CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/28/2026 2.a. Candidate or Committee Name: Aaron Smith

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

4. Campaign Address: 1036 Pine Creek Dr

City: Arrington State: TN Zip Code: 37014 Phone: _____

5. Candidate Home Address: 1036 Pine Creek Drive

City: Arrington State: TN Zip Code: 37014 Phone: 6152934623

Candidate Email Address: adsmith411@gmail.com

6. Office Sought: (include district number, if applicable) County Commissioner - Dist 05

7. Name of Political Treasurer (may be candidate): Aaron Smith

Political Treasurer Email Address: adsmith411@gmail.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☑ Pre-General

☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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
		AA6F-4BC5-A8FA-69FC 07/28/26 - 3:20 PM	
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $7,712.23
b.	Total Receipts This Period	$ $2,941.85
c.	Total Disbursements This Period	$ $8,976.58
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $1,677.50
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Aaron Smith

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ $175.00
(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) ..... $ $2,766.85

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.) ..... $ $2,941.85

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $8,976.58
(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.) ..... $ $8,976.58

17. In-Kind Contributions:

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

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

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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: Eileen Middle Name: _____ Last Name: Wolf

Address: 204 Milner Court City: Nolensville State: TN Zip Code: 37135

Occupation: Exec asst Employer: Providence

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

Amount of Contribution: $ $21.85 Date of Contribution: 7/3/2026 Aggregate This Election: $ $21.85

Business or Organization Name: _____ **OR**

First Name: Chandani Middle Name: _____ Last Name: Patel Thompson

Address: 3417 Goyak Dr City: Lafayette State: CA Zip Code: 94549

Occupation: Founder Employer: Self

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

Amount of Contribution: $ $10.00 Date of Contribution: 7/9/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Megan Middle Name: _____ Last Name: Pollack

Address: 7028 Lampkins Crossing Dr City: College Grove State: TN Zip Code: 37046

Occupation: Pharmacist Employer: Prime

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

Amount of Contribution: $ $50.00 Date of Contribution: 7/9/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Jenny Middle Name: _____ Last Name: Reynolds

Address: 2142 New Castle Rd City: Arrington State: TN Zip Code: 37014

Occupation: Registered nurse Employer: Williamson county schools

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

Amount of Contribution: $ $50.00 Date of Contribution: 7/12/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $131.85

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $131.85

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Damon Middle Name: _____ Last Name: Rogers

Address: 431 Boyd Mill Avenue 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: $$100.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $100.00

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: 7/13/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Scott A Middle Name: _____ Last Name: Peek

Address: 1701 Muirwood Blvd City: Murfreesboro State: TN Zip Code: 37128

Occupation: Corporation communications Employer: Optum

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

Amount of Contribution: $$50.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Andrea Middle Name: _____ Last Name: Madison

Address: 1247 Creekside Drive City: Nolensville State: TN Zip Code: 37135

Occupation: HRIS Manager Employer: Bridgestone

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

Amount of Contribution: $$50.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $356.85

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $356.85

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Tammy Middle Name: _____ Last Name: Steller

Address: 500 W Midway Boulevard City: Broomfield State: CO Zip Code: 80020

Occupation: Agent Employer: Self

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

Amount of Contribution: $ $50.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Indya Middle Name: _____ Last Name: Furlong

Address: 321 Baronswood Dr City: Nolensville State: TN Zip Code: 37135

Occupation: Teacher Employer: Wcs

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

Amount of Contribution: $ $50.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Kathryn Middle Name: _____ Last Name: Shyamsunder

Address: 205 Bent Creek Trace City: Nolensville State: TN Zip Code: 37135

Occupation: Teacher Employer: WCS

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

Amount of Contribution: $ $50.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Peta-Gaye Middle Name: _____ Last Name: Clough

Address: 644 Dunmeyer Court City: Nolensville State: TN Zip Code: 37135

Occupation: VP Corporate Finance Employer: WellPath

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

Amount of Contribution: $ $10.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $10.00

Total Contributions: $ $516.85

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $516.85

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Ruth Middle Name: _____ Last Name: Osburn

Address: 2832 McCanless Rd 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: $ $25.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Sarah Middle Name: _____ Last Name: Simonovich

Address: 7105 Newfields Court City: College Grove State: TN Zip Code: 37046

Occupation: University Employer: University

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

Amount of Contribution: $ $50.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Joseph Middle Name: _____ Last Name: Curtsinger

Address: 7380 Nolensville Rd City: Nolensville State: TN Zip Code: 37135

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $100.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $100.00

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

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

Address: PO Box 681285 City: Franklin State: TN Zip Code: 37068

Occupation: County Party Employer: N/A

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

Amount of Contribution: $ $2,000.0 Date of Contribution: 7/16/2026 Aggregate This Election: $ $2,000.0

Total Contributions: $ $2,691.85

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $2,691.85

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Bridgett Middle Name: _____ Last Name: Wilson

Address: 1275 Countryside Dr City: Nolensville State: TN Zip Code: 37135

Occupation: Self employeed Employer: Self employeed

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

Amount of Contribution: $$10.00 Date of Contribution: 7/19/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Laura Middle Name: _____ Last Name: Lambrecht

