CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
ForStateandLocal Candidates
For Single-Candidate Committees

1.Date: 7/10/2026 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: April 26, 2026 End Date: June 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
Ruth V Walker	7/10/2026	K Swindell	7/10/2026

Witness Signature	Date	Witness Signature	Date
	7/10/2026		7/10/2026

12. Summary:

a. Balance On Hand Last Report ..... $ 1019.91
b. Total Receipts This Period ..... $ 5410
c. Total Disbursements This Period ..... $ 1538.62
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... $ 4891.29
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: April 26, 2026 End Date: June 30, 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) ..... $ 5410

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.) ..... $ 5410

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1538.62
(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.) ..... $ 1538.62

17.In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ 368.28

c. Total In-Kind Contributions Received This Period ..... $ 368.28

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: April 26, 2026 End Date: June 30, 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: Sabrina Middle Name: _____ Last Name: Grebenstein

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

Occupation: Sales Employer: Kay Jewelers

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

Amount of Contribution: $ 550 Date of Contribution: 5/11/2026 Aggregate This Election: $ 550

Business or Organization Name: _____ **OR**

First Name: Neely Middle Name: _____ Last Name: Adams

Address: 913 Omaha Circle City: Hixson State: TN Zip Code: 37343

Occupation: Operations Manager Employer: DRP Masonry

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

Amount of Contribution: $ 500 Date of Contribution: 4/27/2026 Aggregate This Election: $ 500

Business or Organization Name: _____ **OR**

First Name: Reed Middle Name: _____ Last Name: Hampton

Address: 1229 Mountain Brook Circle City: Signal Mountain State: TN Zip Code: 37377

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 10 Date of Contribution: 4/28/2026 Aggregate This Election: $ 10

Business or Organization Name: _____ **OR**

First Name: Krystal Middle Name: _____ Last Name: Culler

Address: 833 Harbout Lights Blvd City: Columbiana State: OH Zip Code: 44408

Occupation: Science Communicator Employer: Virtual Brain Health Center

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

Amount of Contribution: $ 250 Date of Contribution: 5/4/2026 Aggregate This Election: $ 300

Total Contributions: $ 1310

(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: April 26, 2026 End Date: June 30, 2026

3.Total campaign contributions from preceding page (enter $0 if first page) $ 1310

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: 5/6/2026 Aggregate This Election: $ 300

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: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 100 Date of Contribution: 5/8/2026 Aggregate This Election: $ 100

Business or Organization Name: _____ **OR**

First Name: Lori Middle Name: _____ Last Name: Stenger

Address: 1623 Starboard Dr City: Hixson State: TN Zip Code: 37343

Occupation: Aquarist Employer: TN AquArium

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

Amount of Contribution: $ 100 Date of Contribution: 5/11/2026 Aggregate This Election: $ 100

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: _____ Last Name: Mowbray

Address: 5700 Queen Mary Lane City: Chattanooga State: TN Zip Code: 37415

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 1000 Date of Contribution: 5/12/2026 Aggregate This Election: $ 1000

Total Contributions: $ 2610

(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: April 26, 2026 End Date: June 30, 2026

3.Total campaign contributions from preceding page (enter $0 if first page) $ 2610

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 50 Date of Contribution: 5/15/2026 Aggregate This Election: $ 150

Business or Organization Name: _____ **OR**

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

Address: 401 Crisman Street City: Red Bank State: TN Zip Code: 37415

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 100 Date of Contribution: 5/21/2026 Aggregate This Election: $ 100

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: $ 50 Date of Contribution: 5/23/2026 Aggregate This Election: $ 50

Business or Organization Name: _____ **OR**

First Name: Carolyn Middle Name: _____ Last Name: Brannon

Address: 5361 Bungalow Circle City: Hixson State: TN Zip Code: 37343

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 50 Date of Contribution: 5/26/2026 Aggregate This Election: $ 50

Total Contributions: $ 2860

(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: April 26, 2026 End Date: June 30, 2026

3.Total campaign contributions from preceding page (enter $0 if first page) $ 2860

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Julie Middle Name: _____ Last Name: Scott

Address: 1393 Alydar Drive City: Collierville State: TN Zip Code: 38017

Occupation: General Manager Employer: McEwen's Memphis

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

Amount of Contribution: $ 25 Date of Contribution: 6/1/2026 Aggregate This Election: $ 25

Business or Organization Name: _____ **OR**

First Name: Jacqueline Middle Name: _____ Last Name: Hoover

Address: 6942 Autumn Lake Trail City: Hixson State: TN Zip Code: 37343

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 25 Date of Contribution: 6/1/2026 Aggregate This Election: $ 25

Business or Organization Name: _____ **OR**

First Name: Anne Middle Name: _____ Last Name: Gamble

Address: 168 Masters Road City: Hixson State: TN Zip Code: 37343

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 100 Date of Contribution: 6/1/2026 Aggregate This Election: $ 100

