



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 9/6/2026 2.a. Candidate or Committee Name: Dayna Stanley Nichols
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 517 Breslin Ave
City: Smyrna State: TN Zip Code: 37167 Phone: 6153943577
5. Candidate Home Address: 517 Breslin Ave
City: Smyrna State: TN Zip Code: 37167 Phone: 6153943577
Candidate Email Address: dayna7@comcast.net
6. Office Sought: (include district number, if applicable) School Board, Zone 4
7. Name of Political Treasurer (may be candidate): Amy Wise
Political Treasurer Email Address: rwise03@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: 7/28/2026 End Date: 9/30/2026
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

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$4,429.74</u>
b. Total Receipts This Period	\$ <u>\$500.00</u>
c. Total Disbursements This Period	\$ <u>\$4,598.08</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$331.66</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Dayna Stanley Nichols

14. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026

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) \$ \$500.00
- 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.) \$ \$500.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,598.08
(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.)..... \$ \$4,598.08

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: Dayna Stanley Nichols
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
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: Karen Middle Name: _____ Last Name: McGregor
Address: 13950 Mt Pleasant Rd City: Rockvale State: TN Zip Code: 37153
Occupation: retired educator Employer: RCS
Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ \$500.00 Date of Contribution: 8/14/2026 Aggregate This Election: \$ \$0.00

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: \$ _____

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: \$ \$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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Dayna Stanley Nichols
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
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: AMI Marketing OR

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

Address: 7104 Crossroads Blvd., Suite 108 City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: Mailer

Amount of Expenditure: \$ \$3,099.19 Date of Expenditure: \$ 7/28/2026

Business or Organization Name: _____ OR

First Name: Charles Middle Name: Stanley Last Name: Publix

Address: 661 President Place City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: food for Watch Results Party Election Night

Amount of Expenditure: \$ \$245.80 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: _____ OR

First Name: Dayna Middle Name: _____ Last Name: Nichols

Address: 517 Breslin Ave. City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: Reimbursement- Food for poll workers and results party

Amount of Expenditure: \$ \$308.09 Date of Expenditure: \$ 8/14/2026

Business or Organization Name: Bobs BBQ OR

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

Address: 106 Enon Springs RD City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: BBQ and sides for Watch Results Party Election Night

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: Chism Strategies OR

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

Address: 305 Green Oak Lane City: Madison State: MS Zip Code: 39110

Purpose of Expenditure: Mass Texts

Amount of Expenditure: \$ \$745.00 Date of Expenditure: \$ 8/5/2026

Total Expenditures: \$ \$4,598.08

(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.)