



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: Sabrina Daniel

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: 4410 Maryland Drive
 City: East Ridge State: TN Zip Code: 37412 Phone: 4236935600

5. Candidate Home Address: 4410 Maryland Drive
 City: East Ridge State: TN Zip Code: 37412 Phone: 4236935600
 Candidate Email Address: sabrinadaniel657@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

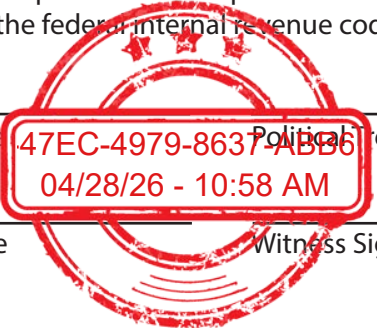
9. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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: 47EC-4979-8637-ABB6 Political Treasurer Signature Date

 Witness Signature Date Witness Signature Date



12. Summary:

a. Balance On Hand Last Report	\$ <u>\$6,043.73</u>
b. Total Receipts This Period	\$ <u>\$1,880.00</u>
c. Total Disbursements This Period	\$ <u>\$2,357.14</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$5,566.59</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 Daniel

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) \$ \$1,880.00
- 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.) \$ \$1,880.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,357.14
(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.)..... \$ \$2,357.14

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 Daniel
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: Lee Middle Name: Ann Last Name: Lenz
Address: 8274 Rambling Rose Dr. City: Ooltewah State: TN Zip Code: 37363
Occupation: Dentist Employer: Legacy Dental
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$10.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$60.00

Business or Organization Name: _____ **OR**
First Name: Sabrina Middle Name: _____ Last Name: Daniel
Address: 4410 Maryland Drive City: East Ridge State: TN Zip Code: 37412
Occupation: Teacher Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$45.00 Date of Contribution: 3/7/2026 Aggregate This Election: \$ \$420.00

Business or Organization Name: _____ **OR**
First Name: Vincent Middle Name: _____ Last Name: Canneli
Address: 8604 Berkley Lane City: Hixson State: TN Zip Code: 37343
Occupation: Insurance Employer: Marsh McLennan Agency
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$750.00 Date of Contribution: 3/7/2026 Aggregate This Election: \$ \$750.00

Business or Organization Name: _____ **OR**
First Name: Marti Middle Name: _____ Last Name: Smith
Address: 4815 White Ash Drive City: Ooltewah State: TN Zip Code: 37363
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 3/24/2026 Aggregate This Election: \$ \$300.00

Total Contributions: \$ \$1,105.00

(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 Daniel
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) \$ \$1,105.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Hugh Middle Name: _____ Last Name: Huffaker
Address: 4815 Chestnut Ave City: Signal Mountain State: TN Zip Code: 37377
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Delores Middle Name: _____ Last Name: Vinson
Address: 111 Forsythe St. City: Chattanooga State: TN Zip Code: 37421
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/28/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Patricia Middle Name: _____ Last Name: Lutes
Address: 8744 Crestbrook Cir. City: Chattanooga State: TN Zip Code: 37421
Occupation: Nurse Employer: Self-Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/5/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Douglas Middle Name: Everett Last Name: Daugherty
Address: 673 Wilshire Way City: Chattanooga State: TN Zip Code: 37405-1771
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$350.00

Total Contributions: \$ \$1,880.00

(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 Daniel
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: Spry Strategies **OR**

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

Address: 8870 Cedar Spring Lane City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Data & Text

Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 3/30/2026

Business or Organization Name: Accent Printing **OR**

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

Address: 2903 Cummings Highway City: Chattanooga State: TN Zip Code: 37419

Purpose of Expenditure: Sians

Amount of Expenditure: \$ \$893.12 Date of Expenditure: \$ 4/24/2026

Business or Organization Name: 1885 Grill **OR**

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

Address: 9469 Bradmore Lane, #101 City: Colleedale State: TN Zip Code: 37363

Purpose of Expenditure: Volunteer Dinner

Amount of Expenditure: \$ \$451.78 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: Spry Strategies **OR**

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

Address: 8870 Cedar Springs Lane City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Texting

Amount of Expenditure: \$ \$600.00 Date of Expenditure: \$ 4/7/2026

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: \$ \$112.24 Date of Expenditure: \$ 4/6/2026

Total Expenditures: \$ \$2,357.14

(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.)