CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/27/2026 2.a. Candidate or Committee Name: Kimberly Frazier

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: 11835 Couch Mill Road

City: Knoxville State: TN Zip Code: 37932 Phone: _____

5. Candidate Home Address: 11835 Couch Mill Road

City: Knoxville State: TN Zip Code: 37932 Phone: _____

Candidate Email Address: HVPA2018@GMAIL.COM

6. Office Sought: (include district number, if applicable) County Mayor

7. Name of Political Treasurer (may be candidate): Patrick Sanford

Political Treasurer Email Address: PATRICK.C.SANFORD@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: 4/1/2026 End Date: 4/25/2026

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

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04/27/26 - 3:02 PM

12. Summary:

a.	Balance On Hand Last Report	$ $48,952.13
b.	Total Receipts This Period	$ $12,725.40
c.	Total Disbursements This Period	$ $35,068.06
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $26,609.47
e.	Total Loans Outstanding	$ $88,717.07
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Kimberly Frazier

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ $325.00
(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) ..... $ $12,400.00

c. Loans Received This Reporting Period..... $

d. Interest Received This Reporting Period ..... $ $0.40

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ $12,725.40

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $35,068.06
(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.)..... $ $35,068.06

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Kimberly Frazier

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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: DIANE Middle Name: _____ Last Name: MONTGOMERY

Address: 2106 TREYWOOD LANE City: KNOXVILLE State: TN Zip Code: 37922

Occupation: RETIRED Employer: RETIRED

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

Amount of Contribution: $ $250.00 Date of Contribution: 4/16/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: NICK Middle Name: _____ Last Name: PAVLIS

Address: 3815 Admirality Lane City: KNOXVILLE State: TN Zip Code: 37920

Occupation: CONSULTANT Employer: SELF

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

Amount of Contribution: $ $250.00 Date of Contribution: 4/6/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: STEPHANIE Middle Name: _____ Last Name: HARB

Address: 5415 Morning Dove Cir City: KNOXVILLE State: TN Zip Code: 37918

Occupation: CRNA Employer: COVENANT ANESTHESIA GROUP

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

Amount of Contribution: $ $250.00 Date of Contribution: 4/1/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: BERT Middle Name: _____ Last Name: BAILEY

Address: 10000 S Northshore Dr City: KNOXVILLE State: TN Zip Code: 37922

Occupation: CONSULTANT Employer: SELF

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

Amount of Contribution: $ $300.00 Date of Contribution: 4/9/2026 Aggregate This Election: $ $300.00

Total Contributions: $ $1,050.00

(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: Kimberly Frazier

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: GREER Middle Name: _____ Last Name: BUTLER

Address: 8713 Amberleigh Dr. City: KNOXVILLE State: TN Zip Code: 37922

Occupation: SELF Employer: ENDOMED INC

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

Amount of Contribution: $ $300.00 Date of Contribution: 4/4/2026 Aggregate This Election: $ $300.00

Business or Organization Name: _____ **OR**

First Name: AMY Middle Name: _____ Last Name: GIBSON

Address: 1621 Chandler Road City: KNOXVILLE State: TN Zip Code: 37922

Occupation: SELF Employer: SELF

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 4/10/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: WILMA Middle Name: _____ Last Name: JORDAN

Address: 5711 Clark Dr City: KNOXVILLE State: TN Zip Code: 37938

Occupation: FINANCIAL SERVICES Employer: JEGI LEONIS

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

Amount of Contribution: $ $1,900.0 Date of Contribution: 4/7/2026 Aggregate This Election: $ $1,900.0

Business or Organization Name: _____ **OR**

First Name: WILMA Middle Name: _____ Last Name: JORDAN

Address: 5711 Clark Dr City: KNOXVILLE State: TN Zip Code: 37938

Occupation: FINANCIAL SERVICES Employer: JEGI LEONIS

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

Amount of Contribution: $ $1,900.0 Date of Contribution: 4/7/2026 Aggregate This Election: $ $3,800.0

Total Contributions: $ $6,150.00

(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: Kimberly Frazier

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $6,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: SUSAN Middle Name: _____ Last Name: INGLEHART

Address: 6161 Edmonson Lan City: KNOXVILLE State: TN Zip Code: 37918

Occupation: FARMER Employer: FARMER

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

Amount of Contribution: $ $200.00 Date of Contribution: 4/20/2026 Aggregate This Election: $ $200.00

Business or Organization Name: _____ **OR**

First Name: FRANKLIN Middle Name: _____ Last Name: LEUTHOLD

Address: 1125 Oak Haven RD City: KNOXVILLE State: TN Zip Code: 37932

Occupation: RETIRED Employer: RETIRED

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

Amount of Contribution: $ $250.00 Date of Contribution: 4/17/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: NATHAN Middle Name: _____ Last Name: BUTLER

Address: 3031 Solway Rd City: KNOXVILLE State: TN Zip Code: 37932

Occupation: FARMER Employer: FARMER

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 4/20/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: ALAN Middle Name: _____ Last Name: BEAUCHAMP

Address: 116 Orchard Circle City: OAK RIDGE State: TN Zip Code: 37830

Occupation: MEDIA Employer: TETRA TECH

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

Amount of Contribution: $ $1,900.0 Date of Contribution: 4/17/2026 Aggregate This Election: $ $1,900.0

Total Contributions: $ $9,500.00

(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: Kimberly Frazier

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $9,500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: SABRA Middle Name: _____ Last Name: BEAUCHAMP

