



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

### For Single-Candidate Committees

1. Date: 7/30/26 2.a. Candidate or Committee Name: EMILY O'DONNELL
- 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 8/6/26
4. Campaign Address: \_\_\_\_\_  
City: RED BANK State: TN Zip Code: 37415 Phone: 423-443-9915
5. Candidate Home Address: SAME AS ABOVE  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Candidate Email Address: emilyahlgquist@gmail.com
6. Office Sought: (include district number, if applicable) RED BANK JUDGE
7. Name of Political Treasurer (may be candidate): MC WYATT (MARGARET WYATT)  
Political Treasurer Email Address: charl.wyatt@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: 7/1/26 End Date: 7/27/26
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.

Emily O'Donnell 7/30/26  
Candidate Signature Date

[Signature] 7/30/26  
Political Treasurer Signature Date

\_\_\_\_\_  
Witness Signature Date

\_\_\_\_\_  
Witness Signature Date

#### 12. Summary:

- a. Balance On Hand Last Report ..... \$ 100.00
- b. Total Receipts This Period ..... \$ 4,650.00
- c. Total Disbursements This Period ..... \$ ~~899.96~~ 899.96
- d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... \$ 3,850.04
- e. Total Loans Outstanding ..... \$ -0-
- f. Total Obligations Outstanding ..... \$ 899.52

## SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: EMILY O'DONNELL

14. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 1,600.00  
(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) ..... \$ 3,050.00
- 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.) ..... \$ 4,650.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ ~~803.52~~ 899.96 <sup>EO</sup>  
(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 - <sup>EO</sup>
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ ~~803.52~~ 899.96

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ - 0 -
- b. Itemized In-Kind Contributions Received This Period ..... \$ 1,040.00
- c. Total In-Kind Contributions Received This Period ..... \$ 1,040.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 897.52

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Emily O'Donnell  
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26  
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: Sunnyside Holdings, LLC OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 3111 Wiltshire Dr. City: Arundale Estates State: GA Zip Code: 30002  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 1800 Date of Contribution: 7/16/26 Aggregate This Election: \$ 1800

Business or Organization Name: ~~Adele Ahlquist~~ OR  
First Name: Adele Middle Name: \_\_\_\_\_ Last Name: Ahlquist  
Address: 29 Holly Court City: Braselton State: GA Zip Code: 30517  
Occupation: retired Employer: none  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 7/16/26 Aggregate This Election: \$ 250

Business or Organization Name: ~~Donna Robertson~~ OR  
First Name: Donna Middle Name: \_\_\_\_\_ Last Name: Robertson  
Address: 257 Mt. Vernon Dr. City: Decatur State: GA Zip Code: 30030  
Occupation: not employed Employer: none  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 7/6/26 Aggregate This Election: \$ 250

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Charlie Middle Name: \_\_\_\_\_ Last Name: Milburn  
Address: 141A Oakhurst Dr City: Doltewah State: TN Zip Code: 37363  
Occupation: Communications Employer: Erlanger  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ 250

Total Contributions: \$ 2,550

(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: EMILY O'DONNELL  
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,550.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: LYNDE Middle Name: \_\_\_\_\_ Last Name: THOMPSON  
Address: 428 GENTLEMENS RIDGE City: SIGNAL MTN State: TN Zip Code: 37377  
Occupation: NOT EMPLOYED Employer: NONE  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.00 Date of Contribution: 7/15/26 Aggregate This Election: \$ 250.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: KATHRYN Middle Name: \_\_\_\_\_ Last Name: LINK  
Address: 1507 ASHLAND ST City: HOUSTON State: TX Zip Code: 77068  
Occupation: SALES Employer: SELF  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.00 Date of Contribution: 7/18/26 Aggregate This Election: \$ 250.00

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: \$ 3,050.00

(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: EMILY O'DONNELL  
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26  
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: AMERITEL VOICE AND DATA OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 101 SPENCER ST City: DALTON State: GA Zip Code: 30721  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 800.00 In-Kind Contribution Date: 7/8/26 Aggregate This Election: \$ 800.00  
Description of In-Kind Contribution: 100 YARD SIGNS + STAKES

Business or Organization Name: \_\_\_\_\_ OR  
First Name: KATIE Middle Name: \_\_\_\_\_ Last Name: KING  
Address: 1819 RIDGEWOOD DR. City: CHATTANOOGA State: TN Zip Code: 37404  
Occupation: ATTORNEY Employer: SELF  
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 240.00 In-Kind Contribution Date: 7/22/26 Aggregate This Election: \$ 240.00  
Description of In-Kind Contribution: 10 3'x4' CAMPAIGN SIGNS