Business or Organization Name: _____ **OR**

First Name: Josh Middle Name: _____ Last Name: Cropp

Address: 5618 Cold Spring Road City: Hixson State: TN Zip Code: 37343

Occupation: Wealth Advisor Employer: HHM Wealth Advisors, LLC

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

Amount of Contribution: $ 250 Date of Contribution: 6/3/2026 Aggregate This Election: $ 250

Total Contributions: $ 3260

(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: April 26, 2026 End Date: June 30, 2026

3.Total campaign contributions from preceding page (enter $0 if first page) $ 3260

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: 6/6/2026 Aggregate This Election: $ 400

Business or Organization Name: _____ **OR**

First Name: Berneet Middle Name: _____ Last Name: Kaur

Address: 6643 Declaration Drive City: Hixson State: TN Zip Code: 37343

Occupation: Physician Employer: Erlanger

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

Amount of Contribution: $ 500 Date of Contribution: 6/10/2026 Aggregate This Election: $ 500

Business or Organization Name: _____ **OR**

First Name: Jill Middle Name: _____ Last Name: Black

Address: 564 E. 18th St City: Chattanooga State: TN Zip Code: 37408

Occupation: Public Servant Employer: Hamilton County Schools

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

Amount of Contribution: $ 250 Date of Contribution: 6/15/2026 Aggregate This Election: $ 250

Business or Organization Name: _____ **OR**

First Name: Ashley Middle Name: _____ Last Name: Howell

Address: 3000 Prestons Station Drive City: Hixson State: TN Zip Code: 37343

Occupation: Professor Employer: UTC

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

Amount of Contribution: $ 50 Date of Contribution: 6/19/2026 Aggregate This Election: $ 50

Total Contributions: $ 4160

(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: April 26, 2026 End Date: June 30, 2026

3.Total campaign contributions from preceding page (enter $0 if first page) $ 4160

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $ 1200 Date of Contribution: 6/28/2026 Aggregate This Election: $ 1200

Business or Organization Name: _____ **OR**

First Name: Vicki Middle Name: _____ Last Name: Hill

Address: 2005 Wisteria Drive City: Hixson State: TN Zip Code: 37343

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 50 Date of Contribution: 5/13/2026 Aggregate This Election: $ 50

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: Professor Employer: _____

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

Amount of Contribution: $ _____ Date of Contribution: _ _ _____ Aggregate This Election: $ _____

Total Contributions: $ 5410

(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: April 26, 2026 End Date: June 30, 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: $ 368.28 In-Kind Contribution Date: 6/24/2026 Aggregate This Election: $ 991.86

Description of In-Kind Contribution: Palmcards and postcards

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: $ 368.28

(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: April 26, 2026 End Date: June 30, 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: $ 574 Date of Expenditure: $ May 6, 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: Postcards

Amount of Expenditure: $ 72.75 Date of Expenditure: $ May 22, 2026

Business or Organization Name: Vector Printing **OR**

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

Address: 4905 English Ave City: Chattanooga State: TN Zip Code: 37407

Purpose of Expenditure: Large Signs

Amount of Expenditure: $ 786.60 Date of Expenditure: $ June 10, 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: $ 0.56 Date of Expenditure: $ 4/28/2026

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: $ 8.36 Date of Expenditure: $ 5/4/2026

Total Expenditures: $ 1442.27

(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: April 26, 2026 End Date: June 30, 2026

3.Total campaign expenditures from preceding page (enter $0 if first page) $ 1442.27

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: $ 3.48 Date of Expenditure: $ 5/6/2026

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: $ 5/8/2026

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: $ 5/11/2026

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: $ 32.73 Date of Expenditure: $ 5/12/2026

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: $ 1.86 Date of Expenditure: $ 5/15/2026

Total Expenditures: $ 1487.30

(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: April 26, 2026 End Date: June 30, 2026

3.Total campaign expenditures from preceding page (enter $0 if first page) $ 1487.30

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: $ 3.48 Date of Expenditure: $ 5/21/2026

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: $ 1.86 Date of Expenditure: $ 5/23/2026

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: $ 1.86 Date of Expenditure: $ 5/26/2026

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: $ 5.58 Date of Expenditure: $ 6/1/2026

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: $ 8.36 Date of Expenditure: $ 6/3/2026

Total Expenditures: $ 1508.44

(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: April 26, 2026 End Date: June 30, 2026

3.Total campaign expenditures from preceding page (enter $0 if first page) $ 1508.44

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: $ 3.48 Date of Expenditure: $ 6/6/2026

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: $ 16.48 Date of Expenditure: $ 6/10/2026

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: $ 8.36 Date of Expenditure: $ 6/15/2026

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: $ 1.86 Date of Expenditure: $ 6/19/2026

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: $ _____

Total Expenditures: $ 1538.62

(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.)