FEB 2 4 2020 /

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT OF THE STATEMENT

For State and Local Candidates For Single-Candidate Committees

ELECTION COMMISSION

	311-8-0 04		~ · · · · · · · · · · · · · · · · · · ·		
1. DATE OF REPORT 2 - 2 - 2020	2.a. NAMEOFO Stephen	CONTRACTOR CO	OMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
8152 Trousdale Ferry Pine	Lebanon	1	TN	37090	615-405-9310
4.b. CANDIDATE'S HOME ADDRÉSS (if differen Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	: 7)		TREASURER (may be	e candidate)
	Perty	Brand	1: G000	all	
7. CATEGORY OF REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	☐ MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
1-16-2020		8.b. ENDING D. $\lambda - a$	ATE OF REPO		
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 detailed to the complete and the complete	rting period. (Comp ailed financial disclo	olete items 12d., 1 osure because co	2e. and 12f.)		
and/or expenditures total more than \$	1,000 for this report	ing period.	,	3 ,	
10. I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate of for any other none.	ns and expenditures swear or affirm that	s required to be n no campaigp⊶eon	eported by the	candidate committee	hy the Compaign
Signature of candidate	<u> </u>	D	signature of	political treasurer	2-21-20 date
11. WITNESS SIGNATURE DIAMONDO SIGNATURE SIGNATURE OF WITNESS	<u>J.J.Jo</u>	2	signatu	San Jara of witness	2-21-20 date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT	•,,,,	***************************************		s <i>Ø</i>	
b. TOTAL RECEIPTS THIS PERIOD	•••••••••••••••••••••••••••••••••••••••		······································	<u>5,825.0</u>	2
c. TOTAL DISBURSEMENTS THIS PERIOD			:	325.84	
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12.c.)				5,499.16
e. TOTAL LOANS OUTSTANDING					
f. TOTAL OBLIGATIONS OUTSTANDING				\$	

SUMMARY PAGE - CANDIDATE



13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Stephen broodall	FROM: 1-16-20 TO: 2-23-20
RECEIPTS 15. CONTRIBUTIONS (other than toans and interest)	ELECTION COMMISSION
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>3,075</u>
b. Itemized Contributions (over \$100 from each source this period)	s <u>d 750</u>
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	\$ <u>Ø</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 5,825
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, gasoline)
\$	
\$	
\$	
\$	
s	una _{na} .
Total of Expenditures (\$100 or less each payee)	
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	s <u>Ø</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>325.84</u>
22.IN-KIND CONTRIBUTIONS	
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)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	s <u> </u>
23. OBLIGATIONS	~
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	s
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	(2.f.)\$

FEB 24 2020

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATENTY

1. NAME OF CANDIDATE OR C	OMMITTEE		-	2. REPORT COVER				
,	Stephen Goodall FROM: 1-16-20							
			AGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEM	IIZED IN-KIND CON	TRIBUTION (in-kind contributions totaling m	ore than \$100 from any con	tributor during the period)			
First Name	Middle N	ame	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of in-Kind Contribution		<u> </u>			
Occupation	Employer							
First Name	Middle N	ame	In-Kind Contribution Received	For	Value of In-Kind Contribution			
Last Name/Organization Name								
			Runoff (Local Elections	Only)	-			
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle Na	ame	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name	1, week		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					
Occupation	Employer							
First Name	Middle Na	uma	In-Kind Contribution Received F	-00	Value of In-Kind Contribution			
Last Name/Organization Name	MIOUICITE	uric		I i				
cast Name/Organization Name			Runoff (Local Elections	Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle Nar	ne	In-Kind Contribution Received		Value of In-Kind Contribution			
ast Name/Organization Name	<u> </u>		Primary Election	General Election				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	1				
Occupation	Employer				:			
TOTAL ITEMIZED IN-KIND CC (Carry forward to item 3. of next page if a (If this is the lent page of in hid great him.)	additional pages of this form a	ire used.)						
(If this is the last page of in-kind contribu	uons, mis amount must be sh	nown in item 22b. of sum	nmary.) Page	3 of 8	RDA 1159			

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATEDUNTY

ELECTION COMMISSION 1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD Stephen Goodall TO: 2-22-20 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) First Name Contribution Received For: Amount of Contribution \$500.00 Primary Election General Election Runoff (Local Elections Only) Zip Code 37066 State Date of Contribution Aggregate This Election 1-21-2020 Middle Name Contribution Received For: Amount of Contribution \$ 500.00 Last Name/Organization Name Address Runoff (Local Elections Only) Roanoke Dr. Zip Code 370分7 State Date of Contribution Aggregate This Election 2-5-2020 Occupation Brand & Associates LLC Middle Name Contribution Received For: Amount of Contribution \$ 500.00 Primary Election General Election Address Runoff (Local Elections Only) Cherokee Dr. Zip Code 37087 Date of Contribution Aggregate This Election TN 2-7-2020 Occupation First Nam Middle Name Contribution Received For: Amount of Contribution \$ 500.00 Primary Election General Election Address Runoff (Local Elections Only) State TN Zip Code 37087 Date of Contribution Aggregate This Election Occupation 1-24-2020 Bondin. 5. TOTAL ITEMIZED CONTRIBUTIONS \$ 2,000.00 (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.)

