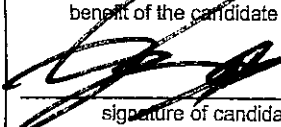
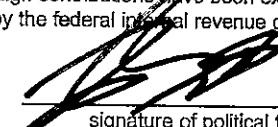
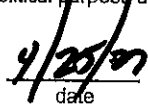

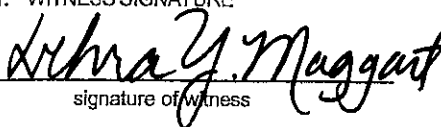



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <b>4/26/2022</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/22</b>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <b>124 Cedar Creek H-ville TN 37075 615-479-1888</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 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 <b>April 1, 2022</b>		8.b. ENDING DATE OF REPORTING PERIOD <b>April 23, 2022</b>	
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		 signature of political treasurer	
 date		 date	
11. WITNESS SIGNATURE   signature of witness                      date                      signature of witness                      date			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT .....		\$ <b>4901.67</b>	
b. TOTAL RECEIPTS THIS PERIOD .....		\$ <b>3300.00</b>	
c. TOTAL DISBURSEMENTS THIS PERIOD .....		\$ <b>4216.34</b>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....		\$ <b>3985.33</b>	
<b>APR 26 2022</b>			
e. TOTAL LOANS OUTSTANDING .....		\$ <b>0</b>	
<b>SUMNER COUNTY</b>			
<b>ELECTION COMMISSION</b>			
f. TOTAL OBLIGATIONS OUTSTANDING .....		\$ <b>0</b>	



## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: <u>1/1/22</u> TO: <u>4/30/22</u>
<b>RECEIPTS</b>	
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) .....	\$ _____
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) .....	\$ _____
16. LOANS RECEIVED THIS REPORTING PERIOD .....	\$ _____
17. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ _____
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) .....	\$ _____
<b>DISBURSEMENTS</b>	
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) .....	\$ <u>0</u>
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$ <u>4216.34</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) .....	\$ <u>4216.34</u>
20. LOAN REPAYMENTS MADE THIS PERIOD .....	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) .....	\$ <u>4216.34</u>
<b>22. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period) .....	\$ <u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) .....	\$ <u>0</u>
<b>23. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each) .....	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) .....	\$ <u>0</u>



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Paul R. Gula</i>				2. REPORT COVERING THE PERIOD FROM: <i>4/1/22</i> TO: <i>4/30/22</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>Walter D. Stubbs</i>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>1190 Nashville Pl</i>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>250.00</i>	
Address <i>1190 Nashville, Pl</i>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Gallatin</i>		State <i>TN</i>	Zip Code <i>37064</i>	Date of Contribution		Aggregate This Election	
Occupation <i>Attorney</i>							
Employer <i>Self-employed</i>							
First Name <i>Andrew Belt</i>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>1013 Stillman Ct.</i>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>250.00</i>	
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>H-Ville</i>		State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution		Aggregate This Election	
Occupation <i>Investments/Insurance</i>							
Employer							
First Name <i>Allen Curtis</i>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>20.00</i>	
Address <i>1039 Piedmont Ln.</i>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Gallatin</i>		State <i>TN</i>	Zip Code <i>37064</i>	Date of Contribution		Aggregate This Election	
Occupation							
Employer <i>Self-employed</i>							
First Name <i>Stephen Anderson</i>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>141 Wynhoke Truce</i>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>250.00</i>	
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>H-Ville</i>		State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution		Aggregate This Election	
Occupation <i>Insurance</i>							
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.)						<i>1000.00</i>	

# Contributions

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Paul R. Gode</i>		2. REPORT COVERING THE PERIOD FROM <i>7/1/22</i> TO <i>4/23/22</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 <i>Mitchel Welton</i>	Middle Name	In-Kind Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Value of In-Kind Contribution <i>250.00</i>		Date of In-Kind Contribution	
Address <i>165 Indian Lake Blvd</i>		Aggregate this Election	
City <i>Hills</i>	State <i>TN</i>	Zip Code <i>37075</i>	Description of In-Kind Contribution
Occupation <i>Insurance</i>	Employer		
First Name <i>Lynn Edg</i>	Middle Name	In-Kind Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name <i>Land Solutions Company LLC</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Value of In-Kind Contribution <i>500.00</i>		Date of In-Kind Contribution	
Address <i>2925 Berry Hill Dr.</i>		Aggregate this Election	
City <i>Washelle</i>	State <i>TN</i>	Zip Code <i>37204</i>	Description of In-Kind Contribution
Occupation	Employer		
First Name <i>Fred Knox</i>	Middle Name	In-Kind Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name <i>787 Plantation Blvd</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Value of In-Kind Contribution <i>00.00</i>		Date of In-Kind Contribution	
Address		Aggregate this Election	
City <i>Ballantine</i>	State <i>TN</i>	Zip Code <i>37166</i>	Description of In-Kind Contribution
Occupation <i>Retired</i>	Employer		
First Name <i>Robert Gordall</i>	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Value of In-Kind Contribution <i>250.00</i>		Date of In-Kind Contribution	
Address <i>393 Maple St.</i>		Aggregate this Election	
City <i>Ballantine</i>	State <i>TN</i>	Zip Code <i>37066</i>	Description of In-Kind Contribution
Occupation <i>Builder</i>	Employer <i>Gordall Homes</i>		
First Name <i>James D. Turner</i>	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Value of In-Kind Contribution <i>100.00</i>		Date of In-Kind Contribution	
Address <i>127 Wacker Dr.</i>		Aggregate this Election	
City <i>Hills</i>	State <i>TN</i>	Zip Code <i>37075</i>	Description of In-Kind Contribution
Occupation <i>Attorney</i>	Employer		
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 CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Gary R Gault</i>			2. REPORT COVERING THE PERIOD FROM: <i>1/1/12</i> TO: <i>4/29/12</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>Frank Schalk</i>		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	<i>250.00</i>
Address <i>1558 Briarcliff Branch Rd</i>				Date of Contribution	Aggregate This Election
City <i>Hixville</i>	State <i>TN</i>	Zip Code <i>37075</i>			
Occupation <i>Construction</i>					
Employer					
First Name <i>Nancy Tate</i>		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	<i>250.00</i>
Address <i>2601 Meador Blvd</i>				Date of Contribution	Aggregate This Election
City <i>Shiloh</i>	State <i>TN</i>	Zip Code <i>37172</i>			
Occupation <i>Tile Company</i>					
Employer					
First Name <i>David Greer</i>		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	<i>100.00</i>
Address <i>183 Meador Lake Dr</i>				Date of Contribution	Aggregate This Election
City <i>Hixville</i>	State <i>TN</i>	Zip Code <i>37075</i>			
Occupation <i>Retired</i>					
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 <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of Contribution	Aggregate This Election
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.)					<i>1100.00</i>

