



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10/12/2026 2.a. Candidate or Committee Name: Tim Goddard
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/3/2026
4. Campaign Address: 1294 Dubray Lake Circle
City: Collierville State: TN Zip Code: 38017-3952 Phone: 2533509882
5. Candidate Home Address: 1294 Dubray Lake Circle
City: Collierville State: TN Zip Code: 38017-3952 Phone: 2533509882
Candidate Email Address: tim@timgoddardforcollierville.com
6. Office Sought: (include district number, if applicable) Collierville Alderman, Pos. 1
7. Name of Political Treasurer (may be candidate): Tim Goddard
Political Treasurer Email Address: tim@timgoddardforcollierville.com
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: 7/1/2026 End Date: 9/30/2026
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.

Candidate Signature

Date

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|-----------------------|
| a. Balance On Hand Last Report | \$ <u>\$0.00</u> |
| b. Total Receipts This Period | \$ <u>\$10,400.00</u> |
| c. Total Disbursements This Period | \$ <u>\$6,240.55</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$4,159.45</u> |
| e. Total Loans Outstanding | \$ <u>\$16,500.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Tim Goddard

14. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026

15. Receipts:

- 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.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$250.00
- c. Loans Received This Reporting Period..... \$ \$10,150.00
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$10,400.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$6,240.55
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$6,240.55

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$100.00
- c. Total In-Kind Contributions Received This Period \$ \$100.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Lenae Middle Name: _____ Last Name: Toussaint
Address: 635 Kenaw ST City: Collierville State: TN Zip Code: 38017-395
Occupation: Homemaker Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 7/20/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Rob Middle Name: _____ Last Name: Durkin
Address: 173 Pearl Pt. City: Sharps Chapel State: TN Zip Code: 37866
Occupation: Retired Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 10/26/2026 Aggregate This Election: \$ \$200.00

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: \$ \$250.00

(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.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

First Name: Brandon Middle Name: _____ Last Name: Smith

Address: 1746 Amber Grove Ln City: Collierville State: TN Zip Code: 38017

Occupation: Self Employed Employer: N/A

In-Kind Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ \$100.00 In-Kind Contribution Date: 9/15/2026 Aggregate This Election: \$ \$100.00

Description of In-Kind Contribution: Food for Meet and Greet

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ \$100.00

(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Notifyre **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 299 S. Main St City: Salt Lake City State: UT Zip Code: 93444

Purpose of Expenditure: Text Blast Charges

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 9/23/2026

Business or Organization Name: Notifyre **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 299 S. Main St City: Salt Lake City State: UT Zip Code: 93444

Purpose of Expenditure: SMS Number

Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 9/23/2026

Business or Organization Name: Notifyre **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 299 S. Main St City: Salt Lake City State: UT Zip Code: 93444

Purpose of Expenditure: Brand - Tim Goddard for Alderman

Amount of Expenditure: \$ \$4.80 Date of Expenditure: \$ 9/18/2026

Business or Organization Name: Notifyre **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 299 S. Main St City: Salt Lake City State: UT Zip Code: 93444

Purpose of Expenditure: Text Blast Charges

Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 9/18/2026

Business or Organization Name: Notifyre **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 299 S. Main St City: Salt Lake City State: UT Zip Code: 93444

Purpose of Expenditure: Text Blast Charges

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 9/27/2026

Total Expenditures: \$ \$419.80

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$419.80

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Campaign Verify **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1215 31st Street NW City: Washington State: DC Zip Code: 20007

Purpose of Expenditure: Campaign Verification

Amount of Expenditure: \$ \$95.00 Date of Expenditure: \$ 9/5/2026

Business or Organization Name: _____ **OR**

First Name: Hayes Middle Name: Hora Last Name: Collierville Living M

Address: N/A City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Article

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 8/21/2026

Business or Organization Name: Signs on the Cheap **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 11525A Stonehollow DR City: Austin State: TX Zip Code: 78758

Purpose of Expenditure: Bumper Stickers

Amount of Expenditure: \$ \$39.89 Date of Expenditure: \$ 7/30/2026

Business or Organization Name: Signs on the Cheap **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 11525A Stonehollow DR City: Austin State: TX Zip Code: 78758

Purpose of Expenditure: Sign

Amount of Expenditure: \$ \$31.49 Date of Expenditure: \$ 7/21/2026

Business or Organization Name: Signs on the Cheap **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 11525A Stonehollow DR City: Austin State: TX Zip Code: 78758

Purpose of Expenditure: Yard Signs

Amount of Expenditure: \$ \$734.59 Date of Expenditure: \$ 7/31/2026

Total Expenditures: \$ \$2,320.77

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,320.77

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: GoDaddy.com **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 14455 N. Hayden Rd City: Scottsdale State: AZ Zip Code: 85260

Purpose of Expenditure: Email Address

Amount of Expenditure: \$ \$26.21 Date of Expenditure: \$ 7/16/2026

Business or Organization Name: GoDaddy.com **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 14455 N. Hayden Rd City: Scottsdale State: AZ Zip Code: 85260

