CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/8/2026 2.a. Candidate or Committee Name: Christina Rosato

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: 8025 Brightwater Way

City: Spring Hill State: TN Zip Code: 37174 Phone: 6154236219

5. Candidate Home Address: 8025 Brightwater Way

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

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: 1/1/2026 End Date: 3/31/2026

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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12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $1,321.00
c.	Total Disbursements This Period	$ $361.35
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $959.65
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: 1/1/2026 End Date: 3/31/2026

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) ..... $ $1,301.00

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.) ..... $ $1,321.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $361.35
(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.)..... $ $361.35

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: 1/1/2026 End Date: 3/31/2026

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: 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: $ $25.00 Date of Contribution: 2/4/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Misty Middle Name: _____ Last Name: Neeley

Address: 707 Glen Oaks Drive City: Mount Juliet State: TN Zip Code: 37122

Occupation: Social Worker Employer: State of Tennessee

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

Amount of Contribution: $ $100.00 Date of Contribution: 2/4/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Stephanie Middle Name: _____ Last Name: Sexton

Address: 1133 Matheus Dr City: Murfreesboro State: TN Zip Code: 37128

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: 2/4/2026 Aggregate This Election: $ $25.00

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: 2/4/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $250.00

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 1/1/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $250.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Alicia Middle Name: _____ Last Name: Hanne

Address: 9022 Safehaven place 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: $ $100.00 Date of Contribution: 2/4/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Amber Middle Name: _____ Last Name: Freeman

Address: 2000 Eagle Ct City: Spring Hill State: TN Zip Code: 37174

Occupation: Insurance Employer: Farmers Insurance

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

Amount of Contribution: $ $25.00 Date of Contribution: 2/4/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: _____ Last Name: Hudson

Address: 2615 Matchstick Place City: Spring Hill State: TN Zip Code: 37174

Occupation: Sales Employer: Canon USA

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

Amount of Contribution: $ $75.00 Date of Contribution: 2/4/2026 Aggregate This Election: $ $75.00

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: $ $50.00 Date of Contribution: 2/4/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $500.00

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Mara Middle Name: _____ Last Name: Childress

Address: 909 N Meadow Ln City: Nashville State: TN Zip Code: 37221

Occupation: Director Employer: Bloomberg LP

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

Amount of Contribution: $ $25.00 Date of Contribution: 2/5/2026 Aggregate This Election: $ $25.00

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: 9amHealth

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

Amount of Contribution: $ $300.00 Date of Contribution: 2/5/2026 Aggregate This Election: $ $300.00

Business or Organization Name: _____ **OR**

First Name: Erin Middle Name: _____ Last Name: Gribben

Address: 3090 Sakari Cir City: Spring Hill State: TN Zip Code: 37174

Occupation: Contracts Analyst Employer: Vanderbilt University

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

Amount of Contribution: $ $25.00 Date of Contribution: 2/5/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Christopher Middle Name: _____ Last Name: Erat

Address: 231 N 3rd St Apt 408 City: Philadelphia State: PA Zip Code: 19106

Occupation: Engineer Employer: Lockheed Martin

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

Amount of Contribution: $ $100.00 Date of Contribution: 2/6/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $950.00

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $950.00

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: 2/6/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Rachel Middle Name: _____ Last Name: Rosato

Address: 4825 Jennway Loop City: Moseley State: VA Zip Code: 23120

Occupation: Video editor Employer: ci Advertising

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

Amount of Contribution: $ $75.00 Date of Contribution: 2/6/2026 Aggregate This Election: $ $75.00

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

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: 3/1/2026 Aggregate This Election: $ $20.00

Total Contributions: $ $1,170.00

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,170.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: 3/4/2026 Aggregate This Election: $ $31.00

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: 3/19/2026 Aggregate This Election: $ $25.00

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: $ $100.00 Date of Contribution: 3/25/2026 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: $ $1,301.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 1/1/2026 End Date: 3/31/2026

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

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: $ $2.43 Date of Expenditure: $ 2/6/2026

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

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: $ $2.43 Date of Expenditure: $ 2/6/2026

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: $ $2.43 Date of Expenditure: $ 2/6/2026

Total Expenditures: $ $8.85

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $8.85

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: $ 2/6/2026

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: $ $1.88 Date of Expenditure: $ 2/6/2026

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: $ $1.33 Date of Expenditure: $ 2/6/2026

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: $ $0.78 Date of Expenditure: $ 2/9/2026

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: $ $6.83 Date of Expenditure: $ 2/9/2026

Total Expenditures: $ $20.45

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $20.45

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: $ 2/9/2026

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: $ $0.78 Date of Expenditure: $ 2/10/2026

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: $ $1.88 Date of Expenditure: $ 2/10/2026

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: $ $2.43 Date of Expenditure: $ 2/10/2026

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: $ $2.43 Date of Expenditure: $ 2/11/2026

Total Expenditures: $ $28.75

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $28.75

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: $ 3/4/2026

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: $ $0.36 Date of Expenditure: $ 3/6/2026

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: $ $0.78 Date of Expenditure: $ 3/23/2026

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: $ $2.43 Date of Expenditure: $ 3/27/2026

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

Total Expenditures: $ $33.26

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $33.26

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: $ 2/6/2026

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: $ 2/6/2026

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: $ $1.05 Date of Expenditure: $ 2/6/2026

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: $ $1.05 Date of Expenditure: $ 2/6/2026

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: $ 2/6/2026

Total Expenditures: $ $36.95

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $36.95

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: $ $0.79 Date of Expenditure: $ 2/6/2026

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: $ $0.53 Date of Expenditure: $ 2/6/2026

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: $ 2/9/2026

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: $ $3.15 Date of Expenditure: $ 2/9/2026

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: $ $0.27 Date of Expenditure: $ 2/9/2026

Total Expenditures: $ $41.96

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $41.96

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: $ 2/10/2026

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: $ $0.79 Date of Expenditure: $ 2/10/2026

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: $ $1.05 Date of Expenditure: $ 2/10/2026

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: $ $1.05 Date of Expenditure: $ 2/11/2026

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: $ 3/4/2026

Total Expenditures: $ $45.33

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $45.33

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: $ 3/6/2026

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: $ 3/23/2026

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: $ $164.63 Date of Expenditure: $ 2/19/2026

Business or Organization Name: TN Democratic Party **OR**

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

Address: 4900 Centennial Blvd Suite 300 City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: VoteBuilder Account

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 2/23/2026

Business or Organization Name: _____ **OR**

First Name: Kim Middle Name: _____ Last Name: Poorman

Address: 1031 Crisp Spring Drive City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Headshots

Amount of Expenditure: $ $50.00 Date of Expenditure: $ 3/23/2026

Total Expenditures: $ $360.30

(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: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $360.30

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: $ 3/27/2026

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: $ $361.35
(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Christina Rosato

2. Reporting Period: Start Date: 1/1/2026 End Date: 3/31/2026

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 ..... $ $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: $ $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 ..... $ $0.00

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