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Paul R. Cook</i>			2. REPORT COVERING THE PERIOD FROM <i>4/1/22</i> TO <i>4/23/22</i>	
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 <i>Fox Party</i>	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			<i>679.53</i>	
Address <i>Old Lebanon Rd R1</i>				
City <i>Hamis</i>	State <i>TX</i>		Zip Code <i>37046</i>	
First Name <i>Mr Sign MAW</i>			Middle Name	Purpose of Expenditure <i>affidavit etc</i>
Last Name/Business Name				
Address <i>129 Commerce Dr.</i>				
City <i>H.ville,</i>	State <i>TX.</i>	Zip Code <i>37025</i>		
First Name <i>WPS</i>	Middle Name	Purpose of Expenditure <i>2-Phone</i>	Amount of Expenditure <i>232.00</i>	
Last Name/Business Name				
Address <i>105 Imperial Blvd</i>				
City <i>Hill</i>	State <i>TX</i>	Zip Code <i>37025</i>		
First Name <i>Stamps,</i>	Middle Name	Purpose of Expenditure <i>STAMPS Ind. rec'd Pric etc.</i>	Amount of Expenditure <i>232.03</i>	
Last Name/Business Name				
Address <i>1012 Glenbrook way</i>				
City <i>Hill</i>	State <i>TX</i>	Zip Code <i>37025</i>		
First Name <i>Stamps</i>	Middle Name	Purpose of Expenditure <i>Copies</i>	Amount of Expenditure <i>20.77</i>	
Last Name/Business Name				
Address <i>100 Glenbrook Way</i>				
City <i>H.ville,</i>	State <i>TX</i>	Zip Code <i>37025</i>		
First Name <i>Fox Party</i>	Middle Name	Purpose of Expenditure <i>EVOS 367.84 1540.56</i>	Amount of Expenditure <del>1908.44</del> <i>1908.44</i>	
Last Name/Business Name				
Address <i>931 Old Lebanon Rd</i>				
City <i>Hamis</i>	State <i>TX</i>	Zip Code <i>37025</i>		
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.)			<i>3237.84</i>	

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Came &amp; Eva Paul P. Costa</i>			2. REPORT COVERING THE PERIOD FROM: <i>1/1/22</i> TO: <i>4/22/22</i>	
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 <i>Eva Frank</i>	Middle Name	Purpose of Expenditure <i>PC</i>	Amount of Expenditure <i>33.35</i>	
Last Name/Business Name			<del><i>945.15</i></del> <i>978.50</i>	
Address <i>731 Old Lebanon Dr RI</i>				
City <i>HOUSTON</i>	State <i>RI</i>	Zip Code <i>02876</i>		
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		
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.)				<i>978.50</i>

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

<b>1. NAME OF CANDIDATE OR COMMITTEE</b> <span style="font-size: 1.2em; font-family: cursive;">Committee to Elect Paul R Grode</span>	<b>2. REPORT COVERING THE PERIOD</b> FROM: <span style="font-size: 1.2em;">4/1/22</span> TO: <span style="font-size: 1.2em;">4/23/22</span>
--	--

**3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN** (loans totaling more than \$100 from any source during the period)

<b>Complete the Following for the Source of the Loan</b>					
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:		Date of Loan	
City		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
State		<input type="checkbox"/> Runoff (Local Elections Only)			
Zip Code					

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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

<b>4. Totals for all Loans (complete on last page of itemized loans)</b> (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)
				<u>                    </u>





## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
Committee for Clerk Paul R Cook				FROM: 4/1/22 TO: 4/23/22			
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							
<b>4. TOTALS</b> (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							0