

CAMPAIGN FINANCIAL DISCLOSURE STATEMENTED

For State and Local Candidates For Single-Candidate Committees

JAN 2 9 2024

Wilson County Election Commission

1. Date: 1-29-24 2.a. Candi	data or Committee Nam	se Stephon /	mode 11	
1. Date: 1 81 1 2.a. Candi	date of Committee Nan	ie. Stephen V	2 Flortic	on Data: 2020 ·
2.b. If Committee, Name of Candida	Tours I la Esse H	140	3. Electio	in Date.
2.b. If Committee, Name of Candida 4. Campaign Address: 8152 City: Lemon	Tousdaye Felly 1	7: Codo: 37/19/1	Phonor	615-405-9310
City		_ ZIp Code: _ <i></i>	Priorie:	015 105 1110
5. Candidate Home Address:	Jane			
City:	State:	_ Zip Code:	Phone:	
Candidate Email Address:				0 1
6. Office Sought: (include district nu	ımber, if applicable) 🔟	Vilson County Asse	ssor of t	Reporty
7. Name of Political Treasurer (may	be candidate): <i>Bran</i>	di Goodall		
Political Treasurer Email Address:	Brandin Gooda	11 d gmail.com		
8. Category or Report: (check one)		5		
First Quarter Second Qu	arter Third Quarte	r Fourth Quarter	□ Pre-Pr	imary Pre-General
☐ Mid-Year Supplemental		closing out and	transfin'my	to 2024 campaigh
* *		•	•	
9. Reporting Period: Start Date:	1-1-2023	End Date: / / / /	27	£/
10. Detailed Disclosure: (Check one)				
This campaign is exempt from or less AND expenditures total	detailed disclosures be of \$1,000 or less for this r	cause contributions (inc eporting period. (Comp	luding in-ki olete items	nd) received total \$1,000 I 2.d., 12.e., and 12.f.)
This campaign is required to fit total more than \$1,000 and/or	lle a detailed financial di r expenditures total mo	isclosure because contr re than \$1,000 for this r	ibutions (inc eporting pe	cluding in-kind) received riod.
11. I/we do solemnly swear or affirm and that this report is an accura by the candidate committee by campaign contributions have be nonpolitical purpose as defined	te accounting of campa the Campaign Financia een expended for the p by the federal internal	ign contributions and e al Disclosure Act. Addit personal financial bene revenue code.	expenditurestionally, I/weeting fit of the ca	s required to be reported e swear or affirm that no
Candidate Signature	Date	Political Treasuler Sign	iature	Date
<u>Crockett Joseph</u> Witness Signature	1-29-24 Date	Witness Signature	lall	1-29-24 Date
12. Summary:				
a. Balance On Hand Last Repo	rt	\$	1,066.0	1
b. Total Receipts This Period		\$	<i>D</i>	
c. Total Disbursements This Pe	riod		200.00	
d. Balance On Hand (12.a. plus	12.b. minus 12.c.)	\$ <u> </u>	866.09	
e. Total Loans Outstanding		\$	<u> </u>	
f. Total Obligations Outstandi	ng	\$	<i>y</i>	
55-1109 (Rev. 1/2023) Closing Ou	+ 2020 (ampo; 51	and transforing	\$ 866.00	9 Page 1 of 7
to 200	14 Campaign.	TH MY 1.	-09-04	

SUMMARY PAGE - CANDIDATE

			1444 0 0 0004
	me of Candidate or Committee: Stephen Gooda 1		JAN 2 9 2024
14. Re	porting Period: Start Date: $7-1-23$ End Date: $1-15-$	24	Wilson County Election Commission
	ceipts:	~	
a.	Unitemized Contributions (\$100 or less from each source this period)	tions for more in	formation.)
b.	Itemized Contributions (over \$100 from each source this period)\$		
c.	Loans Received This Reporting Period		
d.	Interest Received This Reporting Period	<u> </u>	
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)\$		
16. Dis	bursements:	2000 00	1
a.	Total Expenditures (other than loan payments)	200.	
b.	Loan Repayments Made This Period	; <i>D</i>	
c.	Total Obligation Payments Made This Period\$		
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)		
17. ln-l	Kind Contributions:		
a.	Unitemized In-Kind Contributions Received This Period\$	·	
b.	Itemized In-Kind Contributions Received This Period	17.7%	
c.	Total In-Kind Contributions Received This Period		
18. Ob	ligations:	.049	
a	Total Obligations Outstanding (must be shown in item 12.f.)	Ø	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDID ATE

