CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/19/2026 2.a. Candidate or Committee Name: Amanda Sovago-Royal

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

4. Campaign Address: 900 MOUNTAIN CREEK RD, U425

City: Chattanooga State: TN Zip Code: 37405 Phone: _____

5. Candidate Home Address: 900 MOUNTAIN CREEK RD, U425

City: Chattanooa State: TN Zip Code: 37405 Phone: _____

Candidate Email Address: info@Amandafordistrict2.com

6. Office Sought: (include district number, if applicable) County Commission Dist. 2

7. Name of Political Treasurer (may be candidate): Sandra Campagnone

Political Treasurer Email Address: s.campagnone@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: 4/26/2026 End Date: 6/30/2026

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

-3484-4483-8B27-D012
07/19/26 - 5:33 PM

12. Summary:

a.	Balance On Hand Last Report	$ $0.20
b.	Total Receipts This Period	$ $500.70
c.	Total Disbursements This Period	$ $404.61
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $96.29
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Amanda Sovago-Royal

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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) ..... $ $500.70

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.) ..... $ $500.70

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $404.61
(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.)..... $ $404.61

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: Amanda Sovago-Royal

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: Marjorie Middle Name: _____ Last Name: Pasch

Address: 488 Alexian Way Apt 610 City: Signal Mountain State: TN Zip Code: 37377

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $71.70 Date of Contribution: 5/1/2026 Aggregate This Election: $ $71.70

Business or Organization Name: _____ **OR**

First Name: Sharon Middle Name: _____ Last Name: Russell

Address: 4327 Comet Trail City: Hixson State: TN Zip Code: 37343

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $23.70 Date of Contribution: 5/7/2026 Aggregate This Election: $ $23.70

Business or Organization Name: _____ **OR**

First Name: Therese Middle Name: _____ Last Name: Tuley

Address: 1005 E Dallas Rd City: Chattanooga State: TN Zip Code: 37405

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $47.70 Date of Contribution: 5/16/2026 Aggregate This Election: $ $47.70

Business or Organization Name: _____ **OR**

First Name: Kathy Middle Name: _____ Last Name: Lennon

Address: 401 Crisman St City: Chattanooga State: TN Zip Code: 37415

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $95.70 Date of Contribution: 5/21/2026 Aggregate This Election: $ $95.70

Total Contributions: $ $238.80

(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: Amanda Sovago-Royal

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $238.80

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Dawn Middle Name: _____ Last Name: Ford

Address: 1216 Sunset Dr City: Signal Mountain State: TN Zip Code: 37377

Occupation: Professor Employer: Walden University

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

Amount of Contribution: $ $95.70 Date of Contribution: 5/30/2026 Aggregate This Election: $ $95.70

Business or Organization Name: _____ **OR**

First Name: Sharon Middle Name: _____ Last Name: Russell

Address: 4327 Comet Trail City: Hixson State: TN Zip Code: 37343

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $23.70 Date of Contribution: 6/1/2026 Aggregate This Election: $ $23.70

Business or Organization Name: _____ **OR**

First Name: Paul Middle Name: _____ Last Name: Payne

Address: PO Box 22085 City: Chattanooga State: TN Zip Code: 37422

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $23.70 Date of Contribution: 6/6/2026 Aggregate This Election: $ $23.70

Business or Organization Name: _____ **OR**

First Name: Sharon Middle Name: _____ Last Name: Russel

Address: 4327 Comet Trail City: Hixson State: TN Zip Code: 37343

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $23.70 Date of Contribution: 6/7/2026 Aggregate This Election: $ $23.70

Total Contributions: $ $405.60

(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: Amanda Sovago-Royal

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $405.60

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Kathryn Middle Name: _____ Last Name: Corley

Address: 605 James Blvd City: Signal Mountain State: TN Zip Code: 37377

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $47.70 Date of Contribution: 6/8/2026 Aggregate This Election: $ $47.70

Business or Organization Name: _____ **OR**

First Name: Laura Middle Name: _____ Last Name: Bertrand

Address: 4007 Berwick Dr City: Ooltewah State: TN Zip Code: 37363

Occupation: Therapist Employer: River City Counseling

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

Amount of Contribution: $ $23.70 Date of Contribution: 6/22/2026 Aggregate This Election: $ $23.70

Business or Organization Name: _____ **OR**

First Name: Sharon Middle Name: _____ Last Name: Russell

Address: 4327 Comet Trail City: Hixson State: TN Zip Code: 37343

Occupation: Retired Employer: Not Employed

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

Amount of Contribution: $ $23.70 Date of Contribution: 5/1/2026 Aggregate This Election: $ $94.80

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: $ $500.70

(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: Amanda Sovago-Royal

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: Walgreens **OR**

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

Address: 110 N Market St City: Chattanooga State: TN Zip Code: 37405

Purpose of Expenditure: Supplies for Infrastructure Meeting

Amount of Expenditure: $ $65.43 Date of Expenditure: $ 5/12/2026

Business or Organization Name: Staples **OR**

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

Address: 5450 TN 153 City: Hixson State: TN Zip Code: 37343

Purpose of Expenditure: Office Supplies

Amount of Expenditure: $ $33.86 Date of Expenditure: $ 5/12/2026

Business or Organization Name: Hobby Lobby **OR**

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

Address: 5450 B Highway City: Hixson State: TN Zip Code: 37343

Purpose of Expenditure: Supplies for Infrastructure Meeting

Amount of Expenditure: $ $3.81 Date of Expenditure: $ 5/12/2026

Business or Organization Name: Amazon **OR**

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

Address: 410 Terry Ave N City: Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: $ $50.22 Date of Expenditure: $ 6/9/2026

Business or Organization Name: Amazon **OR**

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

Address: 410 Terry Ave N City: Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: $ $60.03 Date of Expenditure: $ 6/9/2026

Total Expenditures: $ $213.35

(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: Amanda Sovago-Royal

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $213.35

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: Amazon **OR**

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

Address: 410 Terry Ave N City: Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: $ $19.60 Date of Expenditure: $ 6/9/2026

Business or Organization Name: Amazon **OR**

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

Address: 410 Terry Ave N City: Seattle State: TN Zip Code: 98109

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: $ $25.12 Date of Expenditure: $ 6/9/2026

Business or Organization Name: Wix **OR**

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

Address: 100 Gansevoort St City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Web Hosting

Amount of Expenditure: $ $39.33 Date of Expenditure: $ 6/14/2026

Business or Organization Name: Act Blue Hamilton County Dems **OR**

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

Address: 1089 Bailey Ave City: Chattanooga State: TN Zip Code: 37404

Purpose of Expenditure: Membership

Amount of Expenditure: $ $28.00 Date of Expenditure: $ 6/16/2026

Business or Organization Name: Wix **OR**

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

Address: 100 Gansevoort St City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Web Hosting

Amount of Expenditure: $ $9.17 Date of Expenditure: $ 6/16/2026

Total Expenditures: $ $334.57

(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: Amanda Sovago-Royal

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $334.57

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: Amazon **OR**

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

Address: 410 Terry Ave N City: Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: $ $40.62 Date of Expenditure: $ 6/30/2026

Business or Organization Name: Amazon **OR**

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

Address: 410 Terry Ave N City: Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: $ $29.42 Date of Expenditure: $ 6/30/2026

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: $ $404.61

(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.)