



CAMPAIGN FINANCIAL DISCLOSURE STA

For State and Local Candidates For Single-Candidate Committees



1. Date: 1-29-24 2.a. Candidate or Committee Name: Stephen Goodall
2.b. If Committee, Name of Candidate:3. Election Date:
4. Campaign Address: 8/52 Trousdale Ferry File City: Lebanon State: TN Zip Code: 37090 Phone: 6/5-405-93/6
5. Candidate Home Address:
City: State: Zip Code: Phone:
Candidate Email Address: Stephen Fooda 11 D aol. com
6. Office Sought: (include district number, if applicable) Wilson County Assessor of Property
7. Name of Political Treasurer (may be candidate): Brand: Goodall
Political Treasurer Email Address: Brandinfooda 1/ a) gma:/.com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
Mid-Year Supplemental
9. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
10. Detailed Disclosure: (Check one)
This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000
or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
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.
11. 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.
Witness Signature Date Witness Signature Date Our Lett North 1-29-24 Witness Signature Date
12. Summary:
a. Balance On Hand Last Report\$
b. Total Receipts This Period\$
c. Total Disbursements This Period\$
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)
e. Total Loans Outstanding\$
f. Total Obligations Outstanding \$\$

SUMMARY PAGE - CANDIDATE

RECEIVED

JAN 2 9 2024

Stephen Goodall 13. Name of Candidate or Committee: Wilson County Election Commissio 14. Reporting Period: Start Date: 7-1-33 End Date: 15. Receipts: D a. Unitemized Contributions (\$100 or less from each source this period)\$ (Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See Instructions for more information.) 8 b. Itemized Contributions (over \$100 from each source this period)\$ B Loans Received This Reporting Period......\$ R d. Interest Received This Reporting Period\$ B Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)\$ 16. Disbursements: (Note: Effective January 16, 2023, all expenditures must be itemized.) b. Loan Repayments Made This Period\$ 9 c. Total Obligation Payments Made This Period.......\$ d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.).......\$ 200.00 17. In-Kind Contributions: 2 a. Unitemized In-Kind Contributions Received This Period\$ b. Itemized In-Kind Contributions Received This Period \$ B C. Total In-Kind Contributions Received This Period\$ 18. Obligations: Ø. a. Total Obligations Outstanding (must be shown in item 12.f.)\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	Name: Stephen Goodall	RECEIN/E	
2. Reporting Period: Start D	Date: <u>7-1-23</u> End Date: <u>1-15-</u> 2	14	
	ons from preceding page (enter \$0 if first page)		
		Wilson County Election Commi	9917
COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Na	me:		OF
First Name.	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
	☐ Primary Election ☐ General Election		
Amount of Contribution.\$_	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	de.		OR
-	Middle Name:	Last Name:	
Address:			
Occupation:			
	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:		OR
-	Middle Name:		
		State: Zip Code:	
	Employer:		
	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
	Date of Contribution:		
During an Opposite time Non			OR
Business or Organization Nar	Middle Name:	Lack Name:	
First Name:		Last Name: State: Zip Code:	
Address:	Employer:		
Occupation: Contribution Received For:	<u></u>	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	_	
7. Modific of Contribution: 4_			
Total Contributions: \$	\times		
(Carry forward to the next p	page if additional pages of this form are used. If	this is the last page of contributions,	this
	the summary on first page.)		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

	61 1. 6.1	II .		
1. Candidate or Committee Name:	Trephen beadu	1 15 31	RECEIVE	
2. Reporting Period: Start Date:			JAN 2 9 2024	1
3. Total in-kind contributions from pr				_
COMPLETE THE APPROPRIATE ITEMS I dollars (\$100) from any contributor during the		TRIBUTION. In-kind cont	ributions totaling more than on	nission e ni mared
Business or Organization Name:				OR
First Name:	Middle Name:	La	ast Name:	
Address:	City:	St	ate:Zip Code:	
Address: Occupation:	Employ	/er:		
In-Kind Contribution Received For:	☐ Primary Election	General Election	Runoff (Local Election	ons Only)
In-Kind Contribution Value: \$	In-Kind Contribution	Date: Ag	gregate This Election: \$	
Description of In-Kind Contribution:		/	<u></u>	
	\			00
Business or Organization Name:	N .		at Name	
First Name:		/		
Address:	1	/		
Occupation:		/		
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$		Date: Ag	gregate this election: \$	
Description of In-Kind Contribution:	X			
Business or Organization Name:		\		OR
First Name:	/	La La	st Name:	
Address:			ate: Zip Code:	
Occupation:	Employ	/er:		
In-Kind Contribution Received For:			☐ Runoff (Local Election	ons Only)
In-Kind Contribution Value: \$		Date: Ag	gregate This Election: \$	
Description of In-Kind Contribution:				
Business or Organization Name:				OR
First Name:	Middle Name:	1	st Name:	
Address:	City:		te: Zip Code:	
Occupation:		/er:		
In-Kind Contribution Received For:	-	General Election	Runoff (Local Electic	•
In-Kind Contribution Value: \$				
Description of In-Kind Contribution:				
	\rightarrow			
Total In-Kind Contributions: \$ (Carry forward to the next page if add	itional pages of this form	m are used If this is the	a last nage of in-kind	
contributions, this amount must be sh			t last page of itt kille	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Candidate or Committee Name:	Stephen Goodall		_
2. Reporting Period: Start Date:	<u>- 1- よ 3</u> End Date: <u>1 - 15</u> -	24 RECEIVE	
3. Total campaign expenditures from			-
kind contribution to a candidate, please reme candidate's name in the purpose of the exper	ember to include the purpose of the expend nditure section.	itures must be iten weel from expenditure in iture (e.g., postage, printing, etc.) along with the	he
Business or Organization Name:	Wilson Central High School	fiels Bushetfall	OR
First Name:	Middle Name:	Last Name:	
		State: \overline{N} Zip Code: $\underline{37}$	090
Purpose of Expenditure:	an and sign for fym		
Amount of Expenditure: \$ 200 . o	O Date of Expenditure: S	5 10-19-2023	
Business or Organization Name:			OR
1220		Last Name:	
		State:/Zip Code:	
Purpose of Expenditure:			
Amount of Expenditure: \$		5	
Business or Organization Name:	And I II An	Last Names	
First Name:		Last Name:	
Address:		State: Zip Code:	
Purpose of Expenditure:		×	
Amount of Expenditure: \$	Date of Expenditure: 5		
Business or Organization Name:			OR
First Name:		Last Name:	
Address:		State: Zip Code:	
Purpose of Expenditure:			
Amount of Expenditure: \$	Date of Expenditure:		
Business or Organization Name:			OR
First Name:	Middle Name:	Last Name:	
	Kildale Name		
Purpose of Expenditure:	City.		
Amount of Expenditure: \$	Date of Expenditure: S		
	Date of Experience		
Total Expenditures: \$200 . 00		real to the last control of the cont	.1.1
		If this is the last page of expenditures,	tnis
amount must be shown in the summa	ary on mist page.)		

