



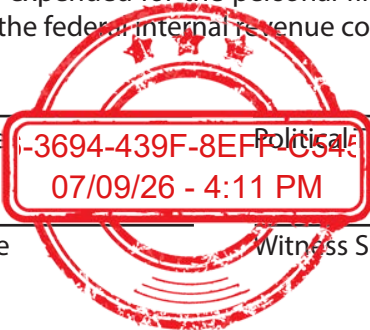
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/9/2026 2.a. Candidate or Committee Name: Sabrina Everett Daniel
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/5/2026
4. Campaign Address: 4410 Maryland Drive
City: CHATTANOOGA State: TN Zip Code: 37412 Phone: 4236935600
5. Candidate Home Address: 4410 Maryland Drive
City: CHATTANOOGA State: TN Zip Code: 37412 Phone: 4236935600
Candidate Email Address: dedsr1952@gmail.com
6. Office Sought: (include district number, if applicable) County School Board Dist. 8
7. Name of Political Treasurer (may be candidate): Douglas Daugherty
Political Treasurer Email Address: dedsr1952@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: 5/1/2026 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	_____ Political Treasurer Signature	_____ Date
_____ Witness Signature	_____ Date	_____ Witness Signature	_____ Date



12. Summary:
- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$4,404.58</u> |
| b. Total Receipts This Period | \$ <u>\$2,695.00</u> |
| c. Total Disbursements This Period | \$ <u>\$3,733.74</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$3,365.84</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: Sabrina Everett Daniel

14. Reporting Period: Start Date: 5/1/2026 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) \$ \$2,675.00
- 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.) \$ \$2,695.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$3,733.74
(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.)..... \$ \$3,733.74

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: Sabrina Everett Daniel
2. Reporting Period: Start Date: 5/1/2026 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: Sabrina Middle Name: _____ Last Name: Daniel

Address: 4410 Maryland Drive City: Chattanooga State: TN Zip Code: 37412

Occupation: Educator Employer: Retired

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

Amount of Contribution: \$ \$45.00 Date of Contribution: 5/13/2026 Aggregate This Election: \$ \$465.00

Business or Organization Name: _____ **OR**

First Name: Tom Middle Name: _____ Last Name: Glenn

Address: 4921 Highway 58 City: Chattanooga State: TN Zip Code: 37416

Occupation: President Employer: Elder's Ace Hardware

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 5/26/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: Sabrina Middle Name: _____ Last Name: Daniel

Address: 44410 Maryland Drive City: Chattanooga State: TN Zip Code: 37412

Occupation: Educator Employer: Retired

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

Amount of Contribution: \$ \$85.00 Date of Contribution: 6/4/2026 Aggregate This Election: \$ \$550.00

Business or Organization Name: Tennessee Valley Republican Women **OR**

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

Address: 1248 Lower Mill Road City: Hixson State: TN Zip Code: 37343

Occupation: Club Employer: NA

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/12/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,230.00

(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: Sabrina Everett Daniel
2. Reporting Period: Start Date: 5/1/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,230.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Greg Middle Name: _____ Last Name: Vital

Address: 6020 Arbury Way City: Ooltewah State: TN Zip Code: 37363

Occupation: President Employer: Morning Point Assisted Living

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/23/2026 Aggregate This Election: \$ \$750.00

Business or Organization Name: _____ **OR**

First Name: Lee Middle Name: _____ Last Name: Helton

Address: 561 Melwood Lane City: Chattanooga State: TN Zip Code: 37421

Occupation: Remodeling Employer: Helton Construction

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 6/6/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Esther Middle Name: Haynes Last Name: Helton

Address: P.O. Box 9132 City: Chattanooga State: TN Zip Code: 37412

Occupation: Public Servant Employer: Self-Employed

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 6/17/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Bo Middle Name: E Last Name: Watson

Address: 425 John Lewis Way N., Suites 7C City: Nashville State: TN Zip Code: 37243

Occupation: Physical Therapy Director Employer: HCA-Parkridge Medical Center

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 6/23/2026 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$2,430.00

(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: Sabrina Everett Daniel
2. Reporting Period: Start Date: 5/1/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,430.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Harris Middle Name: _____ Last Name: Pappu

Address: 12810 Pierce Rd City: Birchwood State: TN Zip Code: 37308

Occupation: Project Engineer Employer: TVA

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 6/23/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Sabrina Middle Name: _____ Last Name: Daniel

Address: 4410 Maryland Drive City: Chattanooga State: TN Zip Code: 37412

Occupation: Educator Employer: Retired

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

Amount of Contribution: \$ \$45.00 Date of Contribution: 6/10/2026 Aggregate This Election: \$ \$595.00

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: \$ _____

Total Contributions: \$ \$2,675.00

(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: Sabrina Everett Daniel
2. Reporting Period: Start Date: 5/1/2026 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: George Communcations **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 72 Browning Drive City: Rossville State: GA Zip Code: 30741
Purpose of Expenditure: Communications Consulting
Amount of Expenditure: \$ \$800.00 Date of Expenditure: \$ 6/25/2026

Business or Organization Name: _____ **OR**
First Name: Douglas Middle Name: E Last Name: Daugherty
Address: 673 Wilshire Way City: Chattanooga State: TN Zip Code: 37405
Purpose of Expenditure: Printer Repair
Amount of Expenditure: \$ \$288.35 Date of Expenditure: \$ 5/28/2026

Business or Organization Name: Simply Mail **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8964 Dayton Pike City: Soddy Daisy State: TN Zip Code: 37379
Purpose of Expenditure: Printing and Mailing
Amount of Expenditure: \$ \$2,019.17 Date of Expenditure: \$ 5/11/2026

Business or Organization Name: Spry Strategies **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8870 Cedar Spring Lane City: Knoxville State: TN Zip Code: 37923
Purpose of Expenditure: Texting
Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 5/6/2026

Business or Organization Name: _____ **OR**
First Name: Sabrina Middle Name: _____ Last Name: Daniel
Address: 4410 Maryland Dive City: Chattanooga State: TN Zip Code: 37412
Purpose of Expenditure: Misc. Reimbursemnts
Amount of Expenditure: \$ \$165.94 Date of Expenditure: \$ 5/7/2026

Total Expenditures: \$ \$3,573.46

(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: Sabrina Everett Daniel
2. Reporting Period: Start Date: 5/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,573.46

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: Sabrina Middle Name: _____ Last Name: Daniel
Address: 4410 Maryland Drive City: Chattanooga State: TN Zip Code: 37412
Purpose of Expenditure: Misc. Reimbursemnts
Amount of Expenditure: \$ \$160.28 Date of Expenditure: \$ 5/7/2026

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: \$ \$3,733.74

(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.)