Candidate or Committee N	Name: Stephen Goodall	RECEIV	ED
2. Reporting Period: Start D	Date: 7-1-33 End Date: 1-15-6	JAN 2 9 20	24
	ons from preceding page (enter \$0 if first page)	\$	
o, , , , , , , , , , , , , , , , , , ,		Wilson County Election Co	mmissio
COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Na	me:		OF
First Name:	Middle Name:	Last Name:	
	City:		
	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
	Date of Contribution:		
Business an Outpution No.			OF
-	me: Middle Name:	Last Name:	
Address:			
Occupation:	☐ Primary Election ☐ General Election		
	Date of Contribution:		
Amount of Contribution, 5_	Date of Contribution		
Business or Organization Nar	me:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	_	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Purio and au Ouronimation Mar			OR
Business or Organization Nar First Name:		Last Name	
/	Middle Name: City:	Last Name: State: Zip Code:	
	Employer:		
Contribution Received For:			
	Date of Contribution:		
Allount of Contribution: 3_	Bate or contribution.		
Total Cantuibutions &	Ø		
Total Contributions: \$ (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

		T	IDE 6	
Candidate or Committee Name:	stephen boods	1 1/1	N E(C	RIVED
2. Reporting Period: Start Date: 7	<u>-1-23</u> End Dat	te: _/- /5 - d4	JAN	2 9 2024
3. Total in-kind contributions from pr	eceding page (enter \$0	if first page) \$		
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during the		TRIBUTION. In-kind contri	ibutions totaling more	y Election Commission than one hundred
Business or Organization Name:				OR
First Name:	Middle Name:	La:	st Name:	
Address:				
Occupation:	Employ	/er:		
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$	In-Kind Contribution	Date: Age	regate This Electic	on: \$
Description of In-Kind Contribution:				
Business or Organization Name:		. /		OR
First Name:				
Address:Occupation:	City:	Sta	ate: Zip Cod	e:
Occupation:				
In-Kind Contribution Received For:		General Election		
In-Kind Contribution Value: \$	↓ In-Kind Contribution	Date: Agg	gregate This Electio	n: \$
Description of In-Kind Contribution:	$\overline{}$			
Pusings of Organization Name:				OR
Business or Organization Name: First Name:	^			
Address:				
Occupation:				
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$				
			gregate This Election	ii. 7
Description of In-Kind Contribution:				
Business or Organization Name:				OR
First Name:			st Name:	
Address:			ate: Zip Code	e:
Occupation:	Employ	er:		
In-Kind Contribution Received For:			Runoff (Local	Elections Only)
In-Kind Contribution Value: \$	In-Kind Contribution	Date: Ago	gregate This Electio	n: \$
Description of In-Kind Contribution:				
Total In-Kind Contributions: \$	<i>p</i>			
(Carry forward to the next page if add			last page of in-kind	1
contributions, this amount must be sl	nown in the summary of	ir iii st page.)		

Page 4 of 7

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

		215 AND TO STATE OF THE STATE O			
1. Candidate or Committee Name:	Stephen	Goodall	Text Text Text Text Text Text Text Text	ECEN	/ED
2. Reporting Period: Start Date:	7-1-23	End Date: 1-15-2	4		
3. Total campaign expenditures fro				JAN 292	024
COMPLETE THE APPROPRIATE ITEM kind contribution to a candidate, please re candidate's name in the purpose of the ex	emember to includ	e the purpose of the expenditur	res must be itemized e (e.g., postage, printir	on County Election (If the expendit ng, etc.) along w	Commission ure is an in- vith the
Business or Organization Name:	Wilson Cer	tral High School Gi	els Bushetball		OF
First Name	Middle	Name:	Last Name:		
Address: 419 Willeat Way		City: Leagnon	State: 71V	Zip Code:	37090
Purpose of Expenditure:	tion and s	ign for Gum.			
Amount of Expenditure: \$ _200 .	00	Date of Expenditure: \$ _	10-19-2023		
Business or Organization Name: _					OF
First Name:	Middle	Name:	Last Name:		
Address:		City:	State:	Zip Code: _	
Purpose of Expenditure:					
Amount of Expenditure.\$		Date of Expenditure: \$			
Business or Organization Name: _					OF
		Name:	Last Name:		
Address:		City:			
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$ _			
		<u> </u>			
Business or Organization Name:		X			OF
First Name:	Middle	Name:	Last Name:		
Address:	$-\!\!/-$	City:	State:	Zip Code: _	
Purpose of Expenditure:	/				
Amount of Expenditure: \$		Date of Expenditure: \$ _			
Business or Organization Name: _		**			OR
First Name:	Middle	Name:	Last Name:		
		City:	State:	Zip Code: _	
./		•		\	
Amount of Expenditure: \$		Date of Expenditure: \$ _			
Total Expenditures: \$ 200.00					
(Carry forward to the next page if a	additional page	s of this form are used. If t	his is the last page	of expenditu	res, this
amount must be shown in the sum			. 2	-	

