

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 04/09/2026 2.a. Candidate or Committee Name: AMANDA SOVAGO-ROYAL 2.b.

If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 08/06/2026

4. Campaign Address: 900 MOUNTAIN CREEK RD, U425

City: CHATTANOOGA State: TN Zip Code: 37405 Phone: 423-582-6417

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

City: CHATTANOOGA State: TN Zip Code: 37405 Phone: 423-582-6417

Candidate Email Address: INFO@AMANDAFORDISTRICT2.COM

6. Office Sought: (include district number, if applicable) HAMILTON COUNTY COMMISSIONER, DISTRICT 2

7. Name of Political Treasurer (may be candidate): AMANDA SOVAGO-ROYAL

Political Treasurer Email Address: INFO@AMANDAFORDISTRICT2.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: JANUARY 12, 2026 End Date: MARCH 31, 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.

Amanda Sovago-Royal 04/09/2026  
Candidate Signature Date

Amanda Sovago-Royal 04/09/2026  
Political Treasurer Signature Date

Alberta Cantrell 04/09/2026  
Witness Signature Date

Alberta Cantrell 04/09/2026  
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>0.00</u>
b. Total Receipts This Period .....	\$ <u>478.97</u>
c. Total Disbursements This Period .....	\$ <u>414.74</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>64.23</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: AMANDA SOVAGO-ROYAL

14. Reporting Period: Start Date: JANUARY 12, 2026 End Date: MARCH 31, 2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 0.00  
(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) ..... \$ 350.00
- c. Loans Received This Reporting Period ..... \$ 0.00
- d. Interest Received This Reporting Period ..... \$ 0.00
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 0.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) ..... \$ 414.74  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0.00 Total
- c. Obligation Payments Made This Period ..... \$ 0.00
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... \$ 414.74

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0.00
- b. Itemized In-Kind Contributions Received This Period ..... \$ 128.97
- c. Total In-Kind Contributions Received This Period ..... \$ 128.97

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0.00

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1.Candidate or Committee Name: AMANDA SOVAGO-ROYAL  
2.Reporting Period: Start Date: JANUARY 12, 2026 End Date: MARCH 31, 2026  
3.Total campaign contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: ANGELA Middle Name: \_\_\_\_\_ Last Name: WHITAKER  
Address: 1102 SADDLEBROOK DR, City: CHATTANOOGA State: TN Zip Code: 37405  
Occupation: HOMEMAKER Employer: HOMEMAKER  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 75.00 Date of Contribution: 02/25/2026 Aggregate This Election: \$ 75.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: TODD Middle Name: \_\_\_\_\_ Last Name: O'DELL  
Address: 3604 KELLYS FERRY RD, City: CHATTANOOGA State: TN Zip Code: 37419  
Occupation: IMPLEMENTATION SPECIALIST Employer: CIGNA  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 02/26/2026 Aggregate This Election: \$ 50.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: PAUL Middle Name: \_\_\_\_\_ Last Name: HENDRICKS  
Address: 31 MOUNTAIN ORCHARD PATH NO, City: SIGNAL MOUNTAIN State: TN Zip Code: 37377  
Occupation: RETIRED Employer: RETIRED  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 03/07/2026 Aggregate This Election: \$ 100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: SHARON Middle Name: \_\_\_\_\_ Last Name: RUSSELL  
Address: 4327 COMET TRL, City: HIXSON State: TN Zip Code: 37343  
Occupation: RETIRED Employer: RETIRED  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 25.00 Date of Contribution: 03/07/2026 Aggregate This Election: \$ 25.00

Total Contributions: \$ \_\_\_\_\_

(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 orCommittee Name: AMANDA SOVAGO-ROYAL  
2.Reporting Period: Start Date: JANUARY 12, 2026 End Date: MARCH 31, 2026  
3.Total campaign contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: GREG Middle Name: \_\_\_\_\_ Last Name: LOWE  
Address: 20 MONASTERY RD, City: SAVANNAH State: GA Zip Code: 31411  
Occupation: STUDENT Employer: STUDENT  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 03/14/2026 Aggregate This Election: \$ 100.00