Page <u>5</u> of <u>7</u>

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: 5tephen 60	dall RECEIVED
2. Reporting Period: Start Date: 7-1-13 End	Date: 1-15-24 JAN 29 2024
3. Complete the appropriate items for each loan totaling	more than one hundred dollars (\$100)
Complete the following for the source of each loan received and/o	r outstanding during the period.
Business or Organization Name:	
First Name: Middle Name:	Last Name:
	State: Zio Code:
Outstanding Loan Balance (Beginning)\$	
Loans Received\$	
Loan Payments\$	/
Outstanding Loan (End)\$	
Loan Received For: Primary Election General	Election Runoff (Local Elections Only)
Date of Loan:	
List all endorsers or guarantors for above oan (If more space is nee	eded, please attach additional pages.)
Business or Organization Name:	OR
First Name: Middle Name:_	Last Name:
	State: Zip Code:
Amount Guaranteed Outstanding: \$	
Business or Organization Name:	OR
First Name: Middle Mame:	Last Name:
Address:City:	State: Zip Code:
Amount Guaranteed Outstanding: \$	
Business or Organization Name:	OR
First Name: Middle Name:	
	State: Zip Code:
Amount Guaranteed Outstanding: \$	
Attributit dadranteed datatanding. \$\frac{1}{2}	
Business or Organization Name:	OR
First Name: Middle Name:	Last Name:
Address:City:	State: Zip Code:
Amount Guaranteed Outstanding: \$	
Totals for all loans (Complete this page for each outstanding loan Total loans received and loan payments should be shown on summary	during the period. Complete this section only on last page of loans. page. Outstanding loan balance should be shown on front page.)
Balance (Beginning)\$	s
Loans Received\$_	
Loan Payments\$_	
Outstanding Loan (End)\$_	
SS-1132 (Rev. 1/2023)	Page <u>6</u> of <u>7</u>

ITEMIZED STATEMENT OF C		NS - CAI		
1. Candidate or Committee Name: 5tephen Goodall			RECE	IVED
	1 125 171	_	JAN 9	2024
 2. Reporting Period: Start Date: 7-1-33 End Date: 3. Complete the appropriate items for each obligation owed to a propriate items. 	person/vendor at th	e end of the re	porting period.	2024
Business Names	Description of Obligation:		Wilson County Pro	ion Commissi.
First Name: Middle Name:	Obligation.			
Last Name:				
Address:	Outstanding	Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
State: zip code.	N			
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:				
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	This renou	(Period End)
State: Zip Code:	\$	\$	\$	\$
State Zip code.	X			
Business Name:	Description of Obligation:			
First Name: Middle Name:	Obligation.			
Last Name:				
Address:	Outstanding	Debt	Payments This Page 1	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
	\$	3	\$	\$
State: Zip Code:				
	Description of			
Business Name:	Obligation:			
First Name: Middle Name:		\		
Last Name:	Outstanding	Debt	Payments	Outstanding
Address:	Balance (Period	Incurred \	This Period	Balance
City:	Beginning)	This Period	14	(Period End)
State: Zip Code:	\$	\$	\ \$	\$
TOTALS	Outstanding	Debt	Payments	Outstanding
(Carry forward to the vext page if additional pages of this	Balance (Period	Incurred	This Period	Balance (Period End)
form are used. If this s the last page of obligations, the Total from "Outstanding Balance - (Period End)" column	Beginning)	\$	\$	\$
must also be shown on the summary on first page.)		1		•