



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/25/2026 2.a. Candidate or Committee Name: Ruth Walker (Walker for District 3)
 2.b. If Committee, Name of Candidate: Walker, Ruth 3. Election Date: 8/6/2024
 4. Campaign Address: 1662 Capanna Trail
 City: Hixson State: TN Zip Code: 37343 Phone: 330-285-7897
 5. Candidate Home Address: 1662 Capanna Trail
 City: Hixson State: TN Zip Code: 37343 Phone: 330-285-7897
 Candidate Email Address: druthiewalker@gmail.com
 6. Office Sought: (include district number, if applicable) School Board, District 3
 7. Name of Political Treasurer (may be candidate): Kacey Swindell
 Political Treasurer Email Address: Krswindell@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.

<u>[Signature]</u> Candidate Signature	<u>4/25/2026</u> Date	<u>[Signature]</u> Political Treasurer Signature	<u>4/25/26</u> Date
<u>[Signature]</u> Witness Signature	<u>4/25/26</u> Date	<u>[Signature]</u> Witness Signature	<u>4/25/26</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>1797.27</u>
b. Total Receipts This Period	\$ <u>300</u>
c. Total Disbursements This Period	\$ <u>1077.36</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>1019.91</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

HAMILTON CO. ELECTION
28 APR '26 AM 8:30

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Walker for District 3

14. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ 300
- 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.) \$ 300

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1077.36
(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
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 1077.36

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 467.46
- c. Total In-Kind Contributions Received This Period \$ 467.46

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Walker for District 3
2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026
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: _____ OR
First Name: Lauren Middle Name: _____ Last Name: Sloan
Address: 527 Young Ave. City: Chattanooga State: TN Zip Code: 37405
Occupation: Director Analytics Employer: Health First
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/6/2026 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Nancy Middle Name: _____ Last Name: Douglas
Address: 314 Pennswood Rd. City: Greenwood State: IN Zip Code: 46142
Occupation: Not Employed Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/18/2026 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Fredric Middle Name: _____ Last Name: Blinn
Address: 314 Pennswood Rd City: Greenwood State: IN Zip Code: 46142
Occupation: Not Employed Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/21/2026 Aggregate This Election: \$ 100

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: \$ 300

(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: Walker for District 3
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: UPrinting OR
First Name: Ruth Middle Name: _____ Last Name: Walker
Address: 8000 Haskell Ave. City: Van Nuys State: CA Zip Code: 91406
Occupation: Professor Employer: UTC
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 467.46 In-Kind Contribution Date: 4/1/2026 Aggregate This Election: \$ 622.58
Description of In-Kind Contribution: Voting reminder cards

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: _____

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: \$ 467.46

(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: Walker for District 3
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

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: Print Ready OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4300 North Access Rd City: Chattanooga State: TN Zip Code: 37415
Purpose of Expenditure: Postcards
Amount of Expenditure: \$ 72.75 Date of Expenditure: \$ 4/11/2026

Business or Organization Name: Print Ready OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4300 North Access Rd. City: Chattanooga State: TN Zip Code: 37415
Purpose of Expenditure: Palncards
Amount of Expenditure: \$ 174.80 Date of Expenditure: \$ 4/15/2026

Business or Organization Name: Vector Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4905 English Ave City: Chattanooga State: TN Zip Code: 37407
Purpose of Expenditure: Yard Signs
Amount of Expenditure: \$ 819.36 Date of Expenditure: \$ 4/17/2026

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Sommerville State: MA Zip Code: 02144
Purpose of Expenditure: Stripe + Act Blue Fee
Amount of Expenditure: \$ 3.48 Date of Expenditure: \$ 4/6/2026

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Sommerville State: MA Zip Code: 02144
Purpose of Expenditure: Stripe + Act Blue Fee
Amount of Expenditure: \$ 3.48 Date of Expenditure: \$ 4/18/2026

Total Expenditures: \$ 1073.88

(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: Walker for District 3
2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1073.88

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: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Stripe + Act Blue Fee
Amount of Expenditure: \$ 3.48 Date of Expenditure: \$ 4/21/2026

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: \$ _____

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: \$ 1077.36
(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.)