



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

APR 27 2026 PM

SUMNER COUNTY
ELECTION COMMISSION

1. Date: 4/26/2026 2.a. Candidate or Committee Name: Chanitta Nealy
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/16/2026
 4. Campaign Address: 1079 Dorset Drive
 City: Hendersonville State: TN Zip Code: 37075 Phone: 252-578-4602
 5. Candidate Home Address: 1079 Dorset Drive
 City: Hendersonville State: TN Zip Code: 37075 Phone: 252-578-4602
 Candidate Email Address: ChanittanealyCampaign@gmail.com
 6. Office Sought: (include district number, if applicable) Sumner County School Board District 3
 7. Name of Political Treasurer (may be candidate): Adzienne Benton
 Political Treasurer Email Address: adzienne.n.morgan@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.

Chanitta Nealy 4/26/2026
 Candidate Signature Date
Yusef Harris 4/26/2026
 Witness Signature Date

Adzienne Benton 4/26/2026
 Political Treasurer Signature Date
Kenneth Nealy 4/26/2026
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>1974.50</u>
b. Total Receipts This Period	\$	<u>815.00</u>
c. Total Disbursements This Period	\$	<u>1034.56</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>1754.94</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Chanitta Nealy

14. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 515.00
(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) \$ 300.00
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 815.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1034.56
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 1034.56

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Chanitta NEALY
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: PASHECA Middle Name: _____ Last Name: BARROW
Address: 250 RUSSELL BRANCH City: Charlotte State: NC Zip Code: 28211
Occupation: Investment Director Employer: First Third Bank
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/2/26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Patricia Middle Name: _____ Last Name: JOHNSON
Address: P.O. BOX 30674 City: GREENVILLE State: NC Zip Code: 27833
Occupation: Investment/Development Employer: D'S P PROPERTY
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/2/26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Penny Middle Name: _____ Last Name: BENTHALL
Address: P.O. Box 393 City: JACKSON State: NC Zip Code: 27845
Occupation: NOT EMPLOYED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/13/26 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: \$ 300

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Charitta Nealy
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ 0

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Chanitta Neary
2. Reporting Period: Start Date: 4/1/26 End Date: 4/30/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: \$ 2.91 Date of Expenditure: \$ 4/1/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO. BOX 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: \$ 11.15 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: \$ 2.33 Date of Expenditure: \$ 4/3/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 4/6/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO BOX 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: \$ 1.93 Date of Expenditure: \$ 4/7/26

Total Expenditures: \$ 19.37

(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: Charitta Nealy
2. Reporting Period: Start Date: 4/1/20 End Date: 4/25/20
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 19.37

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: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fees
Amount of Expenditure: \$ 0.88 Date of Expenditure: \$ 4/9/20

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fees
Amount of Expenditure: \$ 3.48 Date of Expenditure: \$ 4/15/20

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 4/17/20

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fee
Amount of Expenditure: \$ 1.86 Date of Expenditure: \$ 4/21/20

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fees
Amount of Expenditure: \$ 1.86 Date of Expenditure: \$ 4/22/20

Total Expenditures: \$ 9.13

(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: Chanitta Nealy
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 9.13

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: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: digital processing fees
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 4/24/26

Business or Organization Name: Middle Tennessee Laminating dba John the Printer
First Name: _____ Middle Name: _____ Last Name: _____
Address: 152 EVERGREEN Cir City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: printing
Amount of Expenditure: \$ 763.03 Date of Expenditure: \$ 4/17/2026

Business or Organization Name: Fed ex Office OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7900 LEGACY DRIVE City: Plano State: TX Zip Code: 75024
Purpose of Expenditure: Campaign T-Shirts
Amount of Expenditure: \$ 241.98 Date of Expenditure: \$ 4/23/26

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: \$ 1006.06
(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Charita Neal
2. Reporting Period: Start Date: 4/1/20 End Date: 4/25/20
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

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

Date of Loan: _____

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Charita Nealy

2. Reporting Period: Start Date: 4/1/26 End Date: 4/30/26

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$