



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/9/2026 2.a. Candidate or Committee Name: Katie Darby
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1407 Holmes Ct
City: Nolensville State: TN Zip Code: 37135 Phone: _____
5. Candidate Home Address: 1407 Holmes Ct
City: Nolensville State: TN Zip Code: 37135 Phone: _____
Candidate Email Address: Katie.darby@yahoo.com
6. Office Sought: (include district number, if applicable) School Board, Zone 4
7. Name of Political Treasurer (may be candidate): Dotty Grattan
Political Treasurer Email Address: dottygee@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: 4/26/2026 End Date: 6/30/2026
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

448B-4C2B-AAE9-65E1
07/09/26 - 4:51 PM
Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$819.81</u> |
| b. Total Receipts This Period | \$ <u>\$1,545.00</u> |
| c. Total Disbursements This Period | \$ <u>\$776.01</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$1,588.80</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: Katie Darby

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$20.00
(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) \$ \$1,525.00
- 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.) \$ \$1,545.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$776.01
(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.)..... \$ \$776.01

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: Katie Darby
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: Jason Middle Name: _____ Last Name: Cole

Address: 7115 Beard Ct City: LaVergne State: TN Zip Code: 37086

Occupation: Best Effort Employer: Best Effort

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/10/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Heather Middle Name: _____ Last Name: Nigro

Address: 1502 Rennie Ct City: Nolensville State: TN Zip Code: 37135

Occupation: Best Effort Employer: Best Effort

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 6/1/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Caleb Middle Name: _____ Last Name: Tidwell

Address: 3029 Schoolside St City: Murfreesboro State: TN Zip Code: 37128

Occupation: Best Effort Employer: Best Effort

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/9/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Julie Middle Name: _____ Last Name: Wishing

Address: 962 Alford Rd City: Murfreesboro State: TN Zip Code: 37129

Occupation: Best Effort Employer: Best Effort

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/9/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$1,150.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Katie Darby
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Larry Middle Name: _____ Last Name: Stevens

Address: 121 Laurel Hill Dr City: Smyrna State: TN Zip Code: 37167

Occupation: Best Effort Employer: Best Effort

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 7/6/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Carl Middle Name: _____ Last Name: Boyd

Address: 105 Glen Echo Dr City: Smyrna State: TN Zip Code: 37167

Occupation: Best Effort Employer: Best Effort

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 7/6/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Christina Middle Name: _____ Last Name: Villella

Address: 2411 Maybrook Ct City: Murfreesboro State: TN Zip Code: 37128

Occupation: Best Effort Employer: Best Effort

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 7/6/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Sandra Middle Name: _____ Last Name: Gallagher

Address: PO Box 3661 City: Brentwood State: TN Zip Code: 37024

Occupation: Best Effort Employer: Best Effort

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 7/6/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,525.00

(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: Katie Darby
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: Costco **OR**

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

Address: 1524 Beasie Rd City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: Campaign Fund Raiser

Amount of Expenditure: \$ \$121.91 Date of Expenditure: \$ 6/8/2026

Business or Organization Name: Campaignknock Co **OR**

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

Address: 2004 Commerce Street City: Fairview State: OK Zip Code: 73737

Purpose of Expenditure: Door Knocking AApp

Amount of Expenditure: \$ \$39.99 Date of Expenditure: \$ 6/3/2026

Business or Organization Name: US Postal Service **OR**

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

Address: 250 Mayfield Dr City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: Postage

Amount of Expenditure: \$ \$31.20 Date of Expenditure: \$ 5/27/2026

Business or Organization Name: Drop Inc **OR**

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

Address: 3 Granr Square #155 City: Hinsdale State: IL Zip Code: 60521

Purpose of Expenditure: Voice Mails

Amount of Expenditure: \$ \$57.96 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: Campaignknock Co **OR**

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

Address: 2004 Commerce St City: Fairview State: TN Zip Code: 73737

Purpose of Expenditure: Door Knocking AApp

Amount of Expenditure: \$ \$39.99 Date of Expenditure: \$ 5/4/2026

Total Expenditures: \$ \$291.05

(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: Katie Darby
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$291.05

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: Anedot **OR**

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

Address: 3723 Greenville Ave Suite 41002 City: Dallas State: TX Zip Code: 75200

Purpose of Expenditure: Fee for Donations

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 6/1/2026

Business or Organization Name: Anedot **OR**

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

Address: 3723 Greenville Ave Suite 41002 City: Dallas State: TX Zip Code: 75200

Purpose of Expenditure: Fee for Donations

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 6/10/2026

Business or Organization Name: Pendrago **OR**

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

Address: 5456 Peachtree Blvd City: Atlanta State: GA Zip Code: 30341

Purpose of Expenditure: Voice Mails

Amount of Expenditure: \$ \$395.56 Date of Expenditure: \$ 4/27/2026

Business or Organization Name: Drop Inc **OR**

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

Address: 3 Grant Square #155 City: Hinsdale State: IL Zip Code: 60521

Purpose of Expenditure: Voice Mails

Amount of Expenditure: \$ \$82.80 Date of Expenditure: \$ 5/4/2026

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: \$ _____

Total Expenditures: \$ \$776.01

(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.)