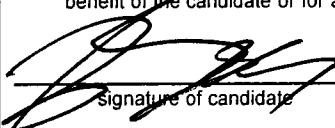
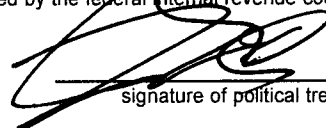


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT April 29, 2014	2.a. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Paul R. Goode
2.b. IF COMMITTEE, NAME OF CANDIDATE Committee to Elect Paul R. Goode	
3. ELECTION DATE May 6, 2014	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 124 Cedarcrest Dr. Hendersonville TN 37075 479-5088	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone Same	
5. OFFICE SOUGHT (include district number, if applicable) 10th District County Commission	6. NAME OF POLITICAL TREASURER (may be candidate) Paul R. Goode
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD April 1, 2014	8.b. ENDING DATE OF REPORTING PERIOD April 26, 2014
9. (Check one) a. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.	
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	4/28/14 date
 signature of political treasurer	4/28/14 date
11. WITNESS SIGNATURE Debra Maggart 4/28/2014 Debra Maggart 4/28/2014 signature of witness date signature of witness date	
12. SUMMARY	
FILED	
a. BALANCE ON HAND LAST REPORT	\$ 127.46
b. TOTAL RECEIPTS THIS PERIOD	\$ 1500.00
11:11 A.M. P.M. THU APR 28 2014	
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 730.00
d. BALANCE ON HAND (12.a. plus SUMNER COUNTY ELECTION COMMISSION)	\$ 897.46
e. TOTAL LOANS OUTSTANDING	\$ 0
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Committee to Elect Paul R. Goode	14. REPORT COVERING THE PERIOD FROM: 4/1/14 TO: 4/26/14
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 0
b. Itemized Contributions (over \$100 from each source this period)	\$ 1500⁰⁰
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 1500⁰⁰
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.)	\$ 1500⁰⁰
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)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ 0
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 730⁰⁰
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 730⁰⁰
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 0
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 730⁰⁰
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 0
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 0
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)	\$ 0
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 0
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Paul R. Goode			2. REPORT COVERING THE PERIOD FROM: 9/1/14 TO: 4/26/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Paul R. Goode, Alderman		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		1500⁰⁰
Address 124 Cedar Crest		<input type="checkbox"/> Runoff (Local Elections Only)		
City Hendersonville	State TN	Zip Code 37075	Date of Contribution	Aggregate This Election
Occupation Committee/camp. acct.		Employer		
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		Employer		
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		Employer		
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(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.)</small>				1500⁰⁰

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Paul E. Goode</i>				2. REPORT COVERING THE PERIOD FROM: <i>4/1/14</i> TO: <i>4/20/2014</i>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					<i>0</i>		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Paul R. Goode			2. REPORT COVERING THE PERIOD FROM: 4/1/14 TO: 4/26/14		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address		Campaign Contribution	165 ⁰⁰
City		State	Zip Code		
Hendersonville		TN	37072		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address		Campaign Contribution	250 ⁰⁰
City		State	Zip Code		
Hendersonville		TN	37075		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address		Campaign Contribution	150 ⁰⁰
City		State	Zip Code		
Gallatin		TN	37066		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address		Campaign Contribution	165 ⁰⁰
City		State	Zip Code		
Hendersonville		TN	37075		
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
Last Name/Business Name		Address			
City		State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES					730 ⁰⁰
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Paul R. Goode</i>				2. REPORT COVERING THE PERIOD FROM: <i>4/1/14</i> TO: <i>4/26/14</i>					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				Address		Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Runoff (Local Elections Only)					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<i>Committee to Elect Paul R. Goode</i>			FROM: <i>4/1/14</i>		TO: <i>4/26/14</i>	
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)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						<i>0</i>