



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7/18/24 2.a. Candidate or Committee Name: Paul R. Goode
 2.b. If Committee, Name of Candidate: Paul R. Goode 3. Election Date: _____
 4. Campaign Address: 124 Cedar Crest Dr
 City: H-ville State: TN Zip Code: 37075 Phone: 615-474-5088
 5. Candidate Home Address: Same
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: Paul@PaulRGoode.com
 6. Office Sought: (include district number, if applicable) N/A
 7. Name of Political Treasurer (may be candidate): Paul R. Goode
 Political Treasurer Email Address: Same

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: _____ End Date: _____

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.

	<u>7/18/24</u>		<u>7/18/24</u>
Candidate Signature	Date	Political Treasurer Signature	Date
	<u>7-18-24</u>		<u>7-18-24</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>815.37</u>
b. Total Receipts This Period	\$ _____
c. Total Disbursements This Period	\$ <u>400.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ _____
e. Total Loans Outstanding	\$ _____
f. Total Obligations Outstanding	\$ <u>415.37</u>

FILED
AM **PM**
JUL 18 2024
SUMNER COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Mosay Middle Name: _____ Last Name: Boray
Address: ~~166 Ashland Pk~~ City: Baltimore State: TW Zip Code: 37066
Occupation: 490 Cummins Ln. Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250. Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: Frank Middle Name: _____ Last Name: Phaney
Address: 166 Ashland Pk City: H-ville State: TW Zip Code: 37050
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150. Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)