business or Organization Name: ____ First Name: _____ Middle Name: ___ Last Name: _____ _____ State: ____ Zip Code: _____ City: Address: Amount Guaranteed Outstanding: \$_____ OR . Business or Organization Name: _____ First Name: _____ Middle Name: ___ _____ Last Name: _____ _____ State: ____ Zip Code: ______ /Citv: Address: Amount Guaranteed Outstanding: \$___ Business or Organization Name: ___ Last Name: _____ First Name: _____ Middle Name: _____ State. Zip Code: ____ Address: City: _____ Amount Guaranteed Outstanding: \$ Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning)\$______\$ Loans Received\$______\$ Loan Payments....\$______\$ Outstanding Loan (End).....\$_____\$

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE 1. Candidate or Committee Name: Stephylo Gooda! 2. Reporting Period: Start Date: 1-16-23 End Date: 6-30-23 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period. Description of Business Name: _____ Obligation: First Name: Middle Name: _____ Last Name: _ Outstanding Debt Payments Outstanding Address: Balance (Period Incurred This Period Balance Beginning) This Period (Period End) City: \$ Ś Zip Code: _____ State: Description of Business Name: ___ Obligation: ____ Middle Name: _____ First Name: Last Name: _____ Outstanding **Payments** Outstanding Debt Address: This Period Balance Balance (Period Incurred Beginning) (Period End) This Period City: _____ \$ \$ State: _____ Zip Code: ___ Description of Business Name: _____ Obligation: First Name: _____ Middle Name: Last Name: ____ Outstanding Debt **Payments** Outstanding Address: This Period Balance Balance (Period Incurred This Period (Period End) Beginning) \$ \$ State: _____ Zip Code: _____ Description of Business Name: _____ Obligation: First Name: _____ Middle Name: ___ Last Name: _____ Outstanding Debt **Payments** Outstanding Address: _____ Incurred This Period Balance Balance (Period This Period (Period End) Beginning) City: _____ \$ Ś State: _____ Zip Code: TOTALS Payments Outstanding Outstanding Debt This Period Balance (Period Incurred Balance (Carry forward to the yext page if additional pages of this (Period End) Beginning) form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column \$ Ś \$ must also be shown on the summary on first page.)