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

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: 5tephen Goods	
2. Reporting Period: Start Date: 7-1-23 End D	ate:
3. Complete the appropriate items for each loan totaling r	more than one hundred dollars (\$100).
Complete the following for the source of each loan received and/or or	outstanding during the period.
Business or Organization Name:	OF
First Name: Middle Name:	Last Name:
AddressCity:	State: Zip Code:
Outstanding Loan Balance (Beginning)\$	
Loans Received\$ _	
Loan Payments\$	
Outstanding Loan (End)\$	
Loan Received For: Primary Election General E	lection Runoff (Local Elections Only)
Date of Loan:	
List all endorsers or guarantors for above loan (If more space is need	ed, please attach additional pages.)
Business or Organization Name:	OR
First Name: Middle Name:	Last Name:
Address:City:	State: Zip Code:
Amount Guaranteed Outstanding: \$	
Business or Organization Name:	OR
First Name: Middle Name:	Last Name:
Address:City:	State: Zip Code:
Amount Guaranteed Outstanding: \$	
Business or Organization Name:	OR
First Name:Middle Name:	Last Name:
Address:City:	State: Zip Code:
Amount Guaranteed Outstanding: \$	
Business or Organization Name:	OR
First Name: Middle Name:	
Address:City:	
Amount Guaranteed Outstanding: \$	
Totals for all loans (Complete this page for each outstanding loan do Total loans received and loan payments should be shown on summary pa	uring the period. Complete this section only on last page of loans. ge. Outstanding loan balance should be shown on front page.)
Balance (Beginning)\$	
Loans Received\$	
Loan Payments	
Outstanding Loan (End)\$	
SS-1132 (Rev. 1/2023)	Page <u>6</u> of <u>7</u>

ITEMIZED STATEMENT OF C	BLIGATIO	NS - CAI	NDIDAT	
1. Candidate or Committee Name: Stephan Good	all		JA	N 2 9 2024
2. Reporting Period: Start Date: 7-1-23 End Date:	1-15-24	7		
3. Complete the appropriate items for each obligation owed to a p	person/vendor at th	e end of the re	porting period.	laty Election Commiss
Business Name:	Description of Obligation:			7
First Name: Middle Name:				
Last Name:				
Address:	Outstanding	Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
	\$	\$	\$	\$
State: Zip Code:	L'			
	Description of			
Business Name:	Obligation:			
First Name: Middle Name:				
Last Name:		/		
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	misrenog	(Period End)
State: Zip Code:	\$	\$	\$	\$
State				
Business Name:	Description of			
	Obligation:			
First Name: Middle Name:	1			
Last Name:	Outstanding	Debt	Payments	Outstanding
Address:	Outstanding Balance (Period	Incurred	This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	\$	\$	\$	\$
				
Business Name:	Description of Obligation:			
First Name: Middle Name:	Congulation:			
Last Name:	Outstanding	Debt	Payments	Outstanding
Address:	Balance (Period	Incurred	This Period	Balance
City:	Beginning)	This Period	\$	(Period End) \$
State: Zip Code:	3	7	, , , , , , , , , , , , , , , , , , ,	7
TOTALS				
TOTALS	Outstanding	Debt	Payments This Payind	Outstanding
(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Balance (Period Beginning)	Incurred	This Period	Balance (Period End)
Total from "Outstanding Balance - (Period End)" column	\$	\$	\$	\$

must also be shown on the summary on first page.)