CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
ForStateandLocal Candidates
For Single-Candidate Committees

1.Date: 7/30/2026 2.a. Candidate or Committee Name: Walker for District 3

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

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: drruthiewalker@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: July 1, 2026 End Date: July 27, 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
Ruth Walker	7/30/2026	K Swindell	7/30/2026
Witness Signature	**Date**	**Witness Signature**	**Date**
	7/30/2026		7/30/2026

12. Summary:

a. Balance On Hand Last Report ..... $ 4891.29
b. Total Receipts This Period ..... $ 2360
c. Total Disbursements This Period ..... $ 5579.75
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... $ 1671.54
e. Total Loans Outstanding ..... $ 0
f. Total Obligations Outstanding ..... $ 0

SUMMARY PAGE - CANDIDATE

13.Name of Candidate or Committee: Ruth Walker

14.Reporting Period: Start Date: July 1, 2026 End Date: July 27, 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) ..... $ 2360

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.) ..... $ 2360

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 5579.75
(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.) ..... $ 5579.75

17.In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 368.75

c. Total In-Kind Contributions Received This Period ..... $ 368.75

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1.Candidate or Committee Name: Ruth Walker

2.Reporting Period: Start Date: July 1, 2026 End Date: July 27, 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: Olan Middle Name: _____ Last Name: Mill II

Address: 735 Broad St City: CHattanooga State: TN Zip Code: 37402

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 800 Date of Contribution: 7/1/2026 Aggregate This Election: $ 800

Business or Organization Name: Brighter Future Fund PAC **OR**

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

Address: 527 Young Ave City: Chattanooga State: TN Zip Code: 37405

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 560 Date of Contribution: 7/21/2026 Aggregate This Election: $ 1760

Business or Organization Name: _____ **OR**

First Name: Julie Middle Name: _____ Last Name: Madden

Address: 403 Booth Road City: Chattanooga State: TN Zip Code: 37411

Occupation: Higher Education Employer: UTC

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

Amount of Contribution: $ 150 Date of Contribution: 7/3/2026 Aggregate This Election: $ 150

Business or Organization Name: _____ **OR**

First Name: Pamela Middle Name: _____ Last Name: Riggs-Gelasco

Address: 1004 River Bend Road City: Chattanooga State: TN Zip Code: 37419

Occupation: Professor Employer: UTC

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

Amount of Contribution: $ 100 Date of Contribution: 7/7/2026 Aggregate This Election: $ 100

Total Contributions: $ 1610

(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: Ruth Walker

2.Reporting Period: Start Date: July 1, 2026 End Date: July 27, 2026

3.Total campaign contributions from preceding page (enter $0 if first page) $ 1610

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: 7/6/2026 Aggregate This Election: $ 500

Business or Organization Name: Brighter Future Fund PAC **OR**

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

Address: 527 Young Ave City: Chattanooga State: TN Zip Code: 37405

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 250 Date of Contribution: 7/27/2026 Aggregate This Election: $ 2010

Business or Organization Name: _____ **OR**

First Name: Alexandra Middle Name: _____ Last Name: Frank

Address: 5502 Beulah Avenue City: Chattanooga State: TN Zip Code: 37409

Occupation: Professor Employer: UTC

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

Amount of Contribution: $ 50 Date of Contribution: 7/17/2026 Aggregate This Election: $ 50

Business or Organization Name: _____ **OR**

First Name: Ashley Middle Name: _____ Last Name: Gates

Address: 1445 Cortland Drive City: Middle Valley State: TN Zip Code: 37343

Occupation: City Planner Employer: Southeast Tennessee Development District

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

Amount of Contribution: $ 100 Date of Contribution: 5/12/2026 Aggregate This Election: $ 150

Total Contributions: $ 2110

(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: Ruth Walker

2.Reporting Period: Start Date: July 1, 2026 End Date: July 27, 2026

3.Total campaign contributions from preceding page (enter $0 if first page) $ 2110

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Neighbors to Elect Crystal Boehm **OR**

First Name: ____ Middle Name: ____ Last Name: ____

Address: 3505 Fairmount Pike City: Signal Mountain State: TN Zip Code: 37377

Occupation: ____ Employer: ____

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

Amount of Contribution: $ 250 Date of Contribution: 7/19/2026 Aggregate This Election: $ 250

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: $ 2360

(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 orCommittee Name: Ruth Walker

2.Reporting Period: Start Date: July 1, 2026 End Date: July 27, 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: ______ **OR**

First Name: Ruth Middle Name: ______ Last Name: Walker

Address: 1662 Capanna Trail City: Hixson State: TN Zip Code: 37343

Occupation: Professor Employer: UTC

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

In-Kind Contribution Value: $ 368.75 In-Kind Contribution Date: 7/2/2026 Aggregate This Election: $ 1360.61

Description of In-Kind Contribution: 600 Postcard Stamps

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: $ 368.75

(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: Ruth Walker

2.Reporting Period: Start Date: July 1, 2026 End Date: July 27, 2026

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

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 Valley Strategies **OR**

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

Address: P.O.Box 15031 City: Chattanooga State: TN Zip Code: 37415

Purpose of Expenditure: Campaign Management

Amount of Expenditure: $ 1627.5 Date of Expenditure: $ July 13, 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: Pop-Up Tents

Amount of Expenditure: $ 378.69 Date of Expenditure: $ July 19, 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: Pop-Up Tent Weights

Amount of Expenditure: $ 14.19 Date of Expenditure: $ July 21, 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: Portable Fans

Amount of Expenditure: $ 52.93 Date of Expenditure: $ July 22, 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: $ 26.23 Date of Expenditure: $ 7/1/2026

Total Expenditures: $ 2099.54

(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 orCommittee Name: Ruth Walker

2.Reporting Period: Start Date: July 1, 2026 End Date: July 27, 2026

3.Total campaign expenditures from preceding page (enter $0 if first page) $ 2099.54

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: 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: $ 5.11 Date of Expenditure: $ 7/3/2026

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: $ 7/6/2026

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: $ 7/7/2026

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: $ 10.99 Date of Expenditure: $ 7/11/2026

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: $ 7/14/2026

Total Expenditures: $ 2126.08

(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 orCommittee Name: Ruth Walker

2.Reporting Period: Start Date: July 1, 2026 End Date: July 27, 2026

3.Total campaign expenditures from preceding page (enter $0 if first page) $ 2126.08

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: 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: $ 1.86 Date of Expenditure: $ 7/17/2026

Business or Organization Name: PrintReady **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4300 North Access Road Suite D City: Chattanooga State: TN Zip Code: 37415
Purpose of Expenditure: Mailers
Amount of Expenditure: $ 1357.31 Date of Expenditure: $ July 24, 2026

Business or Organization Name: Postmaster (United States Postal Service) **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 302 Northgate Mall Dr. City: Hixson State: TN Zip Code: 37343
Purpose of Expenditure: Postage for Mailers
Amount of Expenditure: $ 2094.50 Date of Expenditure: $ July 24, 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: $ 5579.75

(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.)