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FEB 24 2020

WILSON COUNTY ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	E	······································		2. REPORT COV	ERING THE PERIOD
Stephen Goodall				FROM: /-16-20	TO: 2-22-20
3. TOTAL ITEMIZED CAMPAIGN CONTRIB	BUTIONS F	ROM PRECEDING F	PAGE (enter \$0 if first itemized o	ane)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR	R EACH ITE	MIZED CONTRIBUTIO	N (contributions totaling more than 3	100 from any contribut	or)
First Name //a /	Middle N	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	\$250.00
Address .	01		Runoff (Local Election	s Only)	1
City Lebanen	State 7/	Zip Code	Date of Contribution		Aggregate This Election
Occupation	///	37097	-		33 -32.5 (110 2,000,0)
Employer // / 2		·	1-31-2020		
Hal Bone Enterprisos L.	LC				
First Name \\ \(\text{OW9} \)	Middle Na	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u></u>		Primary Election	General Election	\$500.00
Address 5728 Coles Ferry 1	P:He	······································	Runoff (Local Elections	Only)	
City Lebanan	State TN	Zip Code 37087	Date of Contribution		Aggregate This Election
Occupation OWNER	1 77	1 - 10 0 1	2-19-2020		
Gondola restaurant	**************************************		1 2-11 000		
First Name	Middle Nan	ne .	Contribute Design		
Last Name/Organization Name			Contribution Received For:		Amount of Contribution
			Primary Election	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u></u>		1		
mployer			_		
irst Name					
	Middle Nam	9	Contribution Received For:		Amount of Contribution
ast Name/Organization Name		v	☐ Primary Election ☐ €	General Election	
ddress			Runoff (Local Elections C	Only)	
ity	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation	<u> </u>			1	
nployer					
. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must)	of this form are	used.)			\$2,750.00
No.		от тоо, от заявлагу.)			1 1

ITEMIZED STATEMENT OF LOANS - CANDIDATE CONSIDERATE CONSTRUCTION

1. NAME OF CANDIDATE O										RING	THE PERIOD
Stephen 6	-010cla //						F	ROM: -/6-21	9	TO	-22-20
3. COMPLETE THE APPRO	PRIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling r	nore than \$*	100 from any soun	ce during the p	period)	10	000
Complete the Following for the S	ource of the Loan										
First Name	Name Middle Name Cutstanding Loz (Beginning of					Loar Rece	1	Loan syments	Ou		ng Loan Balance of Period)
Last Name/Organization Name				1	·			,		,	
Address				Loan Receiv	ed For:			Date of Lo	120		
		Primary Elect				☐ Gene	ral Election	Dateon	icii		
City	State	Zip Code		Runoff (Local Elections Only)							
	List All Endo	rsers or Guar	antors fo	or Above Loa	n (If more spa	ce is need	ed please attac	h a page)			
First Name		Middle Name	3		First Name				Midd	le Name	
Last Name/Organization Name					Last Name/Org	janization N	ате				
Address					Address			***			
City		State	Zîp Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guarar	iteed Outsta	ending				
First Name Middle Name First Name Middle Name											
Last Name/Organization Name		·1			Last Name/Organization Name						
Address					Address						
City		State	Zip Co	de	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outsta	nding				
First Name		Middle Name			First Name				Midd	le Name	
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip Coc	ie .	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guarant	eed Outstar	nding				
First Name		Middle Name			First Name				Middle	Name	
Last Name/Organization Name					Last Name/Orga	лization Na	me		J	•	
Address		- · · · · · · · · · · · · · · · · · · ·			Address						
City		State	Zip Cod	e	City		1		State		Zip Code
Amount Guaranteed Outstanding					Amount Guarant	eed Outstan	ding				
4. Totals for all Loans (complete (Total loans received should also be sh (Total loan payments should also be sh (Total outstanding loan balance should also be should also	nown in item 16, on si nown in item 20, on si	ummary page.) ummary page.)			Outstanding Loa (Beginning of		Loans Received	Loar Payme			anding Loan Balance End of Period)

FEB 24 2020

WILSON COUNTY ELECTION COMMISSION ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
Stephen Goodall				FROM: /- /6-		2-22-20
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more the person/vendor at the end of the reporting)	IGATION (obligations totaling more than \$100 owed to any con/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	Middle N	300				
Last Name/Business Name			_			
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>		<u></u>		<u> </u>
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name		***	_			
Address						
City	State	Zip Code	1			
Description of Obligation	. I	<u> </u>				
First Name	Middle Na	me				
Last Name/Business Name						
Address			-		!	
City	State	Zip Code				
Description of Obligation	<u> </u>					
First Name	Middle Nar	me				
.ast Name/Business Name			_			
Address						
City	State	Zip Code	-		ļ	
Description of Obligation		<u></u>				
TOTALS (Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn must	also be shown				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATESION

1. NAME OF CANDIDATE OR COMMITTEE Stephen Goodall				2. REPORT COVER	
<i>l</i>	TO:) -)) -)0 Amount				
TOTAL ITEMIZED CAMPAIGN EXPENDITE COMPLETE THE APPROPRIATE ITEMS FOR ITEMS.				l mind)	
First Name	Middle N		Purpose of Expenditure	o w any payee during the per	Amount of Expenditure
Last Name/Business Name		Advertising		\$175.84	
The Chronicle o Mt. Juliet Rd	201	-			
aty Mt. Juliet	State 7/	Zip Code 37122			
First Name	Middle N		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		· · · · · · · · · · · · · · · · · · ·	Room Rental		\$150.00
Address 145 Public Square			Election Part	7	
city Lebanon,	State 7N	37087			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	_1				
Address					
City	State	Zip Code			
First Name Middle Name			Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name		**************************************	1		
Address					
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
Address			7		
City	State	Zip Code			
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must 	of this form a be shown in	are used.) item 19b. of summary.)			\$ 375.84