



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 4/6/2026 2.a. Candidate or Committee Name: Chanitta Nealy  
 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 8/6/2026  
 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): Adrienne Benton  
 Political Treasurer Email Address: adrienne.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: 1/16/2026 End Date: 3/31/2026

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.

<p><u>Chanitta Nealy</u> <u>4/9/2026</u>          Candidate Signature                      Date</p> <p><u>[Signature]</u> <u>4/9/2026</u>          Witness Signature                      Date</p>	<p><u>Adrienne Benton</u> <u>4/8/2026</u>          Political Treasurer Signature                      Date</p> <p><u>Carolyn Jones</u> <u>4/8/2026</u>          Witness Signature                      Date</p>
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12. Summary:

a. Balance On Hand Last Report.....	\$ <u>0</u>
b. Total Receipts This Period.....	\$ <u>2,740.00</u>
c. Total Disbursements This Period.....	\$ <u>765.50</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.).....	\$ <u>1,974.50</u>
e. Total Loans Outstanding.....	\$ <u>100.00</u>
f. Total Obligations Outstanding.....	\$ <u>0</u>

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 APR 09 2026 PM  
 SUMNER COUNTY  
 ELECTION COMMISSION

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Chanitta Nealy

14. Reporting Period: Start Date: 01/16/2026 End Date: 03/16/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 1,990.00  
(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) ..... \$ 650.00
- c. Loans Received This Reporting Period..... \$ 100.00
- 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.) ..... \$ 2,740.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 765.50  
(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.)..... \$ 765.50

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 11.08
- b. Itemized In-Kind Contributions Received This Period ..... \$ 0
- c. Total In-Kind Contributions Received This Period ..... \$ 11.08

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: 01/16/2026 End Date: 03/31/2026  
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: Michael Middle Name: \_\_\_\_\_ Last Name: Fitzgerald  
Address: 1072 Dorset Drive City: Hendersonville State: TN Zip Code: 37075  
Occupation: Self-employed Employer: Apex  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 03/01/2026 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Kenneth Middle Name: \_\_\_\_\_ Last Name: Nealy  
Address: 1079 Dorset Drive City: Hendersonville State: TN Zip Code: 37075  
Occupation: State Government Employer: TN State Government  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 03/12/2026 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Charmaine Middle Name: \_\_\_\_\_ Last Name: Ford  
Address: 6731 Thistle Down Dr City: Harrisburg State: NC Zip Code: 28075  
Occupation: Special Proceedings Clerk Employer: North Carolina  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 03/13/2026 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Tarla Middle Name: \_\_\_\_\_ Last Name: Richards  
Address: 18 Shermans Ridge Road City: Stafford State: VA Zip Code: 22554  
Occupation: Registered Nurse Employer: Premise Health  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 03/25/2026 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 650.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Charitla Nealy  
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026  
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: \$ \_\_\_\_\_  
(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 Nealy  
2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026  
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: Shayla Parker Design OR  
First Name: Shayla Middle Name: \_\_\_\_\_ Last Name: Parker  
Address: 5388 Heron Bay Blvd City: Locust Grove State: GA Zip Code: 30248  
Purpose of Expenditure: Handcard  
Amount of Expenditure: \$ \$65.00 Date of Expenditure: \$ 03/13/2026

Business or Organization Name: FedEx Office OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 7900 Legacy Drive City: Plano State: TX Zip Code: 75024  
Purpose of Expenditure: Campaign T-shirt  
Amount of Expenditure: \$ 36.78 Date of Expenditure: \$ 03/10/2026

Business or Organization Name: Zazzle Inc. OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1200 Chestnut Street City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: Handcard  
Amount of Expenditure: \$ 153.78 Date of Expenditure: \$ 03/09/2026

Business or Organization Name: Posh Glam Studio OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2265 Gallatin Pk N City: Nashville State: TN Zip Code: 37  
Purpose of Expenditure: Professional Services  
Amount of Expenditure: \$ 67.50 Date of Expenditure: \$ 03/05/2026

Business or Organization Name: PayPal \*Dream A Little Dream Pix OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1101 Dorset Drive City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: Professional Services  
Amount of Expenditure: \$ 125.00 Date of Expenditure: \$ 03/06/2026

Total Expenditures: \$ 448.06

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Chanitta Nealy
2. Reporting Period: Start Date: 01/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 448.06

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: Posh Glam Studio **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2265 Gallatin Pk N City: Nashville State: TN Zip Code: 37115  
Purpose of Expenditure: Professional Services  
Amount of Expenditure: \$ 87.75 Date of Expenditure: \$ 03/07/2026