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: \$ 1,040.00

(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: Emily O'Donnell  
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26  
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: Squarespace OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 225 Varick St, 12th floor City: New York State: NY Zip Code: 10014  
Purpose of Expenditure: Website  
Amount of Expenditure: \$ 27.31 Date of Expenditure: \$ 7/1/26

Business or Organization Name: Squarespace OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 225 Varick St, 12th fl. City: New York State: NY Zip Code: 10014  
Purpose of Expenditure: Domain name electfamily.org  
Amount of Expenditure: \$ 9.00 Date of Expenditure: \$ 7/1/26

Business or Organization Name: Printready OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 4300 N. Access Rd City: Chattanooga State: TN Zip Code: 37415  
Purpose of Expenditure: postage for mailer  
Amount of Expenditure: \$ 705.81 Date of Expenditure: \$ 7/20/26

Business or Organization Name: Lowe's OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 5428 TN-153 City: Hixson State: TN Zip Code: 37343  
Purpose of Expenditure: rebar  
Amount of Expenditure: \$ 60.96 Date of Expenditure: \$ 7/22/26

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: FEE FOR USE OF DIGITAL FUNDRAISING PLATFORM  
Amount of Expenditure: \$ 96.88 Date of Expenditure: \$ 7/19/26

Total Expenditures: \$ ~~803.08~~ 899.96 260

(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 OBLIGATIONS - CANDIDATE

- Candidate or Committee Name: EMILY O'DONNELL
- Reporting Period: Start Date: 7/1/26 End Date: 7/22/26
- Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

|                                           |                                                      |                           |                                  |
|-------------------------------------------|------------------------------------------------------|---------------------------|----------------------------------|
| Business Name: <u>PRINT READY</u>         | Description of Obligation: <u>RACK CARDS - 1,500</u> |                           |                                  |
| First Name: _____ Middle Name: _____      |                                                      |                           |                                  |
| Last Name: _____                          |                                                      |                           |                                  |
| Address: <u>4300 N. ALLESS RD, STE. D</u> | Outstanding Balance (Period Beginning)               | Debt Incurred This Period | Payments This Period             |
| City: <u>CHATTANOOGA</u>                  |                                                      |                           | Outstanding Balance (Period End) |
| State: <u>TN</u> Zip Code: <u>37415</u>   | \$ - 0 -                                             | \$ 245.96                 | \$ - 0 -                         |
|                                           |                                                      |                           | \$ 245.96                        |

|                                           |                                        |                           |                                  |
|-------------------------------------------|----------------------------------------|---------------------------|----------------------------------|
| Business Name: <u>PRINT READY</u>         | Description of Obligation:             |                           |                                  |
| First Name: _____ Middle Name: _____      |                                        |                           |                                  |
| Last Name: _____                          |                                        |                           |                                  |
| Address: <u>4300 N. ALLESS RD, STE. D</u> | Outstanding Balance (Period Beginning) | Debt Incurred This Period | Payments This Period             |
| City: <u>CHATTANOOGA, TN</u>              |                                        |                           | Outstanding Balance (Period End) |
| State: <u>TN</u> Zip Code: <u>37415</u>   | \$ - 0 -                               | \$ 651.56                 | \$ - 0 -                         |
|                                           |                                        |                           | \$ 651.56                        |

|                                      |                                        |                           |                                  |
|--------------------------------------|----------------------------------------|---------------------------|----------------------------------|
| Business Name: _____                 | Description of Obligation:             |                           |                                  |
| First Name: _____ Middle Name: _____ |                                        |                           |                                  |
| Last Name: _____                     |                                        |                           |                                  |
| Address: _____                       | Outstanding Balance (Period Beginning) | Debt Incurred This Period | Payments This Period             |
| City: _____                          |                                        |                           | Outstanding Balance (Period End) |
| State: _____ Zip Code: _____         | \$                                     | \$                        | \$                               |
|                                      |                                        |                           | \$                               |

|                                      |                                        |                           |                                  |
|--------------------------------------|----------------------------------------|---------------------------|----------------------------------|
| Business Name: _____                 | Description of Obligation:             |                           |                                  |
| First Name: _____ Middle Name: _____ |                                        |                           |                                  |
| Last Name: _____                     |                                        |                           |                                  |
| Address: _____                       | Outstanding Balance (Period Beginning) | Debt Incurred This Period | Payments This Period             |
| City: _____                          |                                        |                           | Outstanding Balance (Period End) |
| State: _____ Zip Code: _____         | \$                                     | \$                        | \$                               |
|                                      |                                        |                           | \$                               |

## 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 This Period | Payments This Period | Outstanding Balance (Period End) |
|----------------------------------------|---------------------------|----------------------|----------------------------------|
| \$ - 0 -                               | \$ 897.52                 | \$ - 0 -             | \$ 897.52                        |