CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/30/2026 2.a. Candidate or Committee Name: Guy W Carden

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

4. Campaign Address: 3019 Gari Baldi Way

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

5. Candidate Home Address: 3019 Gari Baldi Way

City: Spring Hill State: TN Zip Code: 37174 Phone: 6158876340

Candidate Email Address: guycarden@gmail.com

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

7. Name of Political Treasurer (may be candidate): Katherine Carden

Political Treasurer Email Address: katherinelcarden@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
Witness Signature	Date	Witness Signature	Date

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07/30/26 - 6:13 PM

12. Summary:

a.	Balance On Hand Last Report	$ $1,400.98
b.	Total Receipts This Period	$ $1,400.00
c.	Total Disbursements This Period	$ $1,753.06
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $1,047.92
e.	Total Loans Outstanding	$ $2,000.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Guy W Carden

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) ..... $ _____
(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) ..... $ $1,400.00

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.) ..... $ $1,400.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $1,753.06
(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.) ..... $ $1,753.06

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $250.00

c. Total In-Kind Contributions Received This Period ..... $ $250.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Guy W Carden

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: Thomas Middle Name: _____ Last Name: Tunicliffe

Address: 301 Foxborough SW City: Brentwood State: TN Zip Code: 37027

Occupation: Commissioner Employer: Williamson County

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

Amount of Contribution: $ $100.00 Date of Contribution: 7/2/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Montgomery

Address: 1021 Via Francesco Way City: Spring Hill State: TN Zip Code: 37174

Occupation: Training Coordinator Employer: BPD

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

Amount of Contribution: $ $100.00 Date of Contribution: 7/8/2026 Aggregate This Election: $ $100.00

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

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

Address: 725 Cool Springs Blvd City: Franklin State: TN Zip Code: 37064

Occupation: NA Employer: NA

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 7/14/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: Jason Middle Name: _____ Last Name: Gadbury

Address: 6730 Owen Hill Rd City: College Grove State: TN Zip Code: 37064

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $200.00 Date of Contribution: 7/19/2026 Aggregate This Election: $ $200.00

Total Contributions: $ $1,400.00

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

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Guy W Carden

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

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: Charles Middle Name: _____ Last Name: Jackson

Address: 421 Perkins Drive City: Franklin State: TN Zip Code: 37064

Occupation: Retired Employer: Retired

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

In-Kind Contribution Value: $$250.00 In-Kind Contribution Date: 7/1/2026 Aggregate This Election: $ $250.00

Description of In-Kind Contribution: WAKM Campaign Radio Ad

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: $ $250.00

(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: Guy W Carden

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: Staples **OR**

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

Address: 2000 Mallory Lane Ste 290 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Push Cards

Amount of Expenditure: $ $51.35 Date of Expenditure: $ 7/18/2026

Business or Organization Name: Anedot Fee **OR**

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

Address: 1201 W Peachtree St NW City: Atlanta State: GA Zip Code: 30309

Purpose of Expenditure: Online Donation Fee - Gadbury

Amount of Expenditure: $ $8.30 Date of Expenditure: $ 7/19/2026

Business or Organization Name: Allegra Printing and Imaging **OR**

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

Address: 7104 Crossroads Blvd Ste 121 City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: Campaign Mailer

Amount of Expenditure: $ $1,066.45 Date of Expenditure: $ 7/21/2026

Business or Organization Name: Staples **OR**

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

Address: 2000 Mallory Lane Ste 290 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Push Cards

Amount of Expenditure: $ $39.50 Date of Expenditure: $ 7/25/2026

Business or Organization Name: THM Consulting **OR**

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

Address: 23971 64th Ave City: Mattawan State: MI Zip Code: 49071

Purpose of Expenditure: Campaign Text Messages

Amount of Expenditure: $ $116.82 Date of Expenditure: $ 7/27/2026

Total Expenditures: $ $1,282.42

(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: Guy W Carden

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) $ $1,282.42

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: Battle Ground Strategies **OR**

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

Address: PO Box 680805 City: Franklin State: TN Zip Code: 37068

Purpose of Expenditure: Design Fees / Text Messages

Amount of Expenditure: $ $470.64 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: $ _____

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: $ $1,753.06

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Guy W Carden

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

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: Guy Middle Name: _____ Last Name: Carden

Address: 3019 Gari Baldi Way City: Spring Hill State: TN Zip Code: 37174

Outstanding Loan Balance (Beginning) ..... $ $1,000.00

Loans Received ..... $ $0.00

Loan Payments ..... $ $0.00

Outstanding Loan (End) ..... $ $1,000.00

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

Date of Loan: 4/18/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) ..... $ _____

Loans Received ..... $ _____

Loan Payments ..... $ _____

Outstanding Loan (End) ..... $ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Guy W Carden

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

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: Kate Middle Name: _____ Last Name: Carden

Address: 3019 Gari Baldi Way City: Spring Hill State: TN Zip Code: 37174

Outstanding Loan Balance (Beginning) ..... $ $1,000.00

Loans Received ..... $ $0.00

Loan Payments ..... $ $0.00

Outstanding Loan (End) ..... $ $1,000.00

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

Date of Loan: 6/26/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) ..... $ $2,000.00

Loans Received ..... $ $0.00

Loan Payments ..... $ $0.00

Outstanding Loan (End) ..... $ $2,000.00