CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/31/2026 2.a. Candidate or Committee Name: Christina Rosato

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 8025 Brightwater Way

City: Spring Hill State: TN Zip Code: 37174 Phone: _____

5. Candidate Home Address: 8025 Brightwater Way

City: Spring Hill State: TN Zip Code: 37174-325(Phone: 6154236219

Candidate Email Address: christinarosato77@gmail.com

6. Office Sought: (include district number, if applicable) County Commissioner - Dist 03

7. Name of Political Treasurer (may be candidate): Christina Rosato

Political Treasurer Email Address: christina@christinarosatofortn.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: 4/26/2026 End Date: 6/30/2026

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

-70D2-4744-A2D3-EB9,
07/31/26 - 9:38 AM

12. Summary:

a.	Balance On Hand Last Report	$ $1,205.46
b.	Total Receipts This Period	$ $1,599.47
c.	Total Disbursements This Period	$ $1,589.93
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $1,215.00
e.	Total Loans Outstanding	$ $20.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Christina Rosato

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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) ..... $ $1,599.47

c. Loans Received This Reporting Period ..... $ _____

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.) ..... $ $1,599.47

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $1,589.93
(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.) ..... $ $1,589.93

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ _____

b. Itemized In-Kind Contributions Received This Period ..... $ $150.00

c. Total In-Kind Contributions Received This Period ..... $ $150.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: Sarah Middle Name: _____ Last Name: Farnet

Address: PO Box 1727 City: Fayetteville State: AR Zip Code: 72703

Occupation: President Employer: Stafford And Associates

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $20.00 Date of Contribution: 5/1/2026 Aggregate This Election: $ $80.00

Business or Organization Name: _____ **OR**

First Name: Teresa Middle Name: _____ Last Name: Mai

Address: 3201 Nicole Drive City: Spring Hill State: TN Zip Code: 37174

Occupation: Attorney Employer: Morgan & Morgan

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $6.00 Date of Contribution: 5/4/2026 Aggregate This Election: $ $55.00

Business or Organization Name: _____ **OR**

First Name: Katie Middle Name: _____ Last Name: Edwards

Address: 134 Allenhurst Circle City: Franklin State: TN Zip Code: 37067

Occupation: Not employed Employer: Not employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $10.00 Date of Contribution: 5/10/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Becca Middle Name: _____ Last Name: Ripley

Address: 2775 Hillsboro Rd City: Brentwood State: TN Zip Code: 37027

Occupation: Business Owner Employer: Globe Trotter Properties

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 5/13/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $86.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $86.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jody Middle Name: _____ Last Name: Smith

Address: 608 Hampden Court City: Franklin State: TN Zip Code: 37069

Occupation: Nurse Practitioner Employer: Vanderbilt

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 5/20/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Kara Middle Name: _____ Last Name: Pacholski

Address: 1926 Portway Rd City: Spring Hill State: TN Zip Code: 37174

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $10.00 Date of Contribution: 5/20/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: _____ Last Name: Sachan

Address: 9115 Concord Hunt Circle City: Brentwood State: TN Zip Code: 37027

Occupation: Not employed Employer: Not employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $10.00 Date of Contribution: 5/21/2026 Aggregate This Election: $ $30.00

Business or Organization Name: _____ **OR**

First Name: Pam Middle Name: _____ Last Name: Reese

Address: 317 Highland Ave City: Franklin State: TN Zip Code: 37064

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 5/25/2026 Aggregate This Election: $ $250.00

Total Contributions: $ $206.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $206.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sarah Middle Name: _____ Last Name: Farnet

Address: PO Box 1727 City: Fayetteville State: AR Zip Code: 72703

Occupation: President Employer: Stafford And Associates

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $20.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $80.00

Business or Organization Name: _____ **OR**

First Name: Elizabeth Middle Name: _____ Last Name: Wanczak

Address: 3130 bush drive City: Franklin State: TN Zip Code: 37064

Occupation: Substitute teacher Employer: Staff EZ

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $5.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Patricia Middle Name: _____ Last Name: Patts