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: \$ \_\_\_\_\_

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: \$ 350.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1.Candidate or Committee Name: AMANDA SOVAGO-ROYAL

2.Reporting Period: Start Date: JANUARY 12, 2026 End Date: MARCH 31, 2026

3.Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: POLISHED PALETTE CO. **OR**

First Name: AMANDA Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 900 MOUNTAIN CREEK RD, U425 City: CHATTANOOGA State: TN Zip Code: 37405

Occupation: GRAPHIC DESIGNER Employer: \_\_\_\_\_

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

In-Kind Contribution Value: \$ 128.97 In-Kind Contribution Date: 01/26/2026 Aggregate This Election: \$ 128.97

Description of In-Kind Contribution: CAMPAIGN WEBSITE, BRANDING & GRAPHIC DESIGN SERVICES

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: \$ 128.97

(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 orCommittee Name: AMANDA SOVAGO-ROYAL  
2.Reporting Period: Start Date: JANUARY 12, 2026 End Date: MARCH 31, 2026  
3.Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

COMPLETETHEAPPROPRIATEITEMS FOREACH 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: TENNESSEE DEMOCRATIC PARTY/ VOTEBUILDER AGREEMENT **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: SOVAGO-ROYAL Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TN Zip Code: \_\_\_\_\_ Purpose of Expenditure: VOTEBUILDER FOR TURF MAPPING Amount of Expenditure: \$ 142.96 Date of Expenditure: \$ 02/04/2026

Business or Organization Name: POS DOLLAR TREE **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: 541 SIGNAL MOUNTAIN RD City: CHATTANOOGA State: TN Zip Code: 37405 Purpose of Expenditure: EVENT FLYERS & CANDY Amount of Expenditure: \$ 25.67 Date of Expenditure: \$ 02/28/2026

Business or Organization Name: POS DOLLAR TREE **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: 541 SIGNAL MOUNTAIN RD City: CHATTANOOGA State: TN Zip Code: 37405 Purpose of Expenditure: EVENT FLYERS & CANDY Amount of Expenditure: \$ 35.23 Date of Expenditure: \$ 03/06/2026

Business or Organization Name: THE UPS STORE 3188 **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: 711 SIGNAL MOUNTAIN RD, City: CHATTANOOGA State: TN Zip Code: 37405 Purpose of Expenditure: FLYERS Amount of Expenditure: \$ 3.00 Date of Expenditure: \$ 03/07/2026

Business or Organization Name: CARTA RENAISSANCE LOT **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: CHATTANOOGA State: TN Zip Code: 37404 Purpose of Expenditure: CAMPAIGN RESEARCH MEETING Amount of Expenditure: \$ 4.00 Date of Expenditure: \$ 03/07/2026

Total Expenditures: \$ \_\_\_\_\_

(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: JANUARY 12, 2026 End Date: MARCH 31, 2026  
3.Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: ACTBLUE\* HAMILTON.DEMS **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: 1089 BAILEY AVE. City: CHATTANOOGA State: TN Zip Code: 37404 Purpose of Expenditure: MEMBERSHIP FOR PARTY CAMPAIGN/EVENTS Amount of Expenditure: \$ 28.00 Date of Expenditure: \$ 03/16/2026

Business or Organization Name: ACTBLUE\* HAMILTON.DEMS **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: 1089 BAILEY AVE. City: CHATTANOOGA State: TN Zip Code: 37404 Purpose of Expenditure: \_\_\_\_\_ Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 03/16/2026

Business or Organization Name: GOODMAN COFFEE ROASTERS **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: 1110 MARKET ST City: CHATTANOOGA State: TN Zip Code: 37402 Purpose of Expenditure: CAMPAIGN RESEARCH MEETING Amount of Expenditure: \$ 6.74 Date of Expenditure: \$ 03/19/2026

