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: 6155163511

Candidate Email Address: christina@christinarosatofortn.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: 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.

-9E06-4138-A08B-C3B(
07/31/26 - 9:50 AM

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $1,215.00
b.	Total Receipts This Period	$ $2,189.85
c.	Total Disbursements This Period	$ $2,504.64
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $900.21
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: 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) ..... $ $2,169.85

c. Loans Received This Reporting Period ..... $ $20.00

d. Interest Received This Reporting Period ..... $ _____

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ $2,189.85

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $2,484.64
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ $20.00

c. Total Obligation Payments Made This Period ..... $ _____

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ $2,504.64

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: Christina Rosato

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: 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: 7/1/2026 Aggregate This Election: $ $15.00

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: $ $25.00 Date of Contribution: 7/1/2026 Aggregate This Election: $ $85.00

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: 7/1/2026 Aggregate This Election: $ $375.00

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: 7/1/2026 Aggregate This Election: $ $300.00

Total Contributions: $ $180.00

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $180.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Racheal Middle Name: _____ Last Name: Moore

Address: 2008 Flocking 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: $$5.00 Date of Contribution: 7/1/2026 Aggregate This Election: $ $5.00

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: 7/2/2026 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Aftyn Middle Name: _____ Last Name: Behn

Address: 1215 Forest Ave City: Nashville State: TN Zip Code: 37206

Occupation: Self-employed Employer: Self-employed

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

Amount of Contribution: $$2.28 Date of Contribution: 7/2/2026 Aggregate This Election: $ $2.28

Business or Organization Name: _____ **OR**

First Name: Temiika Middle Name: _____ Last Name: Gipson

Address: 8071 Chrysalis Cove City: Shelby County State: TN Zip Code: 38016

Occupation: Management Employer: City of Memphis

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

Amount of Contribution: $$2.27 Date of Contribution: 7/2/2026 Aggregate This Election: $ $2.27

Total Contributions: $ $199.55

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $199.55

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: **OR**

First Name: Rob Middle Name: Last Name: Ratton

Address: 3343 central avenue City: Memphis State: TN Zip Code: 38112

Occupation: Attorney Employer: Fedex

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

Amount of Contribution: $$2.27 Date of Contribution: 7/2/2026 Aggregate This Election: $ $2.27

Business or Organization Name: **OR**

First Name: Jodie Middle Name: Last Name: Shackelford

Address: 1181 Mccoury Ln 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: $$25.00 Date of Contribution: 7/2/2026 Aggregate This Election: $ $25.00

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: 7/4/2026 Aggregate This Election: $ $61.00

Business or Organization Name: **OR**

First Name: Lisa Middle Name: Last Name: Vella Puff

Address: 632 Freedom Place City: Nashville State: TN Zip Code: 37209

Occupation: Recruiter Employer: Self

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

Amount of Contribution: $$1.14 Date of Contribution: 7/5/2026 Aggregate This Election: $ $1.14

Total Contributions: $ $233.96

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $233.96

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jill Middle Name: _____ Last Name: obremskey

Address: 3609 Knollwood rd City: Nashville State: TN Zip Code: 37215

Occupation: Not employed Employer: Not employed

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

Amount of Contribution: $ $4.54 Date of Contribution: 7/5/2026 Aggregate This Election: $ $4.54

Business or Organization Name: _____ **OR**

First Name: Leigh Anne Middle Name: _____ Last Name: Duvall

Address: 1053 Ashmore dr City: Nashville State: TN Zip Code: 37211

Occupation: Sr database developer Employer: HealthStream

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

Amount of Contribution: $ $2.27 Date of Contribution: 7/6/2026 Aggregate This Election: $ $2.27

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: $ $10.00 Date of Contribution: 7/6/2026 Aggregate This Election: $ $70.00

Business or Organization Name: _____ **OR**

First Name: Susan Middle Name: _____ Last Name: Galeas

Address: 251 Summit Ridge Dr City: Nashville State: TN Zip Code: 37215

Occupation: CEO Employer: Family Center

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

Amount of Contribution: $ $2.27 Date of Contribution: 7/7/2026 Aggregate This Election: $ $2.27

Total Contributions: $ $253.04

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $253.04

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: _____ Last Name: Mayes

Address: 1632 Bridgecrest drive City: Antioch State: TN Zip Code: 37013

Occupation: Consultant Employer: My Toolbox Consulting

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

Amount of Contribution: $$2.27 Date of Contribution: 7/7/2026 Aggregate This Election: $ $2.27

Business or Organization Name: _____ **OR**

First Name: Catherine Middle Name: _____ Last Name: McMullan

Address: 1120 B N 5th Street Unit B2 City: Nashville State: TN Zip Code: 37207

Occupation: Nurse Practitioner Employer: VUMC

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

Amount of Contribution: $$2.27 Date of Contribution: 7/7/2026 Aggregate This Election: $ $2.27

Business or Organization Name: _____ **OR**

First Name: Jennifer Middle Name: _____ Last Name: Henderson-Rudling

Address: 3510 Lylewood Road City: Woodlawn State: TN Zip Code: 37191

Occupation: Teacher Employer: Dodea

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

Amount of Contribution: $$2.27 Date of Contribution: 7/7/2026 Aggregate This Election: $ $2.27

