



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7/30/2025 2.a. Candidate or Committee Name: Jana Swearengen Swearengen-Washington

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10/4/2027

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

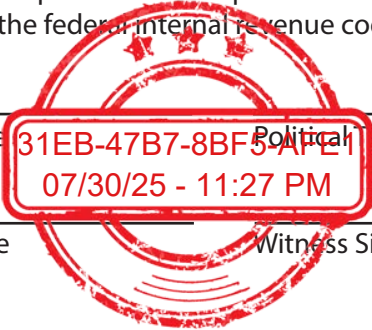
8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

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>\$515.53</u>
b. Total Receipts This Period	\$ <u>\$6,500.00</u>
c. Total Disbursements This Period	\$ <u>\$2,060.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$4,955.53</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: 1/16/2025 End Date: 6/30/2025

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) \$ \$6,500.00
- 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.) \$ \$6,500.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,060.00
(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.)..... \$ \$2,060.00

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: 1/16/2025 End Date: 6/30/2025
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: _____ **OR**
First Name: Benjamin Middle Name: _____ Last Name: Orqil
Address: 717 S. Riverside Dr. Apt. 608 City: Memphis State: TN Zip Code: 38103
Occupation: CFO Employer: Tower Venture
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: P. Last Name: McLaughlin
Address: 2115 Brierbrook Rd. City: Germantown State: TN Zip Code: 38138
Occupation: CFO Employer: Tower Venture
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: David Middle Name: _____ Last Name: Goldstein
Address: Unknown City: Memphis State: TN Zip Code: 38120
Occupation: Doctor Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: William Middle Name: E. Last Name: Orgel
Address: 6414 Ronald Rd. City: Memphis State: TN Zip Code: 38120
Occupation: Business Owner Employer: Real Estate
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/25/2025 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$2,500.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jana Swearngen Swearngen-Washington
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jay Middle Name: H. Last Name: Lindy

Address: 273 Meadowgrove Ln. City: Memphis State: TN Zip Code: 38120

Occupation: Attorney Employer: Tower Venture

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/25/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: Cathy Middle Name: _____ Last Name: Weiss

Address: 230 Cloister Green Ln. City: Memphis State: TN Zip Code: 38120

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/25/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: Craig Middle Name: _____ Last Name: Royal

Address: 1559 Massey Green Cv. City: Memphis State: TN Zip Code: 38120

Occupation: VP Employer: Tower Venture

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/25/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: Couch Realty Investments, LLC **OR**

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

Address: 9950 Center Hill Rd. City: Collierville State: TN Zip Code: 38017

Occupation: Business Employer: Couch Realty Investments, LLC

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 5/16/2025 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$6,500.00

(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: 1/16/2025 End Date: 6/30/2025
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: \$ 2/3/2025

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: \$ 3/3/2025

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: \$ 4/1/2025

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: \$ 5/1/2025

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: Canvassing putting on door knockers & sending campaign thank you notes

Amount of Expenditure: \$ \$115.00 Date of Expenditure: \$ 6/4/2025

Total Expenditures: \$ \$135.00

(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: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$135.00

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: Ebonye Middle Name: _____ Last Name: Howard
Address: Unknown City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Canvassing putting on door knockers
Amount of Expenditure: \$ \$115.00 Date of Expenditure: \$ 6/4/2025

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: Bank Fee
Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 6/2/2025

Business or Organization Name: Harris Memorial CME Church **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1584 S. Lauderdale St. City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Church Donation
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 5/12/2025

Business or Organization Name: _____ **OR**
First Name: Jana Middle Name: _____ Last Name: Swearengen Washi
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Reimbursement for payments made to Devon Storage for five months
Amount of Expenditure: \$ \$1,095.00 Date of Expenditure: \$ 5/9/2025

Business or Organization Name: North East District Missionaries **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Unknown City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Church Donation
Amount of Expenditure: \$ \$160.00 Date of Expenditure: \$ 5/29/2025

Total Expenditures: \$ \$1,710.00

(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: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,710.00

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: Committee to Elect JB Smiley OR

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

Address: Unknown City: Memphis State: TN Zip Code: 38114

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 6/23/2025

Business or Organization Name: First 8 Memphis OR

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

Address: 1350 Concourse Ave Ste. 481 City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 6/30/2025

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: \$ \$2,060.00

(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.)