Address: 120 Stable Rd City: Franklin State: TN Zip Code: 37069

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $5.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Maria Middle Name: _____ Last Name: Campbell

Address: 577 Marigold Dr City: Franklin State: TN Zip Code: 37064

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $10.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $60.00

Total Contributions: $ $246.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $246.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Megan Middle Name: _____ Last Name: Cruzen

Address: 1972 Allerton Way City: Spring Hill State: TN Zip Code: 37174

Occupation: Software Engineer Employer: Mazzetti

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$25.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $60.00

Business or Organization Name: _____ **OR**

First Name: Leisa Middle Name: _____ Last Name: Wamsley

Address: 5023 Viola Lane City: Franklin State: TN Zip Code: 37069

Occupation: COO Employer: Goodwill of Middle TN

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$25.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $275.00

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: _____ Last Name: Watson

Address: 7013 Kidman Ln City: Spring Hill State: TN Zip Code: 37174

Occupation: Retail Employer: Self

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$25.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Kimberly Middle Name: _____ Last Name: McAmis

Address: 1301 Pemberton Heights Dr City: Franklin State: TN Zip Code: 37067

Occupation: Education Administration Employer: Montgomery Bell Academy

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$10.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $10.00

Total Contributions: $ $331.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $331.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Kim Middle Name: _____ Last Name: Pelletier

Address: 2052 Turning Wheel Lane City: Franklin State: TN Zip Code: 37067

Occupation: Operations Manager Employer: Marketbridge

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$5.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $5.00

Business or Organization Name: _____ **OR**

First Name: Michelle Middle Name: _____ Last Name: Hatcher

Address: 3075 Boxbury Lane City: Spring Hill State: TN Zip Code: 37174

Occupation: Engineer Employer: City

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$5.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $5.00

Business or Organization Name: _____ **OR**

First Name: Kristina Middle Name: _____ Last Name: Counts

Address: 1312 Pemberton Heights Dr City: Franklin State: TN Zip Code: 37067

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$1.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $6.00

Business or Organization Name: _____ **OR**

First Name: Jody Middle Name: _____ Last Name: Wallace

Address: 2789 Lafayette Drive City: Thompsons Station State: TN Zip Code: 37179

Occupation: Author Employer: Jody Wallace

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$20.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $20.00

Total Contributions: $ $362.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $362.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Victoria Middle Name: _____ Last Name: Bechet

Address: 1502 Gray Fox Lane City: Spring Hill State: TN Zip Code: 37174

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $20.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Megan Middle Name: _____ Last Name: Griffin

Address: 1104 Warrior Drive City: Franklin State: TN Zip Code: 37064

Occupation: Childcare Employer: Nurturing Imaginations

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $3.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $3.00

Business or Organization Name: _____ **OR**

First Name: MARYELLEN Middle Name: _____ Last Name: MCLEOD

Address: 7120 Pepper Tree Cir City: Fairview State: TN Zip Code: 37062

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $25.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Delikat

Address: 459 Essex Park Circle City: Franklin State: TN Zip Code: 37069

Occupation: Researcher Employer: Vanderbilt

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $20.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $20.00

Total Contributions: $ $430.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $430.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Kristine Middle Name: _____ Last Name: Lowder

Address: 303 Larkspur Cove City: Franklin State: TN Zip Code: 37064

Occupation: CPA Employer: Christ Community Church

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$1.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $2.00

Business or Organization Name: _____ **OR**

First Name: Anita Middle Name: _____ Last Name: Fowler

Address: 2660 Benington Pl City: Nolensville State: TN Zip Code: 37135

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$10.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Rachael Middle Name: _____ Last Name: Kimbler

Address: 2120 Ravenscourt Dr City: Thompsons Station State: TN Zip Code: 37179

Occupation: Consultant Employer: Self employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$5.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $5.00

Business or Organization Name: _____ **OR**

First Name: Ashley Middle Name: _____ Last Name: Webster

Address: 2248 Winder Circle City: Franklin State: TN Zip Code: 37064

Occupation: Communication Strategist Employer: Pinnacle Financial Partners

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$1.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $6.00

