



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2/2/2026 2.a. Candidate or Committee Name: Jana Swearengen Swearengen-Washington

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10/5/2027

4. Campaign Address: 1838 South Parkway
 City: Memphis State: TN Zip Code: 38114 Phone: 9018287632

5. Candidate Home Address: 1838 South Parkway
 City: Memphis State: TN Zip Code: 38114 Phone: 9018287632
 Candidate Email Address: washingtonjana3@gmail.com

6. Office Sought: (include district number, if applicable) Memphis City Council, Dist. 4

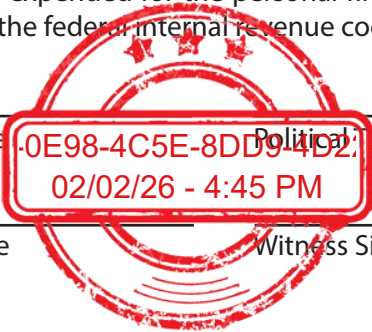
7. Name of Political Treasurer (may be candidate): Juliet Waddell Pittman
 Political Treasurer Email Address: waddell.juliet@yahoo.com

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: 7/31/2025 End Date: 12/31/2025

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: _____ Political Treasurer Signature Date

 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$4,955.53</u>
b. Total Receipts This Period	\$ <u>\$500.00</u>
c. Total Disbursements This Period	\$ <u>\$3,679.76</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,775.77</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: Jana Swearengen Swearengen-Washington

14. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025

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) \$ \$500.00
- 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.) \$ \$500.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$3,679.76
(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.)..... \$ \$3,679.76

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: Jana Swearngen Swearngen-Washington
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
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: The Village Neighbors **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 534 Cherry Rd. City: Memphis State: TN Zip Code: 38117
Occupation: Business Employer: self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 8/8/2025 Aggregate This Election: \$ \$500.00

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: \$ _____

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: \$ \$500.00

(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: Jana Swearngen Swearngen-Washington
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
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: Regions Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2800 Lamar Avenue City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Monthly Bank Fee
Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 7/1/2025

Business or Organization Name: _____ **OR**
First Name: Jana Middle Name: _____ Last Name: Swearngen Washi
Address: 1838 City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Devon Storage Fee
Amount of Expenditure: \$ \$231.00 Date of Expenditure: \$ 7/1/2025

Business or Organization Name: _____ **OR**
First Name: Jana Middle Name: _____ Last Name: Swearngen Washi
Address: 1838 City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Paid Jerv Young \$150; Eddie Collins \$150; J. Taylor \$40; C. Thompson Putting out
Amount of Expenditure: \$ \$380.00 Date of Expenditure: \$ 7/1/2025

Business or Organization Name: _____ **OR**
First Name: Jana Middle Name: _____ Last Name: Swearngen Washi
Address: 1838 City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Devon Storage Fee
Amount of Expenditure: \$ \$231.00 Date of Expenditure: \$ 7/1/2025

Business or Organization Name: Mt. Pisgah CME Church **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2490 Park Avenue City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Fund raiser for the church - 5 - tickets
Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 7/14/2025

Total Expenditures: \$ \$1,097.00

(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: Jana Swearengen Swearengen-Washington
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,097.00

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: _____ **OR**
First Name: Angela Middle Name: _____ Last Name: Collins
Address: 3010 Woodhills Dr. City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: For husband Eddie Collins, Sr. & Eddie, Jr. transporting signs to storage unit
Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 7/22/2025

Business or Organization Name: _____ **OR**
First Name: Eddie Middle Name: _____ Last Name: Collins, Sr.
Address: 3010 Woodhills Dr. City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Transporting signs from old storage unit to new storage unit
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 7/28/2025

Business or Organization Name: _____ **OR**
First Name: Eddie Middle Name: _____ Last Name: Collins, Sr.
Address: 3010 Woodhills Dr. City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Transporting the last of the signs from old storage unit to new storage unit
Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 7/31/2025

Business or Organization Name: Regions Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2800 Lamar Avenue City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Monthly Bank Fee
Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 8/1/0001

Business or Organization Name: _____ **OR**
First Name: Jana Middle Name: Swearengen Last Name: Swearengen Washi
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Tickets to Women's Expo
Amount of Expenditure: \$ \$358.76 Date of Expenditure: \$ 8/9/2025

Total Expenditures: \$ \$2,160.76

(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: Jana Swearingen Swearingen-Washington
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,160.76

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: _____ **OR**
First Name: jana Middle Name: Swearingen Last Name: Swearingen Washi
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Devon Storage Fee
Amount of Expenditure: \$ \$231.00 Date of Expenditure: \$ 8/16/2025

Business or Organization Name: _____ **OR**
First Name: Angela Middle Name: Swearingen Last Name: Collins
Address: 3010 Woodhills Dr. City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Distributed fliers to 10 Community Centers & putting doorknockers on doors in one
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 8/21/2025

Business or Organization Name: _____ **OR**
First Name: Angela Middle Name: Swearingen Last Name: Collins
Address: 3010 Woodhills Dr. City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Put doorknockers out in Cherokee neighborhood & 3 community centers
Amount of Expenditure: \$ \$75.00 Date of Expenditure: \$ 8/27/2025

Business or Organization Name: Dorse and Associates **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3268 N. Waynoka Circle City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Purchased Tee Shirts for volunteers
Amount of Expenditure: \$ \$387.00 Date of Expenditure: \$ 10/29/2025

Business or Organization Name: Regions Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2800 Lamar Avenue City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Monthly Bank Fee
Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 9/2/2025

Total Expenditures: \$ \$2,958.76

(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: Jana Swearngen Swearngen-Washington
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,958.76

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: A-! Printing Service **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 810 Brooks Rd. City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Printing of signs
Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 10/1/2025

Business or Organization Name: _____ **OR**
First Name: Jana Middle Name: Swearngen Last Name: Swearngen Washi
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Devon Storage
Amount of Expenditure: \$ \$151.00 Date of Expenditure: \$ 10/8/2025

Business or Organization Name: Mt. Pisgah CME Church **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2490 Park Avenue City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Anniversary donation
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 10/27/2025

Business or Organization Name: Regions Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2800 Lamar Ave. City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Monthly Bank Fee
Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 10/1/2025

Business or Organization Name: _____ **OR**
First Name: Jana Middle Name: Swearngen Last Name: Swearngen Washi
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Devon Storage Fee
Amount of Expenditure: \$ \$155.00 Date of Expenditure: \$ 11/10/2025

Total Expenditures: \$ \$3,669.76

(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: Jana Swearngen Swearngen-Washington
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,669.76

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: Regions Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2800 Lamar Ave. City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Monthly Bank Fee
Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 11/3/2025

Business or Organization Name: Regions Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2800 Lamar Ave. City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Monthly Bank Fee
Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 12/1/2025

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: \$ \$3,679.76

(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.)