



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 1/31/2025 2.a. Candidate or Committee Name: Jana Swearengen Swearengen-Washington

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 10/5/2023

4. Campaign Address: 1838 South Parkway  
 City: Memphis State: TN Zip Code: 38114 Phone: 9018280598

5. Candidate Home Address: 1838 South Parkway  
 City: Memphis State: TN Zip Code: 38114 Phone: 9018280598  
 Candidate Email Address: washingtonjana3@gmail.com

6. Office Sought: (include district number, if applicable) Memphis City Council, Dist. 4

7. Name of Political Treasurer (may be candidate): Juliet Waddell Pittman  
 Political Treasurer Email Address: waddell.juliet@yahoo.com

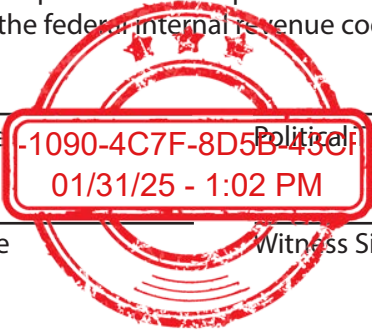
8. Category or Report: (check one)  
 First Quarter    Second Quarter    Third Quarter    Fourth Quarter    Pre-Primary    Pre-General  
 Mid-Year Supplemental    Year-End Supplemental    Runoff Election

9. Reporting Period: Start Date: 7/31/2024 End Date: 1/15/2025

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>\$2,035.93</u>
b. Total Receipts This Period .....	\$ <u>\$0.00</u>
c. Total Disbursements This Period .....	\$ <u>\$1,522.40</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>\$513.53</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: Jana Swearengen Swearengen-Washington

14. Reporting Period: Start Date: 7/31/2024 End Date: 1/15/2025

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) ..... \$ \_\_\_\_\_
- 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.) ..... \$ \_\_\_\_\_

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,522.40  
(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.)..... \$ \$1,522.40

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Jana Swearngen Swearngen-Washington
2. Reporting Period: Start Date: 7/31/2024 End Date: 1/15/2025
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: \_\_\_\_\_ **OR**  
First Name: Juliet Middle Name: \_\_\_\_\_ Last Name: Regions Bank  
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: \$ 7/1/2024

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Robert Middle Name: \_\_\_\_\_ Last Name: Washington  
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114  
Purpose of Expenditure: Reimbursement for payments made to Devon Storage  
Amount of Expenditure: \$ \$238.40 Date of Expenditure: \$ 7/15/2024

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: \$ 8/1/2024

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jana Middle Name: Swearngen Last Name: Washington  
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114  
Purpose of Expenditure: Reimbursement for payments made to Devon Storage  
Amount of Expenditure: \$ \$201.00 Date of Expenditure: \$ 8/8/2024

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: \$ 9/3/2024

Total Expenditures: \$ \$454.40

(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: Jana Swearengen Swearengen-Washington
2. Reporting Period: Start Date: 7/31/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$454.40

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: \_\_\_\_\_ **OR**  
First Name: Jana Middle Name: Swearengen Last Name: Washington  
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114  
Purpose of Expenditure: Reimbursement to pay two canvassers A. Collins and C. Foster  
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 9/24/2024

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: \$ 10/1/2024

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jana Middle Name: Swearengen Last Name: Washington  
Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114  
Purpose of Expenditure: Reimbursement for payments made to Devon Storage  
Amount of Expenditure: \$ \$201.00 Date of Expenditure: \$ 10/4/2024

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Angela Middle Name: \_\_\_\_\_ Last Name: Collins  
Address: 3010 Woodhills Dr. City: Memphis State: TN Zip Code: 38128  
Purpose of Expenditure: Cleaned and organized storage room  
Amount of Expenditure: \$ \$135.00 Date of Expenditure: \$ 10/20/2024

Business or Organization Name: Harris Memorial CME Church **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1584 S. Lauderdale St. City: Memphis State: TN Zip Code: 38106  
Purpose of Expenditure: Ad for Church  
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 10/26/2024

Total Expenditures: \$ \$1,095.40

(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: Jana Swearngen Swearngen-Washington
2. Reporting Period: Start Date: 7/31/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,095.40

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: \$ 11/1/2024

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Jana Middle Name: Swearngen Last Name: Washington

Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114

Purpose of Expenditure: Reimbursement for payments made to Devon Storage

Amount of Expenditure: \$ \$201.00 Date of Expenditure: \$ 11/7/2024

Business or Organization Name: Arkansas Region CME Church **OR**

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

Address: Unknown City: Little Rock State: AR Zip Code: 72202

Purpose of Expenditure: Thanksgiving offering

Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 11/25/2024

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: \$ 12/2/2024

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Jana Middle Name: Swearngen Last Name: Washington

Address: 1838 South Parkway City: Memphis State: TN Zip Code: 38114

Purpose of Expenditure: Reimbursement for payments made to Devon Storage

Amount of Expenditure: \$ \$201.00 Date of Expenditure: \$ 12/23/2024

Total Expenditures: \$ \$1,517.40

(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: Jana Swearengen Swearengen-Washington
2. Reporting Period: Start Date: 7/31/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,517.40

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: \$ 1/2/0025

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: \$ \$1,522.40

(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.)