Business or Organization Name: BRIGHT BASE LLC **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: CHATTANOOGA State: TN Zip Code: 37405 Purpose of Expenditure: CAMPAIGN RESEARCH MEETING (PARKING) Amount of Expenditure: \$ 15.00 Date of Expenditure: \$ 03/20/2026

Business or Organization Name: BURGER KING **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: 676 SIGNAL MOUNTAIN RD City: CHATTANOOGA State: TN Zip Code: 37405 Purpose of Expenditure: CAMPAIGN RESEARCH MEETING (LUNCH) Amount of Expenditure: \$ 21.50 Date of Expenditure: \$ 03/28/2026

Total Expenditures: \$ \_\_\_\_\_

(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: JANUARY 12, 2026 End Date: MARCH 31, 2026  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: APPLE.COM/BILL **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_ Purpose of Expenditure: VIDEO EDITING APPS/ SOFTWARE Amount of Expenditure: \$ 21.82 Date of Expenditure: \$ 03/28/2026

Business or Organization Name: APPLE.COM/BILL **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_ Purpose of Expenditure: VIDEO EDITING APPS/ SOFTWARE Amount of Expenditure: \$ 21.84 Date of Expenditure: \$ 03/28/2026

Business or Organization Name: APPLE.COM/BILL **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_ Purpose of Expenditure: VIDEO EDITING APPS/ SOFTWARE Amount of Expenditure: \$ 16.38 Date of Expenditure: \$ 03/28/2026

Business or Organization Name: APPLE.COM/BILL **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_ Purpose of Expenditure: \_\_\_\_\_ Amount of Expenditure: \$ 16.39 Date of Expenditure: \$ 03/28/2026

Business or Organization Name: APPLE.COM/BILL **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_ Purpose of Expenditure: VIDEO EDITING APPS/ SOFTWARE Amount of Expenditure: \$ 16.38 Date of Expenditure: \$ 03/31/2026

Total Expenditures: \$ \_\_\_\_\_

(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: JANUARY 12, 2026 End Date: MARCH 31, 2026

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

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: APPLE.COM/BILL **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_ Purpose of Expenditure: VIDEO EDITING APPS/ SOFTWARE Amount of Expenditure: \$ 0.99 Date of Expenditure: \$ 03/31/2026

Business or Organization Name: APPLE.COM/BILL **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_ Purpose of Expenditure: VIDEO EDITING APPS/ SOFTWARE Amount of Expenditure: \$ 21.84 Date of Expenditure: \$ 03/28/2026

Business or Organization Name: TENNESSEE VALLEY FEDERAL CREDIT UNION **OR** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: 5150 AUSTIN RD, City: CHATTANOOGA State: TN Zip Code: 37343 Purpose of Expenditure: WITHDRAWAL MONTHLY SVC CHG Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 03/28/2026

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: \$ \_\_\_\_\_

Total Expenditures: \$ 414.74

(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: AMANDA SOVAGO-ROYAL

2.Reporting Period: Start Date: JANUARY 12, 2026 End Date: MARCH 31, 2026

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: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Outstanding Loan Balance (Beginning) ..... \$ 0.00

Loans Received ..... \$ 0.00

Loan Payments ..... \$ 0.00

Outstanding Loan (End) ..... \$ 0.00

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

Date of Loan: \_\_\_\_\_

**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) ..... \$ 0.00

Loans Received ..... \$ 0.00

Loan Payments ..... \$ 0.00

Outstanding Loan (End) ..... \$ 0.00

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1.Candidate or Committee Name: AMANDA SOVAGO-ROYAL

2.Reporting Period: Start Date: JANUARY 12, 2026 End Date: MARCH 31, 2026

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

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Description of Obligation:													
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00										

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
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Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00										

**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 This Period	Payments This Period	Outstanding Balance (Period End)
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00