CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/24/26 2.a. Candidate or Committee Name: Steven J. Carter

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/03/26

4. Campaign Address: 319 Randolph Street

City: Gallatin State: TN Zip Code: 37066 Phone: 615-483-6549

5. Candidate Home Address: 319 Randolph Street

City: Gallatin State: TN Zip Code: 37066 Phone: 615-483-6549

Candidate Email Address: stevenjcarterdistrict5@gmail.com

6. Office Sought: (include district number, if applicable) City of Gallatin Alderman District 5

7. Name of Political Treasurer (may be candidate): Hollie Alexander

Political Treasurer Email Address: hollieAharris@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: 10/1/26 End Date: 10/24/26

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
Steven J. Carter	10-24-26	Hollie Alexander	10/24/26
Witness Signature	**Date**	**Witness Signature**	**Date**
[signature]	10-24-26	[signature]	10.24.26

FILED
AM PM
OCT 26 2026
SUMNER COUNTY
ELECTION COMMISSION

12. Summary:

a.	Balance On Hand Last Report	$ 7,584.20
b.	Total Receipts This Period	$ 3,368
c.	Total Disbursements This Period	$ 5,309.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 5,643.20
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 200.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Steven J. Carter

14. Reporting Period: Start Date: 10/1/26 End Date: 10/24/26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 418.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000. See *Instructions* for more information.)

b. Itemized Contributions (over $100 from each source this period) ..... $ 2,950

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

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

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 3,368

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 5,309.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)

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

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

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 5,309.00

17. In-Kind Contributions:

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

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

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

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 200.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Steven J. Carter
2. Reporting Period: Start Date: 10/1/26 End Date: 10/24/26
3. Total campaign contributions from preceding page (enter $0 if first page) $ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: — OR
First Name: William Middle Name: — Last Name: Goodall
Address: 1014 S. Browns Lane City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: Retired
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $250- Date of Contribution: 10/5/26 Aggregate This Election: $ $250-

Business or Organization Name: — OR
First Name: Karen Middle Name: — Last Name: Goodall
Address: 1459 Rozella Way City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: Retired
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $500- Date of Contribution: 10/5/26 Aggregate This Election: $ 500-

Business or Organization Name: — OR
First Name: Hillary Middle Name: — Last Name: Bonham
Address: 1233 Plymouth Ave. City: Nashville State: TN Zip Code: 37216
Occupation: Real Estate Employer: Real Estate and Ecological Restoration
Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $250 Date of Contribution: 10/9/26 Aggregate This Election: $ 250-

Business or Organization Name: — OR
First Name: Robert Middle Name: — Last Name: Goodall
Address: 179 Hancock Street Suite 302 City: Gallatin State: TN Zip Code: 37066
Occupation: Goodall Homes Employer: Goodall Homes
Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $250- Date of Contribution: 10/9/26 Aggregate This Election: $ 250-

Total Contributions: $ 1250-
(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: Steven J. Carter

2. Reporting Period: Start Date: 10/1/26 End Date: 10/24/26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1250-

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: — OR

First Name: Jerome Middle Name: — Last Name: Jacobs

Address: 5589 Gold Creek Drive City: Castro Valley State: CA Zip Code: 94552

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ 100 Date of Contribution: 10/6/26 Aggregate This Election: $ 100-

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Business or Organization Name: Favor I LLC OR

First Name: — Middle Name: — Last Name: —

Address: 625 Adger Lane City: Sumter State: SC Zip Code: 29154

Occupation: Org. Employer: Org.

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

Amount of Contribution: $ 500- Date of Contribution: 10/6/26 Aggregate This Election: $ 500-

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Business or Organization Name: — OR

First Name: Brad Middle Name: — Last Name: Ignatoski

Address: 153 Ferdinand Drive City: Gallatin State: TN Zip Code: 37066

Occupation: Account Manager Employer: Proofpoint

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

Amount of Contribution: $ 1,000 Date of Contribution: 10/6/26 Aggregate This Election: $ 1,000

Business or Organization Name: — OR

First Name: David Middle Name: — Last Name: Black

Address: 1258 Wavecrest Circle City: Gallatin State: TN Zip Code: 37066

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ 100- Date of Contribution: 10/6/26 Aggregate This Election: $ 100-

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Total Contributions: $ 2,950

(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: Steven J. Carter

2. Reporting Period: Start Date: 10/1/26 End Date: 10/24/26

3. Total in-kind contributions from preceding page (enter $0 if first page) $ _____

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: _____ 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: _____