Business or Organization Name: League of Women Voters of Tennessee **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: PO Box 158369 City: Nashville State: TN Zip Code: 37215  
Purpose of Expenditure: membership fee  
Amount of Expenditure: \$ 35.25 Date of Expenditure: \$ 03/15/2026

Business or Organization Name: League of Women Voters of the US **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1233 20th Street NW, Suite 500 City: Washington State: DC Zip Code: 20036  
Purpose of Expenditure: membership fee  
Amount of Expenditure: \$ \$24.75 Date of Expenditure: \$ 03/15/2026

Business or Organization Name: League of Women Voters of Hendersonville TN **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 204 Tyne Bay Dr City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: membership fee  
Amount of Expenditure: \$ 15.00 Date of Expenditure: \$ 03/15/2026

Business or Organization Name: Middle Tennessee Laminating dba John The Printer **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 152 Evergreen Cir City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: printing  
Amount of Expenditure: \$ 35.12 Date of Expenditure: \$ 03/13/2026

Total Expenditures: \$ 197.87

(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: 01/16/2026 End Date: 03/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 197.87

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: USPS **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 301 Northcreek Blvd City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Postage

Amount of Expenditure: \$ 24.40 Date of Expenditure: \$ 03/17/2026

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 fee

Amount of Expenditure: \$ 19.57 Date of Expenditure: \$ 03/04/2026

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 fee

Amount of Expenditure: \$ 1.61 Date of Expenditure: \$ 03/05/2026

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 fee

Amount of Expenditure: \$ 5.58 Date of Expenditure: \$ 03/06/2026

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 fee

Amount of Expenditure: \$ 11.73 Date of Expenditure: \$ 03/09/2026

Total Expenditures: \$ 62.89

(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: 01/16/2026 End Date: 03/31/2026  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 62.89

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: ActBlue fees · digital processing fee  
Amount of Expenditure: \$ 8.82 Date of Expenditure: \$ 03/10/2026

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 fee  
Amount of Expenditure: \$ 11.23 Date of Expenditure: \$ 03/11/2026

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: ActBlue fee · digital processing fee  
Amount of Expenditure: \$ 14.98 Date of Expenditure: \$ 03/16/2026

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: ActBlue fees · digital processing fee  
Amount of Expenditure: \$ 10.76 Date of Expenditure: \$ 03/17/2026

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: ActBlue fees digital processing fee  
Amount of Expenditure: \$ 7.17 Date of Expenditure: \$ 3/18/2026

Total Expenditures: \$ 52.96

(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: 01/16/2026 End Date: 03/31/2026  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 52.96

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: ActBlue fees digital processing fee  
Amount of Expenditure: \$ 1.86 Date of Expenditure: \$ 03/26/2026

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: ActBlue fees digital processing fee  
Amount of Expenditure: \$ 1.86 Date of Expenditure: \$ 03/27/2026

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: \$ 3.72

(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.)

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Chanitta Nealy
2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026
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: Chanitta Middle Name: \_\_\_\_\_ Last Name: Nealy  
Address: 1079 Dorset Drive City: Hendersonville State: TN Zip Code: 37075  
Outstanding Loan Balance (Beginning) ..... \$ 100.00  
Loans Received ..... \$ \_\_\_\_\_  
Loan Payments ..... \$ \_\_\_\_\_  
Outstanding Loan (End) ..... \$ 100.00  
Loan Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Date of Loan: 02/19/2026

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) ..... \$ 100.00  
Loans Received ..... \$ \_\_\_\_\_  
Loan Payments ..... \$ \_\_\_\_\_  
Outstanding Loan (End) ..... \$ 100.00

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Charitta Nealy

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">Description of Obligation:</td> </tr> <tr> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Outstanding Balance (Period Beginning)</th> <th style="width: 25%;">Debt Incurred This Period</th> <th style="width: 25%;">Payments This Period</th> <th style="width: 25%;">Outstanding Balance (Period End)</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table> </td> </tr> </table>	Description of Obligation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Outstanding Balance (Period Beginning)</th> <th style="width: 25%;">Debt Incurred This Period</th> <th style="width: 25%;">Payments This Period</th> <th style="width: 25%;">Outstanding Balance (Period End)</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Outstanding Balance (Period Beginning)</th> <th style="width: 25%;">Debt Incurred This Period</th> <th style="width: 25%;">Payments This Period</th> <th style="width: 25%;">Outstanding Balance (Period End)</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$			
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\$	\$	\$	\$								

**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)
\$	\$	\$	\$