CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/31/2026 2.a. Candidate or Committee Name: Jane M Armstrong

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

4. Campaign Address: 9807 Caseview Dr

City: Harrison State: TN Zip Code: 37341 Phone: 4234436376

5. Candidate Home Address: 9807 Caseview Dr

City: Harrison State: TN Zip Code: 37341 Phone: 4234436376

Candidate Email Address: jane@janearmstrong.com

6. Office Sought: (include district number, if applicable) State Exec Committeewoman Dist. 11

7. Name of Political Treasurer (may be candidate): Jane Armstrong

Political Treasurer Email Address: jane@janearmstrong.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: 7/1/2026 End Date: 7/30/2026

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	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

-7481-4254-A5D4-A195
07/31/26 - 9:46 AM

12. Summary:

a.	Balance On Hand Last Report	$ $3,915.00
b.	Total Receipts This Period	$ $1,100.00
c.	Total Disbursements This Period	$ $2,438.10
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $2,576.90
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $898.20

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jane M Armstrong

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026

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) ..... $ $1,100.00

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.) ..... $ $1,100.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $2,438.10
(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.)..... $ $2,438.10

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.) ..... $ $898.20

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jane M Armstrong

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026

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: Jeff Middle Name: _____ Last Name: Eversole

Address: 10210 Hwy 58 City: Ooltewah State: TN Zip Code: 37363

Occupation: County Commissioner Employer: Hamilton County

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

Amount of Contribution: $ $100.00 Date of Contribution: 7/7/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Dale Middle Name: _____ Last Name: Reynolds

Address: 8232 Mill Race Drive City: Ooltewah State: TN Zip Code: 37363

Occupation: Retired Employer: NA

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 7/30/2026 Aggregate This Election: $ $1,000.0

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: $ $1,100.00

(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: Jane M Armstrong

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026

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: Hill City Strategies **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: P.O. Box 4478 City: Chattanooga State: TN Zip Code: 37405

Purpose of Expenditure: Yard Signs

Amount of Expenditure: $ $662.79 Date of Expenditure: $ 7/28/2026

Business or Organization Name: Hill City Strategies **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: P.O. Box 4478 City: Chattanooga State: TN Zip Code: 37405

Purpose of Expenditure: 4x4 Signs

Amount of Expenditure: $ $1,775.31 Date of Expenditure: $ 7/28/2026

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: $ $2,438.10

(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

1. Candidate or Committee Name: Jane M Armstrong

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Hill City Strategies
First Name: ______ Middle Name: ______
Last Name: ______
Address: P.O. Box 4478
City: Chattanooga
State: TN Zip Code: 37405

Description of Obligation:	Text messages		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$$898.20	$$898.20	$$0.00	$$898.20

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

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)
$$898.20	$$898.20	$$0.00	$$898.20