



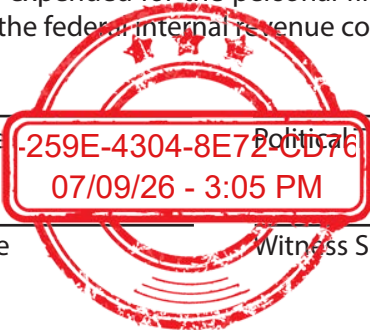
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/9/2026 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: 6153953577
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: 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	Political Treasurer Signature	Date
_____	_____	_____	_____
Witness Signature	Date	Witness Signature	Date
_____	_____	_____	_____



12. Summary:
- | | |
|---|--------------------|
| a. Balance On Hand Last Report | \$ <u>1,075.00</u> |
| b. Total Receipts This Period | \$ <u>8,720.00</u> |
| c. Total Disbursements This Period | \$ <u>553.72</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>9,241.28</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: 4/26/2026 End Date: 6/30/2026

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) \$ \$8,720.00
- 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.) \$ \$8,720.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$553.72
(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.)..... \$ \$553.72

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: 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: Rebecca Middle Name: _____ Last Name: Hendrix

Address: 2610 Armstrong Valley RD City: Mur State: TN Zip Code: 37128

Occupation: teacher Employer: RCS

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Tina Middle Name: _____ Last Name: Martin

Address: 355 Puckett Rd City: Murfreesboro State: TN Zip Code: 37128

Occupation: teacher Employer: RCS

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Jim Middle Name: _____ Last Name: Thompson

Address: 9081 Concord Rd City: Rockvale State: TN Zip Code: 37153

Occupation: retired Employer: air-conditioning service

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

Amount of Contribution: \$ \$300.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Lori Middle Name: _____ Last Name: Hackney

Address: 1522 Amberwood City: Murfreesboro State: TN Zip Code: 37128

Occupation: teacher Employer: RCS

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

Amount of Contribution: \$ \$20.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Total Contributions: \$ \$395.00

(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: Dayna Stanley Nichols
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) \$ \$395.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Jinna Middle Name: _____ Last Name: Jones
Address: 889 Central Valleyu Rd City: Murfreesboro State: TN Zip Code: 37129
Occupation: teacher Employer: RCS
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**
First Name: Deborah Middle Name: _____ Last Name: Henderson
Address: 5330 Johnson Rd. City: Murfreesboro State: TN Zip Code: 37127
Occupation: teacher Employer: RCS
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**
First Name: Dawn Middle Name: _____ Last Name: Tunstall
Address: 4713 Barfield Crescent Rd. City: Murfreesboro State: TN Zip Code: 37128
Occupation: Teacher Employer: RCS
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**
First Name: Kerri Middle Name: _____ Last Name: Clark
Address: 110 Kusick Ct. City: Murfreesboro State: TN Zip Code: 37128
Occupation: Teacher Employer: RCS
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Total Contributions: \$ \$515.00
(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: Dayna Stanley Nichols
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) \$ \$515.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Stacey Middle Name: _____ Last Name: Badger

Address: 307 Shelby Circle City: Shelbyville State: TN Zip Code: 37160

Occupation: Teacher Employer: RCS

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Zachery Middle Name: _____ Last Name: Nichols

Address: 3024 Twisted Oak Dr. City: Murfreesboro State: TN Zip Code: 37219

Occupation: CRNA Employer: MD TN Anesthesia

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

Amount of Contribution: \$ \$5.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Philip Middle Name: _____ Last Name: Nichols

Address: 14082 Mt. Pleasant Rd City: Rockvale State: TN Zip Code: 37153

Occupation: Firefighter Employer: Rutherford Co

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: April Middle Name: _____ Last Name: Williams

Address: 11409 Mt. Pleasant Rd City: Rockvale State: TN Zip Code: 37153

Occupation: Teacher Employer: RCS

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Total Contributions: \$ \$770.00

(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: Dayna Stanley Nichols
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) \$ \$770.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Julie Middle Name: _____ Last Name: King

Address: 1521 Floyd Rd. City: Eagleville State: TN Zip Code: 37060

Occupation: Teacher Employer: RCS

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

Amount of Contribution: \$ \$60.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Debbie Middle Name: _____ Last Name: Morgan