Business or Organization Name: _____ **OR**

First Name: Randall Middle Name: _____ Last Name: Lynn

Address: 1810 Covey Rise Ct City: Spring Hill State: TN Zip Code: 37174

Occupation: Maintenance Employer: Williamson County School District

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: $ $309.85

(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: Christina Rosato

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) $ $309.85

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $ $40.00

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

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

Address: 327 3rd Ave S City: Franklin State: TN Zip Code: 37064

Occupation: Organization Employer: Political Party

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

Amount of Contribution: $$1,750.0 Date of Contribution: 7/16/2026 Aggregate This Election: $ $1,850.0

Business or Organization Name: _____ **OR**

First Name: Sally Middle Name: _____ Last Name: Reber

Address: 6037 Cargile Road City: Nashville State: TN Zip Code: 37205

Occupation: Retired Employer: None

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

Amount of Contribution: $$100.00 Date of Contribution: 7/10/2026 Aggregate This Election: $ $100.00

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: $ _____

Total Contributions: $ $2,169.85

(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: Christina Rosato

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: 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: $ 7/3/2026

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: $ 7/3/2026

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: $ 7/3/2026

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: $ 7/3/2026

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: $ 7/3/2026

Total Expenditures: $ $1.97

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1.97

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: $ 7/6/2026

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: $ 7/6/2026

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: $ 7/6/2026

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: $ 7/6/2026

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: $ 7/6/2026

Total Expenditures: $ $2.44
(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2.44

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: $ $0.07 Date of Expenditure: $ 7/8/2026

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: $ 7/8/2026

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: $ 7/8/2026

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: $ 7/8/2026

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: $ 7/8/2026

Total Expenditures: $ $2.72

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2.72

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: $ $0.03 Date of Expenditure: $ 7/9/2026

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: $ 7/9/2026

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: $ 7/9/2026

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: $ 7/9/2026

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: $ 7/15/2026

Total Expenditures: $ $3.37
(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3.37

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: $ 7/23/2026

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: $ $0.34 Date of Expenditure: $ 7/3/2026

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: $ 7/3/2026

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: $ 7/3/2026

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: $ 7/3/2026

Total Expenditures: $ $8.36

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $8.36

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: $ 7/3/2026

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: $ 7/6/2026

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: $ 7/6/2026

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: $ 7/6/2026

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: $ 7/6/2026

Total Expenditures: $ $9.99
(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $9.99

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: $ 7/6/2026

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: $ 7/8/2026

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: $ $0.26 Date of Expenditure: $ 7/8/2026

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: $ 7/8/2026

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: $ 7/8/2026

Total Expenditures: $ $12.00

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $12.00

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: $ $0.45 Date of Expenditure: $ 7/8/2026

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: $ 7/9/2026

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: $ 7/9/2026

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: $ 7/9/2026

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: $ 7/9/2026

Total Expenditures: $ $13.57
(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $13.57

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: $ 7/15/2026

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: $ 7/23/2026

Business or Organization Name: Halacon Marketing **OR**

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

Address: 237 East 5th Street No 155 City: Eureka State: MO Zip Code: 63025

Purpose of Expenditure: Online Advertising

Amount of Expenditure: $ $1,000.00 Date of Expenditure: $ 7/27/2026

Business or Organization Name: _____ **OR**

First Name: Christina Middle Name: _____ Last Name: Rosato

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

Purpose of Expenditure: Loan repayment

Amount of Expenditure: $ $9.00 Date of Expenditure: $ 7/21/2026

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

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

Address: 1215 31st Street NW PO Box 355 City: Washington State: DC Zip Code: 20007

Purpose of Expenditure: Online Campaign Verification for online marketing and texting services

Amount of Expenditure: $ $95.00 Date of Expenditure: $ 7/21/2026

Total Expenditures: $ $1,119.35

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,119.35

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: Wix **OR**

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

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

Purpose of Expenditure: Website

Amount of Expenditure: $ $26.34 Date of Expenditure: $ 7/21/2026

Business or Organization Name: _____ **OR**

First Name: Whitney Middle Name: _____ Last Name: Graves

Address: 261 Noah Drive City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Online Content

Amount of Expenditure: $ $75.00 Date of Expenditure: $ 7/20/2026

Business or Organization Name: _____ **OR**

First Name: Whitney Middle Name: _____ Last Name: Graves

Address: 261 Noah Drive City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Online Content

Amount of Expenditure: $ $50.00 Date of Expenditure: $ 7/20/2026

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: Mailing

Amount of Expenditure: $ $800.77 Date of Expenditure: $ 7/20/2026

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: Mailing

Amount of Expenditure: $ $413.18 Date of Expenditure: $ 7/9/2026

Total Expenditures: $ $2,484.64

(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: 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: Christina Middle Name: Marie Last Name: Rosato

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

Outstanding Loan Balance (Beginning) ..... $ $0.00

Loans Received ..... $ $20.00

Loan Payments ..... $ $20.00

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: $ $0.00

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) ..... $ $0.00

Loans Received ..... $ $20.00

Loan Payments ..... $ $20.00

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