## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

### 1. DATE OF REPORT
July 31, 2014

### 2. COMMITTEE, NAME OF CANDIDATE
Paul R. Grode

### 3. ELECTION DATE
August 7, 2014

### 4. CAMPAIGN ADDRESS AND PHONE
124 Cedar Crest Hendersonville, TN 37075
Phone: 479-5087

### 5. OFFICE SOUGHT (include district number, if applicable)
County Commission 10th

### 6. NAME OF POLITICAL TREASURER (may be candidate)

### 7. CATEGORY OR REPORT (Check one)
- [ ] PRIMARY
- [ ] GENERAL
- [ ] MID-YEAR
- [ ] YEAR-END

### 8. BEGINNING DATE OF REPORTING PERIOD
July 1, 2014

### 9. ENDING DATE OF REPORTING PERIOD
July 28, 2014

### 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.

### Signature of Candidate
[Signature]

### Date
[Date]

### Signature of Political Treasurer
[Signature]

### Date
[Date]

### 11. WITNESS SIGNATURE

### Signature of Witness
[Signature]

### Date
[Date]

### Signature of Witness
[Signature]

### Date
[Date]

### 12. SUMMARY

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. BALANCE ON HAND LAST REPORT</td>
<td>$350.01</td>
</tr>
<tr>
<td>b. TOTAL RECEIPTS THIS PERIOD</td>
<td>$100.00</td>
</tr>
<tr>
<td>c. TOTAL DISBURSEMENTS THIS PERIOD</td>
<td>$0.00</td>
</tr>
<tr>
<td>d. BALANCE ON HAND (12a. plus 12b. minus 12c.)</td>
<td>$350.01</td>
</tr>
<tr>
<td>e. TOTAL LOANS OUTSTANDING</td>
<td>$0.00</td>
</tr>
<tr>
<td>f. TOTAL OBLIGATIONS OUTSTANDING</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
**SUMMARY PAGE - CANDIDATE**

**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) $ 0.00
   - c. TOTAL CONTRIBUTIONS (other than loans and interest) (add 15.a. and 15.b.) $ 100.00

16. LOANS RECEIVED THIS REPORTING PERIOD $ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD $ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) $ 100.00

**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) $ 
   - 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 $ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) $ 0

**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.) $ 0

**23. OBLIGATIONS**
   - a. Unitemized Obligations Outstanding ($100 or less each) $ 
   - b. Itemized Obligations Outstanding (Over $100 each) $ 
   - c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) $ 

SS-1133 (Rev. 4/02)
ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Contribution Received For</th>
<th>Amount of Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name/ Organization Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**First Name**

| Last Name/ Organization Name | | | |
| Address | | | |
| City | State | Zip Code | | | |
| Occupation | | | |
| Employer | | | |

**First Name**

| Last Name/ Organization Name | | | |
| Address | | | |
| City | State | Zip Code | | | |
| Occupation | | | |
| Employer | | | |

**First Name**

| Last Name/ Organization Name | | | |
| Address | | | |
| City | State | Zip Code | | | |
| 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.)