



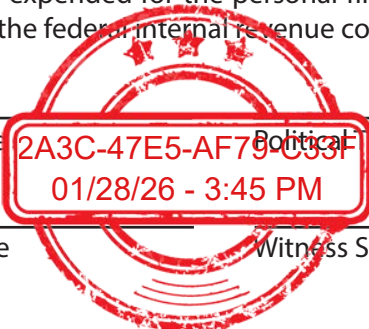
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1/28/2026 2.a. Candidate or Committee Name: Buddy Burkhardt
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: 9021 Kirkland Way
City: Powell State: TN Zip Code: 37849 Phone: _____
5. Candidate Home Address: 9021 Kirkland Way
City: Powell State: TN Zip Code: 37849 Phone: _____
Candidate Email Address: buddyb9021@gmail.com
6. Office Sought: (include district number, if applicable) County Commission, District 7
7. Name of Political Treasurer (may be candidate): Janis Crye
Political Treasurer Email Address: janiscrye@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: 9/22/2025 End Date: 1/15/2026
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



12. Summary:
- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$0.00</u> |
| b. Total Receipts This Period | \$ <u>\$4,897.00</u> |
| c. Total Disbursements This Period | \$ <u>\$11.00</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$4,886.00</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: Buddy Burkhardt

14. Reporting Period: Start Date: 9/22/2025 End Date: 1/15/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$300.00
(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) \$ \$4,597.00
- 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.) \$ \$4,897.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$11.00
(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.)..... \$ \$11.00

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$183.08
- c. Total In-Kind Contributions Received This Period \$ \$183.08

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Buddy Burkhardt
2. Reporting Period: Start Date: 9/22/2025 End Date: 1/15/2026
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: Bruce & Lillian Middle Name: _____ Last Name: Williams

Address: 1719 Greenwell Drive City: Knoxville State: TN Zip Code: 37938

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$1 000 0 Date of Contribution: 11/7/2025 Aggregate This Election: \$ \$1 000 0

Business or Organization Name: _____ **OR**

First Name: Bruce & Lillian Middle Name: _____ Last Name: Williams

Address: 1719 Greenwell Drive City: Knoxville State: TN Zip Code: 37938

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$500 00 Date of Contribution: 11/19/2025 Aggregate This Election: \$ \$1 500 0

Business or Organization Name: _____ **OR**

First Name: Scott Middle Name: W. Last Name: Davis

Address: 1515 Ashland Springs Way City: Knoxville State: TN Zip Code: 37922

Occupation: Developer Employer: Eagle Bend Development

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

Amount of Contribution: \$ \$1 000 0 Date of Contribution: 11/18/2025 Aggregate This Election: \$ \$1 000 0

Business or Organization Name: Jason Zachary for State Rep **OR**

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

Address: 11408 Hickory Springs Drive City: Knoxville State: TN Zip Code: 37932

Occupation: State Representative Employer: State of Tennessee

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

Amount of Contribution: \$ \$1 000 0 Date of Contribution: 11/21/2025 Aggregate This Election: \$ \$1 000 0

Total Contributions: \$ \$3,500.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Buddy Burkhardt
2. Reporting Period: Start Date: 9/22/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Home Rental Account - Joseph & Michele Karl **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 1228 City: Seymour State: TN Zip Code: 37685
Occupation: Builder Employer: Self
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,097.00 Date of Contribution: 12/12/2025 Aggregate This Election: \$ \$1,097.00

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: \$ \$4,597.00

(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: Buddy Burkhardt
2. Reporting Period: Start Date: 9/22/2025 End Date: 1/15/2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

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: Buddy Middle Name: _____ Last Name: Burkhardt

Address: 9021 Kirkland Way City: Powell State: TN Zip Code: 37849

Occupation: Retired Employer: N/A

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

In-Kind Contribution Value: \$ \$145.52 In-Kind Contribution Date: 12/4/2025 Aggregate This Election: \$ \$145.52

Description of In-Kind Contribution: Banner Signs

Business or Organization Name: _____ **OR**

First Name: Buddy Middle Name: _____ Last Name: Burkhardt

Address: 9021 Kirkland Way City: Powell State: TN Zip Code: 37849

Occupation: Retired Employer: N/A

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

In-Kind Contribution Value: \$ \$37.56 In-Kind Contribution Date: 12/6/2025 Aggregate This Election: \$ \$183.08

Description of In-Kind Contribution: Campaign Supplies

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: \$ \$183.08

(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 or Committee Name: Buddy Burkhardt
2. Reporting Period: Start Date: 9/22/2025 End Date: 1/15/2026
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: Regions Bank Emory Road **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 601 East Emory Road City: Powell State: TN Zip Code: 37849
Purpose of Expenditure: Paper Statement Fee
Amount of Expenditure: \$ \$11.00 Date of Expenditure: \$ 11/24/2025

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: \$ \$11.00

(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.)