Total Contributions: $ $447.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $447.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Andrea Middle Name: _____ Last Name: Presley

Address: 113 Brentwood Pt City: Brentwood State: TN Zip Code: 37027

Occupation: Manager Employer: SPX Technologies

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$5.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $5.00

Business or Organization Name: _____ **OR**

First Name: Leslie Middle Name: _____ Last Name: Copeland

Address: 3057 Trotters Ln City: Franklin State: TN Zip Code: 37067

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$5.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $5.00

Business or Organization Name: _____ **OR**

First Name: Jacqueline Middle Name: _____ Last Name: AuBuchon

Address: 1465 BERN DR City: Spring Hill State: TN Zip Code: 37174

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$10.00 Date of Contribution: 6/2/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Teresa Middle Name: _____ Last Name: Mai

Address: 3201 Nicole Drive City: Spring Hill State: TN Zip Code: 37174

Occupation: Attorney Employer: Morgan & Morgan

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$6.00 Date of Contribution: 6/4/2026 Aggregate This Election: $ $55.00

Total Contributions: $ $473.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $473.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Mehak Middle Name: _____ Last Name: Dewji

Address: 2012 Via Francesco Ct City: Spring Hill State: TN Zip Code: 37174

Occupation: Private chef Employer: Self employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $10.00 Date of Contribution: 6/4/2026 Aggregate This Election: $ $60.00

Business or Organization Name: _____ **OR**

First Name: Pam Middle Name: _____ Last Name: Reese

Address: 317 Highland Ave City: Franklin State: TN Zip Code: 37064

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 6/16/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Jessica Middle Name: _____ Last Name: Limbird

Address: 802 Franklin Ave City: Lewisburg State: TN Zip Code: 37091

Occupation: Consultant Employer: Confluence Consulting

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $25.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Brewington

Address: 2020 Morton Dr City: Spring Hill State: TN Zip Code: 37174

Occupation: Tech Specialist Employer: Metro Water Services

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $150.00

Total Contributions: $ $608.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $608.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Russell Middle Name: _____ Last Name: McCormick

Address: 352 Cannonade Cir City: Franklin State: TN Zip Code: 37069

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $85.00

Business or Organization Name: _____ **OR**

First Name: Betsy Middle Name: _____ Last Name: Crow

Address: 1709 Cason Lane Apt 2101 City: Murfreesboro State: TN Zip Code: 37128

Occupation: Attorney Employer: State

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Andrea Middle Name: _____ Last Name: Dyer

Address: 4319 forestbrook dr City: Liverpool State: NY Zip Code: 13090

Occupation: Self Employer: Andrea Dyer

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Suzanne Middle Name: _____ Last Name: Kamp

Address: 123 Baker Springs Ln City: Spring Hill State: TN Zip Code: 37174

Occupation: Director of Quality Employer: HCA

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $25.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $783.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $783.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Suzanne Middle Name: _____ Last Name: Kamp

Address: 123 Baker Springs Ln City: Spring Hill State: TN Zip Code: 37174

Occupation: Director of Quality Employer: HCA

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $25.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Angela Middle Name: _____ Last Name: Allen

Address: 1740 Shane Dr City: Spring Hill State: TN Zip Code: 37174

Occupation: Custodian Employer: Williamson county government

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $25.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Leisa Middle Name: _____ Last Name: Wamsley

Address: 5023 Viola Lane City: Franklin State: TN Zip Code: 37069

Occupation: COO Employer: Goodwill of Middle TN

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $100.00 Date of Contribution: 6/17/2026 Aggregate This Election: $ $275.00

Business or Organization Name: _____ **OR**

First Name: Elizabeth Middle Name: _____ Last Name: Riley

Address: 2024 Winona Way City: Lexington State: KY Zip Code: 40503

Occupation: Chief Analytics Officer Employer: Center for the Helping Professions

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $100.00 Date of Contribution: 6/18/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $1,033.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,033.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Margery Middle Name: _____ Last Name: Gildner