Address: 2918 Stuivesant Lane City: Murfreesboro State: TN Zip Code: 37128

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Viscarti

Address: 1318 Amboress Lane City: Murfreesboro State: TN Zip Code: 37153

Occupation: Teacher Employer: RCS

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Brianna Middle Name: _____ Last Name: Jernigan

Address: 3610 Midland Fosterville City: Bell Buckle State: TN Zip Code: 37020

Occupation: Student Employer: Student

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

Amount of Contribution: \$ \$400.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Total Contributions: \$ \$1,430.00

(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: Dayna Stanley Nichols
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) \$ \$1,430.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Zach Middle Name: _____ Last Name: Nichols

Address: 3024 Twisted Oak Dr. City: Murfreesboro State: TN Zip Code: 37129

Occupation: CRNA Employer: MD TN Anesthesia

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

Amount of Contribution: \$ \$40.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Barry Middle Name: _____ Last Name: Hendrixson

Address: 2713 Anthem Way City: Murfreesboro State: TN Zip Code: 37128

Occupation: Sheriff Deputy Employer: Rutherford Co

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 5/6/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Dow Middle Name: _____ Last Name: Smith

Address: 115 Woodland Dr. City: Smyrna State: TN Zip Code: 37167

Occupation: Contractor Employer: Self

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 5/26/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Cindy Middle Name: _____ Last Name: Smith

Address: 115 Woodland Dr. City: Smyrna State: TN Zip Code: 37167

Occupation: Pharmacist Employer: Reeves Sain

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 5/26/2026 Aggregate This Election: \$ \$0.00

Total Contributions: \$ \$5,370.00

(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: Dayna Stanley Nichols
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) \$ \$5,370.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Merlene Middle Name: _____ Last Name: Price

Address: 307 Brookhaven Trail City: Smyrna State: TN Zip Code: 37167

Occupation: Teacher Employer: Retired

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 5/26/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Helen Middle Name: _____ Last Name: Beaty

Address: 226 Hillside Ct. City: Murfreesboro State: TN Zip Code: 37130

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 5/26/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Shelia Middle Name: _____ Last Name: Bratten

Address: 2342 N TN Blvd City: Murfreesboro State: TN Zip Code: 37130

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$750.00 Date of Contribution: 6/11/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: Ed Middle Name: _____ Last Name: Davenport

Address: 110 Glen Echo Dr. City: Smyrna State: TN Zip Code: 37167

Occupation: Banker Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/11/2026 Aggregate This Election: \$ \$0.00

Total Contributions: \$ \$6,570.00

(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: Dayna Stanley Nichols
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) \$ \$6,570.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Craig Middle Name: _____ Last Name: Sewell
Address: 672 Cheatham Springs Rd City: Eagleville State: TN Zip Code: 37060
Occupation: Business Owner Employer: Golf Course
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1 000 0 Date of Contribution: 6/11/2026 Aggregate This Election: \$ \$0 00

Business or Organization Name: _____ **OR**
First Name: Shandy Middle Name: _____ Last Name: Sewell
Address: 672 Cheatham Springs Rd City: Eagleville State: TN Zip Code: 37060
Occupation: Business Owner Employer: Golf Course
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1 000 0 Date of Contribution: 6/11/2026 Aggregate This Election: \$ \$0 00

Business or Organization Name: _____ **OR**
First Name: Bill Middle Name: _____ Last Name: Davis
Address: Highland Ave City: Smyrna State: TN Zip Code: 37167
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 6/11/2026 Aggregate This Election: \$ \$0 00

Business or Organization Name: _____ **OR**
First Name: Frankie Middle Name: _____ Last Name: Holland
Address: 3716 Shacklett Rd City: Murfreesboro State: TN Zip Code: 37129
Occupation: Educator Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 6/29/2026 Aggregate This Election: \$ \$0 00

Total Contributions: \$ \$8,720.00
(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: 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: Nesting Project OR

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

Address: 413 Hazelwood Dr City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: T Shirts

Amount of Expenditure: \$ \$492.27 Date of Expenditure: \$ 6/9/2026

Business or Organization Name: Staples OR

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

Address: 809 Industrial Blvd City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: Cards

Amount of Expenditure: \$ \$61.45 Date of Expenditure: \$ 6/29/2026

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: \$ \$553.72

(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.)