CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7-2-26 2.a. Candidate or Committee Name: Chris Gonzales

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

4. Campaign Address: 120 Ruland Cir

City: Hendersonville State: TN Zip Code: 37075 Phone: 615-957-2288

5. Candidate Home Address: 120 Ruland Cir

City: Hendersonville State: TN Zip Code: 37075 Phone: 615-957-2288

Candidate Email Address: chrisgonzalesward4@gmail.com

6. Office Sought: (include district number, if applicable) Hendersonville Alderman Ward 4

7. Name of Political Treasurer (may be candidate): Jeff Byrd

Political Treasurer Email Address: jeffbyrd535@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: 4-1-26 End Date: 6-30-26

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
Chris Gonzales	7/7/26	Jeff Byrd	7/7/26

Witness Signature	Date	Witness Signature	Date
Stacy Byrd	7-7-26	Stacy Byrd	7-7-26

FILED
JUL 10 2026 AM PM
SUMNER COUNTY ELECTION COMMISSION

12. Summary:

a.	Balance On Hand Last Report	$ 0
b.	Total Receipts This Period	$ 1,890
c.	Total Disbursements This Period	$ 243.90
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 1,646.10
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Chris Gonzales

14. Reporting Period: Start Date: 4-1-26 End Date: 6-30-26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 50
(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) ..... $ 1,840

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

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.) ..... $ 1,890

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 243.90
(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.) ..... $ 243.90

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ 130

c. Total In-Kind Contributions Received This Period ..... $ 130

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Chris Gonzales

2. Reporting Period: Start Date: 4-1-26 End Date: 6-30-26

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: Bobette Middle Name: _____ Last Name: Spear

Address: 133 Shawnee Dr City: Hendersonville State: TN Zip Code: 37075

Occupation: Retired Employer: N/A

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

Amount of Contribution: $ 300 Date of Contribution: 6/29/26 Aggregate This Election: $ 300

Business or Organization Name: _____ OR

First Name: Mark Middle Name: _____ Last Name: Evans

Address: 1567 Drakes Creek Rd City: Hendersonville State: TN Zip Code: 37075

Occupation: Retired Employer: N/A

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

Amount of Contribution: $ 100 Date of Contribution: 6/29/26 Aggregate This Election: $ 100

Business or Organization Name: _____ OR

First Name: Mark Middle Name: _____ Last Name: Burgdorf

Address: 138 Riviera Dr City: Hendersonville State: TN Zip Code: 37075

Occupation: Dir. of Operations Employer: Hale Properties

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

Amount of Contribution: $ 200 Date of Contribution: 6/29/26 Aggregate This Election: $ 200

Business or Organization Name: _____ OR

First Name: Robert Middle Name: _____ Last Name: Horton

Address: 166 Bayshore Dr City: Hendersonville State: TN Zip Code: 37075

Occupation: Retired Employer: N/A

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

Amount of Contribution: $ 500 Date of Contribution: 6/29/26 Aggregate This Election: $ 500

Total Contributions: $ 1,100

(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: Chris Gonzales

2. Reporting Period: Start Date: 4-1-26 End Date: 6-30-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1,100

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Stanley Middle Name: _____ Last Name: Fields

Address: 303 Bayshore Dr City: Hendersonville State: TN Zip Code: 37075

Occupation: Retired Employer: N/A

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

Amount of Contribution: $ 500 Date of Contribution: 6/29/26 Aggregate This Election: $ 500

Business or Organization Name: _____ OR

First Name: Chris Middle Name: _____ Last Name: Gonzales

Address: 120 Ruland Cir City: Hendersonville State: TN Zip Code: 37075

Occupation: Electrician Employer: CG Electric LLC

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

Amount of Contribution: $ 240 Date of Contribution: 6/29/26 Aggregate This Election: $ 240

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: $ 1,840

(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: Chris Gonzales
2. Reporting Period: Start Date: 4-1-26 End Date: 6-30-26
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: Rachel Middle Name: ______ Last Name: Collins
Address: 1575 Hunt Club Blvd. City: Hendersonville State: TN Zip Code: 37075
Occupation: Painter Employer: Southern Hues
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: $ 130 In-Kind Contribution Date: 6/29/26 Aggregate This Election: $ 130
Description of In-Kind Contribution: Refreshments for fundraising event.

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: $ 130
(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: Chris Gonzales
2. Reporting Period: Start Date: 4-1-26 End Date: 6-30-26
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: Venmo **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ______ Zip Code: ______
Purpose of Expenditure: Processing fee for $200 donation to Chris Gonzales.
Amount of Expenditure: $ 3.90 Date of Expenditure: $ 6/29/26

Business or Organization Name: The Collab **OR**
First Name: Chris Middle Name: ______ Last Name: Gonzales
Address: 120 Roland Cir. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Payment to The Collab for event venue rental for Chris Gonzales.
Amount of Expenditure: $ 240 Date of Expenditure: $ 6/29/26

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: $ 243.90
(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.)