Address: 2723 Vinings Oak Dr SE City: Atlanta State: GA Zip Code: 30339

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 6/18/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Tiffany Middle Name: _____ Last Name: Lindsey

Address: 812 McKinley Pointe Ln City: Farragut State: TN Zip Code: 37934

Occupation: COO Employer: Center for the Helping Professions

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $100.00 Date of Contribution: 6/18/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Cull

Address: 812 Nanearle Place City: Nashville State: TN Zip Code: 37220

Occupation: CEO Employer: Center for the Helping Professions

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $100.00 Date of Contribution: 6/18/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Dallas

Address: 1608 Mary Ct City: Columbia State: TN Zip Code: 38401

Occupation: Database Admin Employer: Vanderbilt University Medical Center

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $10.00 Date of Contribution: 6/18/2026 Aggregate This Election: $ $10.00

Total Contributions: $ $1,293.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,293.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: **OR**

First Name: Robin Middle Name: Last Name: Neal

Address: 1064 Achiever Circle City: Spring Hill State: TN Zip Code: 37174

Occupation: Dietitian Employer: Startup

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$50.00 Date of Contribution: 6/18/2026 Aggregate This Election: $ $350.00

Business or Organization Name: **OR**

First Name: Patricia Middle Name: Last Name: Patts

Address: 120 Stable Rd City: Franklin State: TN Zip Code: 37069

Occupation: Dog walker Employer: Self

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$5.00 Date of Contribution: 6/19/2026 Aggregate This Election: $ $10.00

Business or Organization Name: **OR**

First Name: Cheryl Middle Name: Last Name: Sachan

Address: 9115 Concord Hunt Circle City: Brentwood State: TN Zip Code: 37027

Occupation: Not employed Employer: Not employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$10.00 Date of Contribution: 6/21/2026 Aggregate This Election: $ $30.00

Business or Organization Name: **OR**

First Name: Jennifer Middle Name: Last Name: Watson

Address: 2209 Kline Ave City: Nashville State: TN Zip Code: 37211

Occupation: Engineer Employer: Engineered Solutions Inc

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$2.38 Date of Contribution: 6/23/2026 Aggregate This Election: $ $2.38

Total Contributions: $ $1,360.38

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,360.38

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Katrina Middle Name: _____ Last Name: Green

Address: 407 Bushnell St City: Nashville State: TN Zip Code: 37206

Occupation: doctor Employer: EmCare

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $4.55 Date of Contribution: 6/23/2026 Aggregate This Election: $ $4.55

Business or Organization Name: _____ **OR**

First Name: Debra Middle Name: _____ Last Name: Goad

Address: 1401 Harrison Rd City: Murfreesboro State: TN Zip Code: 37128

Occupation: Admin Employer: ESI

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $4.54 Date of Contribution: 6/23/2026 Aggregate This Election: $ $4.54

Business or Organization Name: _____ **OR**

First Name: Jessie Middle Name: _____ Last Name: Goodwin

Address: 3125 Traviston Drive City: Franklin State: TN Zip Code: 37064

Occupation: IT services Employer: Spinnaker Support

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $25.00 Date of Contribution: 6/23/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Joni Middle Name: _____ Last Name: Cochran

Address: 1071 Holland Ridge Way City: Lebanon State: TN Zip Code: 37090

Occupation: Retired Employer: Retired

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $5.00 Date of Contribution: 6/24/2026 Aggregate This Election: $ $5.00

Total Contributions: $ $1,399.47

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,399.47

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: William Middle Name: A Last Name: Parsons Jr

Address: 1019 Rural Plains Circle City: Franklin State: TN Zip Code: 37064

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$25.00 Date of Contribution: 6/25/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Russell Middle Name: _____ Last Name: McCormick

Address: 352 Cannonade Cir City: Franklin State: TN Zip Code: 37069

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$25.00 Date of Contribution: 6/26/2026 Aggregate This Election: $ $85.00