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: $ 0

(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: Steven J. Carter

2. Reporting Period: Start Date: 10/1/26 End Date: 10/24/26

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

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: Thortons **OR**

First Name: — Middle Name: — Last Name: —

Address: 768 E Main St. City: Hendersonville State: TN Zip Code: 37075

Purpose of Expenditure: Campaign Travel / Transportation

Amount of Expenditure: $ 69.11 Date of Expenditure: $ 10/2/26

Business or Organization Name: Dodat Communications **OR**

First Name: — Middle Name: — Last Name: —

Address: 1026 Lavern Circle City: Hendersonville State: TN Zip Code: 37075

Purpose of Expenditure: Campaign Signs 4x4

Amount of Expenditure: $ 965.53 Date of Expenditure: $ 10/5/26

Business or Organization Name: John The Printer (Palm Cards) **OR**

First Name: — Middle Name: — Last Name: —

Address: 2418 Gallatin Pike N City: Madison State: TN Zip Code: 37115

Purpose of Expenditure: Palm Cards

Amount of Expenditure: $ 254.60 Date of Expenditure: $ 10/8/26

Business or Organization Name: Campaign Verify (Campaign Text) **OR**

First Name: — Middle Name: — Last Name: —

Address: 1215 31st Street NW #3554 City: Washington State: DC Zip Code: 20007-9998

Purpose of Expenditure: Campaign Text Fee

Amount of Expenditure: $ 95.00 Date of Expenditure: $ 10/8/26

Business or Organization Name: Thorntons **OR**

First Name: — Middle Name: — Last Name: —

Address: 1049 Long Hollow Pike City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Campaign Travel / Transportation

Amount of Expenditure: $ 79.15 Date of Expenditure: $ 10/9/26

Total Expenditures: $ 1,463.39

(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: Steven J. Carter
2. Reporting Period: Start Date: 10/1/26 End Date: 10/24/26
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1,463.39

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: Square Space INC (Hosting) OR
First Name: — Middle Name: — Last Name: —
Address: 225 Varick Street 12th Floor City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website Carterfordistrict5.com
Amount of Expenditure: $ 21.95 Date of Expenditure: $ 10/13/26

Business or Organization Name: John The Printer (Mailers) OR
First Name: — Middle Name: — Last Name: —
Address: 2418 Gallatin Pike N City: Madison State: TN Zip Code: 37115
Purpose of Expenditure: Mailers
Amount of Expenditure: $ 1,702.57 Date of Expenditure: $ 10/14/26

Business or Organization Name: John The Printer (Printing) OR
First Name: — Middle Name: — Last Name: —
Address: 2418 Gallatin Pike N City: Madison State: TN Zip Code: 37115
Purpose of Expenditure: Printing
Amount of Expenditure: $ 122.01 Date of Expenditure: $ 10/14/26

Business or Organization Name: Thorntons OR
First Name: — Middle Name: — Last Name: —
Address: 1049 Long Hollow Pike City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Campaign Travel/Transportation
Amount of Expenditure: $ 72.90 Date of Expenditure: $ 10/14/26

Business or Organization Name: Thorntons OR
First Name: — Middle Name: — Last Name: —
Address: 1049 Long Hollow Pike City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Campaign Travel/Transportation
Amount of Expenditure: $ 68.82 Date of Expenditure: $ 10/19/26

Total Expenditures: $ 3,451.69
(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: Steven J. Carter
2. Reporting Period: Start Date: 10/1/24 End Date: 10/24/24
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 3,451.64

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: John The Printer (Mailers) **OR**
First Name: — Middle Name: — Last Name: —
Address: 2418 Gallatin Pike N City: Gradison State: TN Zip Code: 37115
Purpose of Expenditure: Campaign Mailers
Amount of Expenditure: $ 1,792.73 Date of Expenditure: $ 10/21/24

Business or Organization Name: Thorntons **OR**
First Name: — Middle Name: — Last Name: —
Address: 1049 Long Hollow Pike City: Gallatin State: TN Zip Code:
Purpose of Expenditure: Campaign Travel / Transportation
Amount of Expenditure: $ 64.63 Date of Expenditure: $ 10/22

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: $ 5,309.00
(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Steven J. Carter

2. Reporting Period: Start Date: 10/1/24 End Date: 10/24/24

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: _____ Middle Name: _____ Last Name: _____

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

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

Loans Received ..... $ _____

Loan Payments ..... $ _____

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

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

Date of Loan: _____

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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Steven J. Carter

2. Reporting Period: Start Date: 10/1/26 End Date: 10/24/26

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: City of Ballatin Parks/Rec
First Name: — Middle Name: —
Last Name: —
Address: 210 Albert Ballatin Ave.
City: Ballatin
State: TN Zip Code: 37066

Description of Obligation:	Payment for Venue Remaining $200.00		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$200	$ 0	$ 0	$200

Business Name:
First Name: Middle Name:
Last Name:
Address:
City:
State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name:
First Name: Middle Name:
Last Name:
Address:
City:
State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name:
First Name: Middle Name:
Last Name:
Address:
City:
State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS 200 -

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$