Purpose of Expenditure: .COM Domain Name

Amount of Expenditure: \$ \$46.59 Date of Expenditure: \$ 7/10/2026

Business or Organization Name: WIX.Com **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 100 Gansevoort St City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Domain Monthly Fee July

Amount of Expenditure: \$ \$39.33 Date of Expenditure: \$ 7/21/2026

Business or Organization Name: WIX.Com **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 100 Gansevoort St City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Domain Fee August

Amount of Expenditure: \$ \$39.33 Date of Expenditure: \$ 8/19/2026

Business or Organization Name: WIX.Com **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 100 Gansevoort St City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Domain Fee September

Amount of Expenditure: \$ \$39.33 Date of Expenditure: \$ 9/21/2026

Total Expenditures: \$ \$2,511.56

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,511.56

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: YT Ad Service **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2340 E. Trinity Mills Rd City: Carrollton State: TX Zip Code: 75006

Purpose of Expenditure: You Tube and Google Ads

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 9/29/2026

Business or Organization Name: Erin Dahl Creative Studios **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1736 Linkenholt Cv City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Videography services

Amount of Expenditure: \$ \$995.90 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: Meta Ads **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Facebook Ads

Amount of Expenditure: \$ \$600.00 Date of Expenditure: \$ 9/26/2026

Business or Organization Name: Shelby County Elections **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 980 Nixon Dr City: Memphis State: TN Zip Code: 38134

Purpose of Expenditure: Voter File

Amount of Expenditure: \$ \$40.00 Date of Expenditure: \$ 7/20/2026

Business or Organization Name: GoDaddy.com **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 14455 N. Hayden Rd City: Scottsdale State: AZ Zip Code: 85260

Purpose of Expenditure: Deposit Fee on Donation

Amount of Expenditure: \$ \$2.24 Date of Expenditure: \$ 7/27/2026

Total Expenditures: \$ \$5,149.70

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5,149.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Go Daddy **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 14455 N. Hayden Road City: Scottsdale State: AZ Zip Code: 85260

Purpose of Expenditure: Deposit fee donation

Amount of Expenditure: \$ \$2.15 Date of Expenditure: \$ 7/27/2026

Business or Organization Name: Go Daddy **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 14455 N. Hayden Rd City: Scottsdale State: AZ Zip Code: 85260

Purpose of Expenditure: Deposit fee donation

Amount of Expenditure: \$ \$7.70 Date of Expenditure: \$ 7/29/2026

Business or Organization Name: First Horizon Bank **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: P.O. Box 84 City: Memphis State: TN Zip Code: 38101

Purpose of Expenditure: Paper Statement fee

Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 8/31/2026

Business or Organization Name: Lauren Kimura Social Media **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 123 S. 1st Street City: Collierville State: TN Zip Code: 38017-395

Purpose of Expenditure: Social Media Management

Amount of Expenditure: \$ \$375.00 Date of Expenditure: \$ 7/31/2026

Business or Organization Name: Lauren Kimura Social Media **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 123 S. 1st Street City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Social Media Management

Amount of Expenditure: \$ \$700.00 Date of Expenditure: \$ 8/31/2026

Total Expenditures: \$ \$6,237.55

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$6,237.55

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: First Horizon Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 84 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: Paper Statement fee
Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 9/30/2026

Business or Organization Name: _____ **OR**
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: _____
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: _____
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: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ \$6,240.55

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

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
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/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Goddard

Address: 1294 Dubray Lake Circle City: Collierville State: TN Zip Code: 38017-395

Outstanding Loan Balance (Beginning) \$ \$0.00

Loans Received \$ \$50.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$50.00

Loan Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

Date of Loan: 7/18/2026

List all endorsers or guarantors for above loan (If more space is needed, 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: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
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/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Goddard

Address: 1294 Dubray Lake Circle City: Collierville State: TN Zip Code: 38017-395

Outstanding Loan Balance (Beginning) \$ \$50.00

Loans Received \$ \$100.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$150.00

Loan Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

Date of Loan: 7/8/2026

List all endorsers or guarantors for above loan (If more space is needed, 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: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
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/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Goddard

Address: 1294 Dubray Lake Circle City: Collierville State: TN Zip Code: 38017-395

Outstanding Loan Balance (Beginning) \$ \$150.00

Loans Received \$ \$5,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$5,150.00

Loan Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

Date of Loan: 7/20/2026

List all endorsers or guarantors for above loan (If more space is needed, 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: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Tim Goddard
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
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/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Goddard

Address: 1294 Dubray Lake Circle City: Collierville State: TN Zip Code: 38017-395

Outstanding Loan Balance (Beginning) \$ \$5,150.00

Loans Received \$ \$5,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$11,150.00

Loan Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

Date of Loan: 9/26/2026

List all endorsers or guarantors for above loan (If more space is needed, 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: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$5,350.00

Loans Received \$ \$10,150.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$16,500.00