



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2/3/2026 2.a. Candidate or Committee Name: Jamita E Swarengen

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

4. Campaign Address: 2005 Quinn Avenue

City: Memphis State: TN Zip Code: 38114 Phone: 9012683939

5. Candidate Home Address: 2005 Quinn Avenue

City: Memphis State: TN Zip Code: 38114 Phone: 9012683939

Candidate Email Address: swarengenj@bellsouth.net

6. Office Sought: (include district number, if applicable) Circuit Court Clerk

7. Name of Political Treasurer (may be candidate): Juliet Waddell Pittman

Political Treasurer Email Address: waddell.juliet@yahoo.com

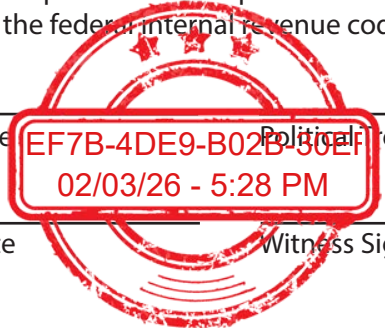
8. Category or Report: (check one)
- First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

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>\$19.66</u>
b. Total Receipts This Period	\$ <u>\$14,505.00</u>
c. Total Disbursements This Period	\$ <u>\$8,230.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$6,294.66</u>
e. Total Loans Outstanding	\$ <u>\$11,700.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jamita E Swearngen

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) \$ \$730.00
(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) \$ \$11,075.00
- c. Loans Received This Reporting Period..... \$ \$2,700.00
- 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.) \$ \$14,505.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$8,230.00
(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.)..... \$ \$8,230.00

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: Jamita E Swearingen
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: _____ **OR**
First Name: Fred Middle Name: _____ Last Name: Dorse
Address: 3268 N. Waynoka Circle City: Memphis State: TN Zip Code: 38111
Occupation: Businessman Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 10/20/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Kinja Middle Name: _____ Last Name: Jackson
Address: 140 Adams Ave. City: Memphis State: TN Zip Code: 38103
Occupation: Administrator Employer: Unknown
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 10/20/2025 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: B. Last Name: Joiner
Address: 140 Adams Ave. City: Memphis State: TN Zip Code: 38103
Occupation: Attorney Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Fred Middle Name: B. Last Name: Dorse
Address: 3268 N. Waynoka Circle City: Memphis State: TN Zip Code: 38111
Occupation: Businessman Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$900.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$900.00

Total Contributions: \$ \$3,050.00

(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: Jamita E Swearingen
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) \$ \$3,050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Robert Middle Name: Swearingen Last Name: Washington
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114
Occupation: Retired Employer: MSCS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$750.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$750.00

Business or Organization Name: _____ **OR**
First Name: Anthony Middle Name: _____ Last Name: Tate
Address: 5100 Poplar Ave. City: Memphis State: TN Zip Code: 38137
Occupation: Businessman Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Dedrick Middle Name: _____ Last Name: Brittenum, Jr.
Address: 1161 East Parkway South City: Memphis State: TN Zip Code: 38137
Occupation: Businessman Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Bryant Middle Name: C. Last Name: Bailey
Address: 3080 Walnut Grove City: Memphis State: TN Zip Code: 38111
Occupation: Administrator Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$190.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$190.00

Total Contributions: \$ \$4,540.00

(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: Jamita E Swearingen
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) \$ \$4,540.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Van Middle Name: C. Last Name: Turner
Address: 7201 Nicholas Lane City: Memphis State: TN Zip Code: 38125
Occupation: Attorney Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Deshawn Middle Name: C. Last Name: Peeples
Address: 1025 Milano Cove City: Cordova State: TN Zip Code: 38018
Occupation: Attorney Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**
First Name: Ernest Middle Name: _____ Last Name: Brooks
Address: 122 Fairmont Ave. City: Jackson State: TN Zip Code: 38301
Occupation: Attorney Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 12/16/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Tyrone Middle Name: _____ Last Name: Burroughs
Address: 2784 Caulkins Creek Cove City: Germantown State: TN Zip Code: 38139
Occupation: Businessman Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 12/16/2025 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$6,190.00

(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: Jamita E Swearingen
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) \$ \$6,190.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Rivers Edge Solutions **OR**

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

Address: 915 N. McClean Blvd. City: Memphis State: TN Zip Code: 38107

Occupation: Business Employer: Self

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 12/31/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Deborah Middle Name: _____ Last Name: Northcross

Address: 1832 S. Parkway E. City: Memphis State: TN Zip Code: 38114

Occupation: Community Leader Employer: Self

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 12/21/2025 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Natalie Middle Name: _____ Last Name: Catchings

