

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>07-05-2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Terri B. Goodwin</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>11/2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>104 Berrywood Ct Hendersonville TN 37075 615 973-4431</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>104 Berrywood Court Hendersonville TN 37075 615-973-4431</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>Hendersonville Alderman Ward 4</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Jeff Huey</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input checked="" 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 <u>04-01-2022</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>07-11-2022</u>	
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.			
<u>Terri B. Goodwin</u> signature of candidate		<u>Jeffrey Y. Huey</u> signature of political treasurer	
<u>07/05/2022</u> date		<u>07/05/2022</u> date	
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness		<u>[Signature]</u> signature of witness	
<u>7/5/22</u> date		<u>07/05/2022</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>4904.97</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>1700.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>3786.11</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>2818.86</u>	
e. TOTAL LOANS OUTSTANDING		\$ _____	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _____	

FILED
JUL 05 2022
SUMNER COUNTY
ELECTION COMMISSION



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Terri Goodwin				2. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
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 Don		Middle Name		Contribution Received For:	
Last Name/Organization Name Ward				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 114 Natchez Dr.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville	State TN	Zip Code 37075		Date of Contribution 4-4-22	Amount of Contribution 200.00
Occupation				Aggregate This Election	
Employer					
First Name Lisa		Middle Name Z.		Contribution Received For:	
Last Name/Organization Name Berlin				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 898 Cofair Ct				<input type="checkbox"/> Runoff (Local Elections Only)	
City Solana Beach	State CA	Zip Code 92015		Date of Contribution 6-6-22	Amount of Contribution 1600.00
Occupation				Aggregate This Election	
Employer					
First Name Alissa		Middle Name		Contribution Received For:	
Last Name/Organization Name Trachtman				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 6328 Sweetgum Lane				<input type="checkbox"/> Runoff (Local Elections Only)	
City Nashville	State TN	Zip Code 37221		Date of Contribution	Amount of Contribution 100.00
Occupation Director Holocaust Memorial				Aggregate This Election	
Employer					
First Name Jeffrey		Middle Name		Contribution Received For:	
Last Name/Organization Name Huey				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 201 Bahia Mar Pt				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville	State TN	Zip Code 37075		Date of Contribution 7/5/2022	Amount of Contribution 100.00
Occupation Owner				Aggregate This Election	
Employer Huey Padgett & Associates					
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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
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 <u>Colin</u>		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name <u>Zimmerman</u>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <u>109 General Smith Pl</u>				Date of In-Kind Contribution <u>6-5-22</u>	
City <u>Hendersonville</u>		State <u>TN</u>	Zip Code <u>37075</u>	Value of In-Kind Contribution <u>160.88</u>	
Occupation		Employer		Description of In-Kind Contribution <u>Donation of Post Cards</u>	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Value of In-Kind Contribution	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Value of In-Kind Contribution	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Value of In-Kind Contribution	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Value of In-Kind Contribution	
Occupation		Employer		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.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD		
			FROM:	TO:	
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				Signs, magnets + shirts	2906.05
Address					
City	State	Zip Code			
Hendersonville	TN	37075			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				postcard stamps	43.16
Address					
City	State	Zip Code			
Hendersonville	TN	37075			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				push cards	820.90
Address					
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			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
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.)					