Business or Organization Name: Williamson County Democratic Women **OR**

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

Address: PO Box 68128 City: Franklin State: TN Zip Code: 37068

Occupation: Organization Employer: Williamson County Democratic Women

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$100.00 Date of Contribution: 6/1/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Lisa Middle Name: _____ Last Name: Wamsley

Address: 5023 Viola Lane City: Franklin State: TN Zip Code: 37069

Occupation: COO Employer: Goodwill of Middle TN

Contribution Received For: ■Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: $$50.00 Date of Contribution: 4/27/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $1,599.47

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: Brandy Middle Name: ______ Last Name: Klebs-Bolf
Address: 2974 Stewart Campbell Pt City: Spring Hill State: TN Zip Code: 37174
Occupation: Caterer Employer: Self
In-Kind Contribution Received For: Primary Election ■ General Election Runoff (Local Elections Only)
In-Kind Contribution Value: $ $150.00 In-Kind Contribution Date: 7/11/2026 Aggregate This Election: $ $150.00
Description of In-Kind Contribution: Charcuterie Board

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: $ $150.00
(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.67 Date of Expenditure: $ 5/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.36 Date of Expenditure: $ 5/4/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 5/10/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.33 Date of Expenditure: $ 5/13/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.33 Date of Expenditure: $ 5/20/2026

Total Expenditures: $ $4.14

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $4.14

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 5/20/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 5/21/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.33 Date of Expenditure: $ 5/25/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.67 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/1/2026

Total Expenditures: $ $7.38

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $7.38

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: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.45 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/1/2026

Total Expenditures: $ $10.51
(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $10.51

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.25 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.67 Date of Expenditure: $ 6/1/2026

Total Expenditures: $ $12.56

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $12.56

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.67 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.30 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.67 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.25 Date of Expenditure: $ 6/2/2026

Total Expenditures: $ $15.23

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $15.23

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.25 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/2/2026

Total Expenditures: $ $16.95

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $16.95

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.36 Date of Expenditure: $ 6/4/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 6/4/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.33 Date of Expenditure: $ 6/16/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/17/2026

Total Expenditures: $ $20.32

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $20.32

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: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $1.33 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $1.33 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $1.33 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $1.33 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/17/2026

Total Expenditures: $ $26.42
(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $26.42

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $2.43 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $2.43 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.33 Date of Expenditure: $ 6/18/2026

Total Expenditures: $ $34.17

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $34.17

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $2.43 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $2.43 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.33 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/19/2026

Total Expenditures: $ $41.15

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $41.15

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 6/21/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.28 Date of Expenditure: $ 6/23/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.33 Date of Expenditure: $ 6/23/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.33 Date of Expenditure: $ 6/23/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/23/2026

Total Expenditures: $ $43.32

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $43.32

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.34 Date of Expenditure: $ 6/24/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/25/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.78 Date of Expenditure: $ 6/26/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.21 Date of Expenditure: $ 5/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.07 Date of Expenditure: $ 5/4/2026

Total Expenditures: $ $45.50

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $45.50

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 5/10/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 5/13/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 5/20/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 5/20/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 5/21/2026

Total Expenditures: $ $46.89

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $46.89

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 5/25/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.21 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 6/1/2026

Total Expenditures: $ $47.86

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $47.86

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: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.11 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/1/2026

Total Expenditures: $ $48.84
(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $48.84

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.02 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.21 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.21 Date of Expenditure: $ 6/1/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.04 Date of Expenditure: $ 6/1/2026

Total Expenditures: $ $49.38

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $49.38

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.21 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.02 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/2/2026

Total Expenditures: $ $50.05

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $50.05

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.02 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 6/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.07 Date of Expenditure: $ 6/4/2026

Total Expenditures: $ $50.37

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $50.37

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 6/4/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 6/16/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 6/17/2026

Total Expenditures: $ $52.34

(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: Christina Rosato
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ $52.34

