



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: Chay Woods
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: 2255 Memorial Blvd. Unit 10692
City: Murfreesboro State: TN Zip Code: 37129 Phone: 6156676171
5. Candidate Home Address: 2255 Memorial Blvd.
City: Murfreesboro State: TN Zip Code: 37129 Phone: 6156676171
Candidate Email Address: chaywoods4ruco@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #15
7. Name of Political Treasurer (may be candidate): Carmen Tolbert
Political Treasurer Email Address: Carmen.E.Ball@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: 4/1/2026 End Date: 4/25/2026
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>\$0.00</u>
b. Total Receipts This Period	\$ <u>\$1,140.00</u>
c. Total Disbursements This Period	\$ <u>\$510.31</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$629.69</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: Chay Woods

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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) \$ \$1,140.00
- 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.) \$ \$1,140.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$510.31
(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.)..... \$ \$510.31

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: Chay Woods
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: Sandra Middle Name: _____ Last Name: Kenton
Address: 5417 Cavendish Dr City: Murfreesboro State: TN Zip Code: 37128
Occupation: Track Assistant Employer: Riverdale High School
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$30.00 Date of Contribution: 4/6/2026 Aggregate This Election: \$ \$30.00

Business or Organization Name: _____ **OR**
First Name: Phylliss Middle Name: _____ Last Name: Washington
Address: 1107 Trinity Dr City: Murfreesboro State: TN Zip Code: 37129
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/9/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Shonda Middle Name: _____ Last Name: Ali-Shamaa
Address: 2855 Leatherwood Dr. City: Murfreesboro State: TN Zip Code: 37128
Occupation: Project Manager Employer: Self Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/10/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Billy Middle Name: _____ Last Name: McKinley
Address: 660 Buck Ln City: Murfreesboro State: TN Zip Code: 37129
Occupation: Maintenance Manager Employer: Allen Chapel Church
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 4/13/2026 Aggregate This Election: \$ \$300.00

Total Contributions: \$ \$630.00
(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: Chay Woods
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$630.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Thaya Middle Name: _____ Last Name: Morant
Address: 706 Fenwick Close City: Murfreesboro State: TN Zip Code: 37130
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Janet Middle Name: _____ Last Name: Kinder-Wilcox
Address: 5922 Marwinette Ave City: St. Louis State: MO Zip Code: 63116
Occupation: Technical Client Analyst Employer: Equifax
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Shyvonne Middle Name: _____ Last Name: Cole
Address: 8 Ann Arbor Ct City: Bloomington State: IL Zip Code: 61705
Occupation: Interior Decorator Employer: Self Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/15/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Rhonda Middle Name: _____ Last Name: Wren
Address: 6101 Arizona Pavilions City: Tucson State: AZ Zip Code: 85743
Occupation: HCMS Analyst Employer: El Rio Health
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 4/17/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$855.00
(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: Chay Woods
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$855.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Vincent Middle Name: _____ Last Name: Obrien

Address: 2317 Bridgeway St. City: Murfreesboro State: TN Zip Code: 37128

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$10.00 Date of Contribution: 4/18/2026 Aggregate This Election: \$ \$10.00

Business or Organization Name: _____ **OR**

First Name: Violet Middle Name: _____ Last Name: Cox-Wingo

Address: 223 Innbrooke Blvd City: Murfreesboro State: TN Zip Code: 37128

Occupation: Professor Employer: MTSU

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 4/20/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Charles Middle Name: _____ Last Name: Thomas

Address: 1522 Jones Blvd City: Murfreesboro State: TN Zip Code: 37129

Occupation: Lessor Employer: Self Employed

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

Amount of Contribution: \$ \$10.00 Date of Contribution: 4/22/2026 Aggregate This Election: \$ \$10.00

Business or Organization Name: _____ **OR**

First Name: Daria Middle Name: _____ Last Name: Cross

Address: 7415 Burckle Dr. City: Hazelwood State: MO Zip Code: 63042

Occupation: Pharmacy Tech Employer: Prime Therapeutics

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

Amount of Contribution: \$ \$15.00 Date of Contribution: 4/24/2026 Aggregate This Election: \$ \$15.00

Total Contributions: \$ \$1,140.00

(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: Chay Woods
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: _____ **OR**
First Name: Spaceship Middle Name: _____ Last Name: Spaceship
Address: 4600 East Washington Street City: Phoenix State: AZ Zip Code: 85034
Purpose of Expenditure: Domains
Amount of Expenditure: \$ \$24.03 Date of Expenditure: \$ 4/8/2026

Business or Organization Name: _____ **OR**
First Name: Staples Middle Name: _____ Last Name: Staples
Address: 1740 Old Fort Pkwy City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Business Cards
Amount of Expenditure: \$ \$43.89 Date of Expenditure: \$ 4/8/2026

Business or Organization Name: _____ **OR**
First Name: Vista Print Middle Name: _____ Last Name: Vista Print
Address: 95 Hayden Avenue City: Lexington State: MA Zip Code: 02421
Purpose of Expenditure: Palm Cards
Amount of Expenditure: \$ \$226.55 Date of Expenditure: \$ 4/8/2026

Business or Organization Name: _____ **OR**
First Name: Canva Middle Name: _____ Last Name: Canva
Address: 440 Pacific Ave City: San Francisco State: CA Zip Code: 94111
Purpose of Expenditure: Host Website
Amount of Expenditure: \$ \$16.47 Date of Expenditure: \$ 4/9/2026

Business or Organization Name: _____ **OR**
First Name: TNDP Votebuilder Middle Name: _____ Last Name: TNDP Votebuilder
Address: 4900 Centennial Blvd City: Nashville State: TN Zip Code: 37209
Purpose of Expenditure: Voter Data
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 4/13/2026

Total Expenditures: \$ \$410.94

(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: Chay Woods
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$410.94

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: _____ **OR**
First Name: Amazon Middle Name: _____ Last Name: Amazon
Address: 2020 Joe B Jackson Pkwy City: Murfreesboro State: TN Zip Code: 37127
Purpose of Expenditure: Stationary set
Amount of Expenditure: \$ \$71.27 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: _____ **OR**
First Name: ActBlue Middle Name: _____ Last Name: ActBlue
Address: 366 Summer Street City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Fees
Amount of Expenditure: \$ \$28.10 Date of Expenditure: \$ 4/24/2026

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: \$ _____

Total Expenditures: \$ \$510.31

(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.)