



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 5/1/2026 2.a. Candidate or Committee Name: Amanda Sovago-Royal

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 900 MOUNTAIN CREEK RD, U425
 City: Chattanooga State: TN Zip Code: 37405 Phone: _____

5. Candidate Home Address: 900 MOUNTAIN CREEK RD, U425
 City: Chattanooga State: TN Zip Code: 37405 Phone: _____
 Candidate Email Address: info@Amandafordistrict2.com

6. Office Sought: (include district number, if applicable) County Commission Dist. 2

7. Name of Political Treasurer (may be candidate): Sandra Campagnone
 Political Treasurer Email Address: s.campagnone@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: _____ 9B47-4ACE-9014-9669 Political Treasurer Signature Date

 Witness Signature Date: _____ _____ Witness Signature Date

12. Summary:

| | |
|---|--------------------|
| a. Balance On Hand Last Report | \$ <u>\$64.23</u> |
| b. Total Receipts This Period | \$ <u>\$51.90</u> |
| c. Total Disbursements This Period | \$ <u>\$115.93</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$0.20</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: Amanda Sovago-Royal

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) \$ \$51.90
- 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.) \$ \$51.90

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$115.93
(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.)..... \$ \$115.93

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: Amanda Sovago-Royal
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: Sharon Middle Name: _____ Last Name: Russell
Address: 4327 Comet Trail City: Hixson State: TN Zip Code: 37343
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$23.70 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$23.70

Business or Organization Name: _____ **OR**
First Name: Sharon Middle Name: _____ Last Name: Russell
Address: 4327 Comet Trail City: Hixson State: TN Zip Code: 37343
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$23.70 Date of Contribution: 4/7/2026 Aggregate This Election: \$ \$23.70

Business or Organization Name: _____ **OR**
First Name: Tameika Middle Name: _____ Last Name: Moore
Address: 2011 Bragg St City: Chattanooga State: TN Zip Code: 37406
Occupation: CEO Employer: The Moore Group
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$4.50 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$4.50

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: \$ \$51.90

(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: Amanda Sovago-Royal
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: Apple OR

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

Address: One Apple Park Way City: Cupertino State: CA Zip Code: 95014

Purpose of Expenditure: Video Editing Software

Amount of Expenditure: \$ \$54.49 Date of Expenditure: \$ 4/8/2026

Business or Organization Name: Mapco OR

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

Address: Taft Highway City: Signal Mountain State: TN Zip Code: 37405

Purpose of Expenditure: Gas for going to meetings

Amount of Expenditure: \$ \$25.02 Date of Expenditure: \$ 4/3/2026

Business or Organization Name: Act Blue Hamilton County Dems OR

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

Address: 1089 Bailey Ave City: Chattanooga State: TN Zip Code: 37404

Purpose of Expenditure: Membership

Amount of Expenditure: \$ \$28.00 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: Walmart OR

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

Address: 501 Signal Mountain Rd City: Chattanooga State: TN Zip Code: 37405

Purpose of Expenditure: Office Supplies

Amount of Expenditure: \$ \$8.42 Date of Expenditure: \$ 4/8/2026

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: \$ _____

Total Expenditures: \$ \$115.93

(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.)