



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4-2-2026 2.a. Candidate or Committee Name: Robert "Reb" G. Wheeler, Jr.
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5-5-2026
 4. Campaign Address: 1166 Madison Creek Rd./P.O. Box 211, Goodlettsville, TN
 City: Goodlettsville State: TN Zip Code: 37072 Phone: 615-275-37072
9992
 5. Candidate Home Address: 1166 Madison Creek Rd.
 City: Goodlettsville State: TN Zip Code: 37072 Phone: 615-275-9992
 Candidate Email Address: Reb@rwheelerlaw.com
 6. Office Sought: (include district number, if applicable) School Board - District 5
 7. Name of Political Treasurer (may be candidate): Jeff Cardell
 Political Treasurer Email Address: Jeff@Goodlett.com or jstbiz.net

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.

Robert G. Wheeler, Jr. 4-9-2026 Jeff Cardell 4-9-2026
 Candidate Signature Date Political Treasurer Signature Date
Carol Ann Harris 4-9-2026 _____
 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	FILED	AM	PM	\$ <u>4,200.00</u>
b. Total Receipts This Period				\$ <u>4,200.00</u>
c. Total Disbursements This Period	APR 10 2026			\$ <u>-0-</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)				\$ <u>4,200.00</u>
e. Total Loans Outstanding	SUMNER COUNTY			\$ <u>-0-</u>
f. Total Obligations Outstanding	ELECTION COMMISSION			\$ <u>-0-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Robert "Rob" Wheeler Jr.

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) \$ -0-
(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) \$ 4,200.00
- c. Loans Received This Reporting Period..... \$ -0-
- d. Interest Received This Reporting Period \$ -0-
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 4,200.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 238.27
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ -0-
- c. Total Obligation Payments Made This Period..... \$ -0-
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 238.27

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ 157.80
- c. Total In-Kind Contributions Received This Period \$ 157.80

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ -0-

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Robert "Rob" Wheeler, Jr.
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) \$ 4,200.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Robert Middle Name: G. Last Name: Wheeler
Address: 1166 Madison Creek Rd City: Goodlettsville State: TN Zip Code: 37072
Occupation: Lawyer Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 3-5-2026 Aggregate This Election: \$ _____

Business or Organization Name: Freedom Caucus - Sumner County OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 181 City: Bellatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 2,000.00 Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Charlene Middle Name: _____ Last Name: Aumiller
Address: 143 Roland Circle City: Hendersonville State: TN Zip Code: 37075
Occupation: Attorney Employer: IC Solutions
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.00 Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: Jane Langford OR
First Name: Jane Middle Name: _____ Last Name: Langford
Address: 1260 Twelve Stakes Crossing City: Goodlettsville State: TN Zip Code: 37072
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.00 Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 4,200.00

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

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Robert "Rob" Wheeler, Jr.
2. Reporting Period: Start Date: 1-1-2026 End Date: 3-31-2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ ~~157.80~~ - 0 -

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: Paid For by Friends of Rob Wheeler (Go-Daddy) OR
First Name: Charlene Middle Name: _____ Last Name: Aueriller
Address: 143 Ryland Circle City: Hendersonville State: TN Zip Code: 37075
Occupation: Attorney Employer: IC Solutions
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 157.80 In-Kind Contribution Date: 3-31-2026 Aggregate This Election: \$ _____
Description of In-Kind Contribution: website

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: \$ _____

(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: Robert "Rob" Wheeler Jr.
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-

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: ASAP Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 116 Imperial Blvd City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Push Cards
Amount of Expenditure: \$ 238.27 Date of Expenditure: \$ 3-16-2026

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: \$ _____
(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.)