Address: 1401 Jersey Farm Rd City: Nolensville State: TN Zip Code: 37135

Occupation: Manager Employer: Informa

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

Amount of Contribution: $$25.00 Date of Contribution: 7/19/2026 Aggregate This Election: $ $25.00

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: 7/21/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Jeff Middle Name: _____ Last Name: Franklin

Address: 328 Bournemouth Lane City: Hermitage State: TN Zip Code: 37076

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: 7/24/2026 Aggregate This Election: $ $5.00

Total Contributions: $ $2,741.85

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $2,741.85

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ____________ **OR**

First Name: Rickey Middle Name: ____________ Last Name: Spurlock

Address: 8353 Parkfield Dr City: Nolensville State: TN Zip Code: 37135

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $25.00 Date of Contribution: 7/24/2026 Aggregate This Election: $ $25.00

Business or Organization Name: ____________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Occupation: ____________ Employer: ____________

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

Amount of Contribution: $____________ Date of Contribution: ____________ Aggregate This Election: $ ____________

Business or Organization Name: ____________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Occupation: ____________ Employer: ____________

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

Amount of Contribution: $____________ Date of Contribution: ____________ Aggregate This Election: $ ____________

Business or Organization Name: ____________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Occupation: ____________ Employer: ____________

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

Amount of Contribution: $____________ Date of Contribution: ____________ Aggregate This Election: $ ____________

Total Contributions: $ $2,766.85

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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: Williamson County Democratic Party **OR**

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

Address: PO Box 681285 City: Franklin State: TN Zip Code: 37068

Purpose of Expenditure: Contribution

Amount of Expenditure: $ $2,540.00 Date of Expenditure: $ 7/2/2026

Business or Organization Name: John The Printer **OR**

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

Address: 152 Evergreen Cir City: Hendersonville State: TN Zip Code: 37075

Purpose of Expenditure: Campaign Buttons

Amount of Expenditure: $ $186.52 Date of Expenditure: $ 7/3/2026

Business or Organization Name: Zazzle Inc **OR**

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

Address: 1200 Chestnut St City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Stickers

Amount of Expenditure: $ $93.60 Date of Expenditure: $ 7/7/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $0.56 Date of Expenditure: $ 7/9/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 7/9/2026

Total Expenditures: $ $2,822.54

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2,822.54

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: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 7/12/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $3.48 Date of Expenditure: $ 7/13/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 7/13/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 7/13/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 7/13/2026

Total Expenditures: $ $2,832.65

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2,832.65

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: Act Blue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Fee & Stripe Fee
Amount of Expenditure: $ $1.86 Date of Expenditure: $ 7/13/2026

Business or Organization Name: Act Blue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Fee & Stripe Fee
Amount of Expenditure: $ $1.86 Date of Expenditure: $ 7/13/2026

Business or Organization Name: Act Blue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Fee & Stripe Fee
Amount of Expenditure: $ $1.86 Date of Expenditure: $ 7/13/2026

Business or Organization Name: Act Blue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Fee & Stripe Fee
Amount of Expenditure: $ $0.56 Date of Expenditure: $ 7/13/2026

Business or Organization Name: Act Blue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Fee & Stripe Fee
Amount of Expenditure: $ $1.05 Date of Expenditure: $ 7/13/2026

Total Expenditures: $ $2,839.84
(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2,839.84

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: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 7/13/2026

Business or Organization Name: PC Signs **OR**

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

Address: 2534 Commerce Blvd City: Cincinnati State: OH Zip Code: 45241

Purpose of Expenditure: Yard Signs

Amount of Expenditure: $ $400.71 Date of Expenditure: $ 7/13/2026

Business or Organization Name: Corsair Communications LLC **OR**

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

Address: PO Box 210461 City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: Digital Campaign Ads

Amount of Expenditure: $ $2,500.00 Date of Expenditure: $ 7/15/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $0.56 Date of Expenditure: $ 7/19/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 7/19/2026

Total Expenditures: $ $5,744.02

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $5,744.02

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: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $0.56 Date of Expenditure: $ 7/21/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $0.40 Date of Expenditure: $ 7/24/2026

Business or Organization Name: Act Blue **OR**

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

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

Purpose of Expenditure: Fee & Stripe Fee

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 7/24/2026

Business or Organization Name: Wix **OR**

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

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

Purpose of Expenditure: Website & domain

Amount of Expenditure: $ $35.55 Date of Expenditure: $ 7/22/2026

Business or Organization Name: Gaglers Inc **OR**

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

Address: 2093 Philadelphia Pk #7468 City: Claymont State: DE Zip Code: 19703

Purpose of Expenditure: Campaign Phone Banking

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 7/25/2026

Total Expenditures: $ $5,881.58

(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: Aaron Smith

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $5,881.58

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

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

First Name: ______ Middle Name: ______ Last Name: ______

Address: PO Box 3554 City: Washington State: DC Zip Code: 20007

Purpose of Expenditure: Campaign Texting Verification

Amount of Expenditure: $ $95.00 Date of Expenditure: $ 7/27/2026

Business or Organization Name: Corsair Communications LLC **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: PO Box 210461 City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: Digital Campaign Ads

Amount of Expenditure: $ $3,000.00 Date of Expenditure: $ 7/27/2026

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: $ ______

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: $ $8,976.58

(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.)