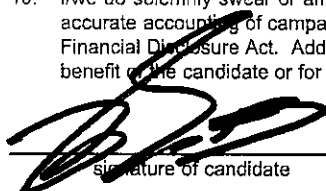
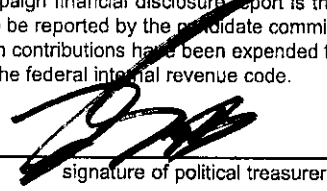
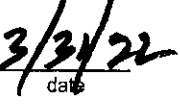
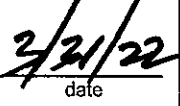
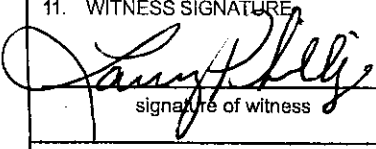
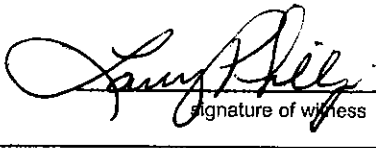
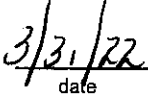
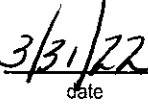


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <b>3/29/22</b>	2.a. NAME OF CANDIDATE OR COMMITTEE <b>Paul R. Goode for County Comm.</b>		
2.b. IF COMMITTEE, NAME OF CANDIDATE <b>Paul R. Goode</b>		3. ELECTION DATE <b>MAY 3RD 2022</b>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <b>124 Cedar Cross Dr. Hills TN, 37075 615-479-5088</b>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <b>SAME</b>			
5. OFFICE SOUGHT (include district number, if applicable) <b>County Comm, Dist 18</b>		6. NAME OF POLITICAL TREASURER (may be candidate) <b>Paul R. Goode</b>	
7. CATEGORY OR REPORT (Check one)			
<input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input 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		8.b. ENDING DATE OF REPORTING PERIOD	
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 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		 signature of political treasurer	
 date		 date	
11. WITNESS SIGNATURE			
 signature of witness		 signature of witness	
 date		 date	
12. SUMMARY			
<b>FILED</b>			
a. BALANCE ON HAND LAST REPORT	AM	PM	\$ <u>768.22</u>
b. TOTAL RECEIPTS THIS PERIOD	<b>APR 11 2022</b>		\$ <u>6100.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	<b>SUMNER COUNTY ELECTION COMMISSION</b>		\$ <u>1966.55</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			\$ <u>4901.67</u>
e. TOTAL LOANS OUTSTANDING			\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING			\$ <u>0</u>



## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD	
	FROM: <u>1-1-22</u>	TO: <u>3-31-22</u>

### RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 2200<sup>00</sup>

b. Itemized Contributions (over \$100 from each source this period) ..... \$ 3900<sup>00</sup>

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ \_\_\_\_\_

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.) ..... \$ 6100<sup>00</sup>

### 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) ..... \$ 1966.55

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ 1966.55

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 1966.55

### 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 i item 12.f.) ..... \$ 0



## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Paul R Gorb for Comp Comm</b>			2. REPORT COVERING THE PERIOD FROM: <b>Jan 16</b> TO: <b>Nov 31</b>	
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 <b>Rip Beckner</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution  <b>250.00</b>	
Last Name/Organization Name <b>1100 Pleasant Blvd</b>		Date of Contribution		
Address		Aggregate This Election		
City <b>Gallatin</b>	State <b>TN</b>	Zip Code <b>37066</b>		
Occupation				
Employer				
First Name <b>William Sink</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution  <b>300.00</b>	
Last Name/Organization Name <b>143 Bay Dr.</b>		Date of Contribution		
Address		Aggregate This Election		
City <b>H-Ville</b>	State <b>TN</b>	Zip Code <b>37075</b>		
Occupation				
Employer				
First Name <b>Frank Decker</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution  <b>200.00</b>	
Last Name/Organization Name <b>134 Meander 42</b>		Date of Contribution		
Address		Aggregate This Election		
City <b>H-Ville</b>	State <b>TN</b>	Zip Code <b>37076</b>		
Occupation				
Employer				
First Name <b>Charles Hagan</b>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution  <b>500.00</b>	
Last Name/Organization Name <b>255 S Thompson L</b>		Date of Contribution		
Address		Aggregate This Election		
City <b>Goodlettsville</b>	State <b>TN</b>	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.)				

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM: <b>5/1/11</b>	TO: <b>11/01/11</b>	
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 <b>Tommy Whelan</b>		Middle Name		Contribution Received For:		Amount of Contribution <b>250.00</b>
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address <b>PO Box 453</b>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>Portland</b>	State <b>TN</b>	Zip Code <b>37148</b>		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name <b>Laddie Wilson</b>		Middle Name		Contribution Received For:		Amount of Contribution <b>1000.00</b>
Last Name/Organization Name <b>1267</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>Gallatin</b>	State <b>TN</b>	Zip Code <b>37046</b>		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name <b>Robert Langford</b>		Middle Name		Contribution Received For:		Amount of Contribution <b>250.00</b>
Last Name/Organization Name <b>1260 Trade ST</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>Gville</b>	State <b>TN</b>	Zip Code <b>37072</b>		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name <b>Carl Gandy</b>		Middle Name		Contribution Received For:		Amount of Contribution <b>250.00</b>
Last Name/Organization Name <b>170 E MAIN ST.</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>Hills</b>	State <b>TN</b>	Zip Code <b>37006</b>		Date of Contribution		Aggregate This Election
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.)						

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Paul R. Gaudin Gent Comm</i>			2. REPORT COVERING THE PERIOD FROM <i>Jan 16</i> TO <i>March 31</i>	
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 <i>Paul Fitzgerald</i>	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>211 ALBATROSS WAY</i>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>400.00</i>
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Gallatin</i>	State <i>MT</i>	Zip Code	Date of Contribution	Aggregate This Election
Occupation	Employer			
First Name <i>Rick Organ</i>	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>131 Jackson Lake Blvd #100</i>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>500.00</i>
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Hotchkiss</i>	State <i>MT</i>	Zip Code <i>59075</i>	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 (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.)				

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Paul R Goode for County Comm</b>			2. REPORT COVERING THE PERIOD FROM <b>Jan 14</b> TO <b>March 21</b>		
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 <b>ASAP Printing</b>			<b>Hand outs/ CARDS</b>		<b>250.84</b>
Address <b>116 Imperial Blvd</b>					
City <b>Hills</b>	State	Zip Code <b>27075</b>			
First Name <b>Capital Promotions</b>		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>P.O. Box 231</b>			<b>Signs</b>		<b>1,474.00</b>
Address					
City <b>Glenside</b>	State <b>PA</b>	Zip Code <b>19138</b>			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>First Horizon Bank</b>			<b>Bank fees</b>		<b>241.71</b>
Address					
City <b>Hendersonville</b>	State <b>NC</b>	Zip Code			
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			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					<b>1966.55</b>
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (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.)					<b>1721.79</b>