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: ActBlue **OR**
First Name: Middle Name: Last Name:
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.53 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**
First Name: Middle Name: Last Name:
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.53 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**
First Name: Middle Name: Last Name:
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**
First Name: Middle Name: Last Name:
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**
First Name: Middle Name: Last Name:
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/17/2026

Total Expenditures: $ $54.21
(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $54.21

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 6/17/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 6/18/2026

Total Expenditures: $ $58.94

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $58.94

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/19/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.11 Date of Expenditure: $ 6/21/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.03 Date of Expenditure: $ 6/23/2026

Total Expenditures: $ $59.78

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $59.78

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.05 Date of Expenditure: $ 6/23/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.05 Date of Expenditure: $ 6/23/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/23/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.06 Date of Expenditure: $ 6/24/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/25/2026

Total Expenditures: $ $60.48

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $60.48

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.27 Date of Expenditure: $ 6/26/2026

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

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

Address: 14550 Beechnut Street City: Houston State: TX Zip Code: 02144

Purpose of Expenditure: T-shirts and buttons

Amount of Expenditure: $ $137.04 Date of Expenditure: $ 4/27/2026

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

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

Address: 10210 W Broad Street City: Glen Allen State: VA Zip Code: 02144

Purpose of Expenditure: T-shirts

Amount of Expenditure: $ $26.60 Date of Expenditure: $ 5/15/2026

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

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

Address: 10210 W Broad Street City: Glen Allen State: VA Zip Code: 02144

Purpose of Expenditure: T-shirts

Amount of Expenditure: $ $27.94 Date of Expenditure: $ 5/15/2026

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

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

Address: 10210 W Broad Street City: Glen Allen State: VA Zip Code: 02144

Purpose of Expenditure: T-shirts

Amount of Expenditure: $ $27.73 Date of Expenditure: $ 5/15/2026

Total Expenditures: $ $280.06

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $280.06

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: Walmart **OR**

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

Address: 4959 Main St City: Spring Hill State: TN Zip Code: 37174

Purpose of Expenditure: Notebook and pens

Amount of Expenditure: $ $9.81 Date of Expenditure: $ 5/18/2026

Business or Organization Name: CVS **OR**

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

Address: 4805 Columbia Pike City: Thompsons Station State: TN Zip Code: 37179

Purpose of Expenditure: Flyer Printing

Amount of Expenditure: $ $31.54 Date of Expenditure: $ 5/18/2026

Business or Organization Name: Canva Pty Ltd **OR**

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

Address: 110 Kippax St City: NSW State: Aus Zip Code: 02010

Purpose of Expenditure: Campaign stickers

Amount of Expenditure: $ $173.41 Date of Expenditure: $ 5/26/2026

Business or Organization Name: Printing Etc **OR**

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

Address: 1411 S Dickerson Road City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Palm Cards and Yard signs

Amount of Expenditure: $ $845.03 Date of Expenditure: $ 5/27/2026

Business or Organization Name: Printing Etc **OR**

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

Address: 1411 S Dickerson Road City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Palm Cards

Amount of Expenditure: $ $232.64 Date of Expenditure: $ 6/30/2026

Total Expenditures: $ $1,572.49

(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: Christina Rosato

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,572.49

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: FedEx Office Print & Ship Center **OR**

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

Address: 4959 Main St City: Spring Hill State: TN Zip Code: 37174

Purpose of Expenditure: Printing

Amount of Expenditure: $ $15.58 Date of Expenditure: $ 6/30/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $1.33 Date of Expenditure: $ 4/27/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Donation processing fee

Amount of Expenditure: $ $0.53 Date of Expenditure: $ 4/27/2026

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: $ _____

Total Expenditures: $ $1,589.93

(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: Christina Rosato
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: Christina Middle Name: Marie Last Name: Rosato

Address: 8025 Brightwater Way City: Spring Hill State: TN Zip Code: 37174-325

Outstanding Loan Balance (Beginning) .... $ $20.00

Loans Received .... $ $0.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $20.00

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

Date of Loan: 1/30/2026

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) .... $ $20.00

Loans Received .... $ $0.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $20.00