Address: 717 S. Riverside Dr. City: Memphis State: TN Zip Code: 38103

Occupation: Retired Employer: MSCS

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 12/21/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Helen Middle Name: _____ Last Name: Cole

Address: 200 Wagner Place City: Memphis State: TN Zip Code: 38108

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: \$ \$110.00 Date of Contribution: 12/21/2025 Aggregate This Election: \$ \$110.00

Total Contributions: \$ \$7,000.00

(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: Jamita E Swearingen
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) \$ \$7,000.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Hazel * Jacqueline Middle Name: _____ Last Name: Moore
Address: 1799 Westmore St. City: Memphis State: TN Zip Code: 38106
Occupation: Retired Employer: Beautician
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 12/21/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Sandra Middle Name: K. Last Name: Slaughterr
Address: 200 Wagner Pl. City: Memphis State: TN Zip Code: 38108
Occupation: Unknown Employer: Unknown
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 12/21/2025 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Dayton Middle Name: Randy Last Name: Leach
Address: 3007 Wood Trash Dr. City: Memphis State: TN Zip Code: 38134
Occupation: Unknown Employer: Unknown
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 12/21/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Ebony Middle Name: _____ Last Name: Howard
Address: 1335 Florida St. City: Memphis State: TN Zip Code: 38106
Occupation: Unknown Employer: Unknown
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 12/21/2025 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$7,950.00

(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: Jamita E Swearingen
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) \$ \$7,950.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Camalyn Middle Name: _____ Last Name: Turner
Address: 160 N. Main City: Memphis State: TN Zip Code: 38103
Occupation: Auditor Employer: MATA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$125.00 Date of Contribution: 12/21/2025 Aggregate This Election: \$ \$125.00

Business or Organization Name: _____ **OR**
First Name: Jamita Middle Name: _____ Last Name: Swearingen
Address: 2005 Quinn Ave. City: Memphis State: TN Zip Code: 38114
Occupation: Court Clerk Employer: City of Memphis
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,900.00 Date of Contribution: 10/15/2025 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: Ashain LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5100 Poplar Ave. City: Memphis State: TN Zip Code: 38137
Occupation: Business Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 10/31/2025 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Jamita Middle Name: E Last Name: Swearingen
Address: 2005 Quinn Avenue City: Memphis State: TN Zip Code: 38114
Occupation: Court Clerk Employer: City of Memphis
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$800.00 Date of Contribution: 10/20/2025 Aggregate This Election: \$ \$800.00

Total Contributions: \$ \$11,075.00

(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: Jamita E Swearingen
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: \$ 7/2/2025

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: \$ 8/1/2025

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: \$ 9/1/2025

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: \$ 10/1/2025

Business or Organization Name: Lynn Whitney Consultant Firm LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 254 Court St. City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Monthly Bank Fee
Amount of Expenditure: \$ \$3,100.00 Date of Expenditure: \$ 10/28/2025

Total Expenditures: \$ \$3,120.00

(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: Jamita E Swarengen
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) \$ \$3,120.00

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: \$ 11/1/2025

Business or Organization Name: Lynn Whitney Consultant Firm LLC **OR**

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

Address: 254 Court St. City: Memphis State: TN Zip Code: 38103

Purpose of Expenditure: Marketing

Amount of Expenditure: \$ \$5,100.00 Date of Expenditure: \$ 11/4/2025

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: 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: \$ _____

Total Expenditures: \$ \$8,230.00

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Jamita E Swearingen
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Hattie Middle Name: B. Last Name: Tuggle

Address: 200 Wagner Place #1206 City: Memphis State: TN Zip Code: 38103

Outstanding Loan Balance (Beginning) \$ \$9,000.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$9,000.00

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

Date of Loan: 10/1/2022

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Jamita E Swearengen
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Jamita Middle Name: E Last Name: Swearengen

Address: 2005 Quinn Avenue City: Memphis State: TN Zip Code: 38114

Outstanding Loan Balance (Beginning) \$ \$0.00

Loans Received \$ \$1,900.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$1,900.00

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

Date of Loan: 10/15/2025

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Jamita E Swearengen
2. Reporting Period: Start Date: 7/31/2025 End Date: 12/31/2025
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Jamita Middle Name: E Last Name: Swearengen

Address: 2005 Quinn Avenue City: Memphis State: TN Zip Code: 38114

Outstanding Loan Balance (Beginning) \$ \$0.00

Loans Received \$ \$800.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$800.00

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

Date of Loan: 10/20/2025

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$9,000.00

Loans Received \$ \$2,700.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$11,700.00