



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 04/05/2026 2.a. Candidate or Committee Name: Christopher M. Guiette
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: May 5th, 2026
 4. Campaign Address: 864 Corum Hill Rd
 City: Castalian Springs State: TN Zip Code: 37031 Phone: 615-809-9796
 5. Candidate Home Address: 864 Corum Hill Rd
 City: Castalian Springs State: TN Zip Code: 37031 Phone: 615-809-9796
 Candidate Email Address: chrisgforschoolboard@gmail.com
 6. Office Sought: (include district number, if applicable) Sumner County School Board, District 9
 7. Name of Political Treasurer (may be candidate): Christopher M. Guiette
 Political Treasurer Email Address: _____

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: 01/16/2026 End Date: 03/31/2026

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.

Chris Guette 4-5-26
 Candidate Signature Date
Steph Smith 4-5-26
 Witness Signature Date

Chris Guette 4-5-26
 Political Treasurer Signature Date
Steph Smith 4-5-26
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	FILED	\$ <u>0.00</u>
b. Total Receipts This Period	AM	\$ <u>5,000</u>
c. Total Disbursements This Period	PM	\$ <u>1,995.28</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	APR 10 2026	\$ <u>3,004.72</u>
e. Total Loans Outstanding	SUMNER COUNTY	\$ <u>5,000</u>
f. Total Obligations Outstanding	ELECTION COMMISSION	\$ _____

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Christopher M. Guiette

14. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026

15. Receipts:

- | | | |
|---|----|--------------|
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ | <u>0</u> |
| (Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See <i>Instructions</i> for more information.) | | |
| b. Itemized Contributions (over \$100 from each source this period) | \$ | <u>0</u> |
| c. Loans Received This Reporting Period..... | \$ | <u>5,000</u> |
| d. Interest Received This Reporting Period | \$ | <u>0</u> |
| e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) | \$ | <u>5,000</u> |

16. Disbursements:

- | | | |
|---|----|-----------------|
| a. Total Expenditures (other than loan payments)..... | \$ | <u>1,995.28</u> |
| (Note: Effective January 16, 2023, all expenditures must be itemized.) | | |
| b. Loan Repayments Made This Period | \$ | <u>0</u> |
| c. Total Obligation Payments Made This Period..... | \$ | <u>0</u> |
| d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... | \$ | <u>1,995.28</u> |

17. In-Kind Contributions:

- | | | |
|--|----|----------|
| a. Unitemized In-Kind Contributions Received This Period | \$ | <u>0</u> |
| b. Itemized In-Kind Contributions Received This Period | \$ | <u>0</u> |
| c. Total In-Kind Contributions Received This Period | \$ | <u>0</u> |

18. Obligations:

- | | | |
|--|----|----------|
| a. Total Obligations Outstanding (must be shown in item 12.f.) | \$ | <u>0</u> |
|--|----|----------|

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christopher M. Guiette
2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026
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: _____ 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: \$ _____

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: \$ _____

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: \$ _____

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: \$ 0

(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: Christopher M. Guiette
2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 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: _____ **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: Christopher M. Guiette
2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026
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: Vista Print OR

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

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

Purpose of Expenditure: Campaign cards and stickers

Amount of Expenditure: \$ 159.48 Date of Expenditure: \$ 03/09/2026

Business or Organization Name: 615 Signs OR

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

Address: 371 Cutoff Rd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Yard signs and stakes

Amount of Expenditure: \$ 1,100 Date of Expenditure: \$ 03/11/2026

Business or Organization Name: Bank of America OR

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

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

Purpose of Expenditure: Checks

Amount of Expenditure: \$ 69.35 Date of Expenditure: \$ 03/19/2026

Business or Organization Name: Tony Young Photography OR

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

Address: 130 Stonehouse Dr City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Head shots for push cards

Amount of Expenditure: \$ 175 Date of Expenditure: \$ 03/23/2026

Business or Organization Name: Friends of Gallatin Miracle park OR

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

Address: 240 Champion Dr City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Sponsorship for sign display

Amount of Expenditure: \$ 250 Date of Expenditure: \$ 03/24/26

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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christopher M. Guiette
2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1753.83

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: SOS Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 706 Space Park N City: Goodlettsville State: TN Zip Code: 37072
Purpose of Expenditure: Push Cards
Amount of Expenditure: \$ 241.45 Date of Expenditure: \$ 03/31/2026

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: \$ 1995.28

(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: Christopher M. Guiette
2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026
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: Christopher Middle Name: Michael Last Name: Guiette
Address: 864 Corum Hill Rd City: Castalian Springs State: TN Zip Code: 37031
Outstanding Loan Balance (Beginning) \$ 0
Loans Received \$ 5,000
Loan Payments \$ 0
Outstanding Loan (End) \$ 5,000
Loan Received For: Primary Election General Election Runoff (Local Elections Only)
Date of Loan: 02/23/2026

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

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

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

Balance (Beginning) \$ 0
Loans Received \$ 5,000
Loan Payments \$ 0
Outstanding Loan (End) \$ 5,000