Address: 116 Orchard Circle City: OAK RIDGE State: TN Zip Code: 37830

Occupation: PROBATION OFFICER Employer: ANDERSON COUNTY

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

Amount of Contribution: $ $1,900.0 Date of Contribution: 4/17/2026 Aggregate This Election: $ $1,900.0

Business or Organization Name: _____ **OR**

First Name: TIM Middle Name: _____ Last Name: WILLIAMS

Address: 2028 Cherokee Blvd City: KNOXVILLE State: TN Zip Code: 37919

Occupation: CEO Employer: 21ST MORTGAGE

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 4/20/2026 Aggregate This Election: $ $1,000.0

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: $ $12,400.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Kimberly Frazier

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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: FACEBOOK **OR**

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

Address: ONLINE City: ONLINE State: TN Zip Code: 11111

Purpose of Expenditure: SOCIAL MEDIA ADS

Amount of Expenditure: $ $9,761.29 Date of Expenditure: $ 4/25/2026

Business or Organization Name: SYNERTUDE **OR**

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

Address: 11433 COUCH MILL RD City: KNOXVILLE State: TN Zip Code: 37931

Purpose of Expenditure: EMAIL MARKEING

Amount of Expenditure: $ $1,356.47 Date of Expenditure: $ 4/25/2026

Business or Organization Name: KNOX COUNTY REPUBLICAN PARTY **OR**

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

Address: PO BOX 50153 City: KNOXVILLE State: TN Zip Code: 37950

Purpose of Expenditure: AD FOR 250 CELEBRATION

Amount of Expenditure: $ $350.00 Date of Expenditure: $ 4/2/2026

Business or Organization Name: FARRAGUT PRESS **OR**

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

Address: 11863 KINGSTON PIKE City: KNOXVILLE State: TN Zip Code: 37934

Purpose of Expenditure: AD

Amount of Expenditure: $ $590.00 Date of Expenditure: $ 4/7/2026

Business or Organization Name: VIEWPOINT MEDIA **OR**

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

Address: 537 BRUNELLO WAY City: KNOXVILLE State: TN Zip Code: 37919

Purpose of Expenditure: DIGITAL BILLBOARD ADS

Amount of Expenditure: $ $600.00 Date of Expenditure: $ 4/2/2026

Total Expenditures: $ $12,657.76

(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: Kimberly Frazier

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $12,657.76

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: LAMAR **OR**

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

Address: PO BOX 746966 City: ATLANTA State: GA Zip Code: 30374

Purpose of Expenditure: BILLBOARDS

Amount of Expenditure: $ $2,137.00 Date of Expenditure: $ 4/3/2026

Business or Organization Name: _____ **OR**

First Name: KEVIN Middle Name: _____ Last Name: MURPHY

Address: 4508 Murphy Rd City: KNOXVILLE State: TN Zip Code: 37918

Purpose of Expenditure: REIMBURSEMENT FOR POSTCARD MAILER-PRINT EDGE

Amount of Expenditure: $ $6,005.61 Date of Expenditure: $ 4/2/2026

Business or Organization Name: _____ **OR**

First Name: KEVIN Middle Name: _____ Last Name: MURPHY

Address: 4508 Murphy Rd City: KNOXVILLE State: TN Zip Code: 37918

Purpose of Expenditure: REIMBURSEMENT FOR POSTCARD MAILERS

Amount of Expenditure: $ $10,637.81 Date of Expenditure: $ 4/24/2026

Business or Organization Name: CUMULUS MEDIA **OR**

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

Address: 780 JOHNSON FERRY RD NE City: ATLANTA State: GA Zip Code: 30342

Purpose of Expenditure: RADIO

Amount of Expenditure: $ $500.00 Date of Expenditure: $ 4/20/2026

Business or Organization Name: M&M BROADCASTING **OR**

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

Address: po box 329 City: clinton State: TN Zip Code: 37717

Purpose of Expenditure: RADIO

Amount of Expenditure: $ $300.00 Date of Expenditure: $ 4/24/2026

Total Expenditures: $ $32,238.18

(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: Kimberly Frazier

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $32,238.18

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: ANEDOT FEES **OR**

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

Address: ONLINE City: ONLINR State: TN Zip Code: 11111

Purpose of Expenditure: ANEDOT PROCESSING FEES

Amount of Expenditure: $ $253.70 Date of Expenditure: $ 4/25/2026

Business or Organization Name: SPACES IN THE CITY **OR**

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

Address: 922 CENTRAL STREET City: KNOXVILLE State: TN Zip Code: 37917

Purpose of Expenditure: ELECTION NIGHT EVENT

Amount of Expenditure: $ $2,435.82 Date of Expenditure: $ 4/17/2026

Business or Organization Name: GOOGLE WORKSPACE **OR**

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

Address: ONLINE City: ONLINE State: TN Zip Code: 11111

Purpose of Expenditure: SOFTWARE

Amount of Expenditure: $ $18.36 Date of Expenditure: $ 4/2/2026

Business or Organization Name: USPS **OR**

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

Address: 9039 CROSSPARK DR City: KNOXVILLE State: TN Zip Code: 37923

Purpose of Expenditure: POSTAGE

Amount of Expenditure: $ $122.00 Date of Expenditure: $ 4/24/2026

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: $ _____

Total Expenditures: $ $35,068.06

(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: Kimberly Frazier

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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: Kimberly Middle Name: _____ Last Name: FRAZIER

Address: 11835 Couch Mill Road City: KNOXVILLE State: TN Zip Code: 37932

Outstanding Loan Balance (Beginning) ..... $ $88,717.07

Loans Received ..... $ $0.00

Loan Payments ..... $ $0.00

Outstanding Loan (End) ..... $ $88,717.07

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

Date of Loan: 9/29/2025

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: KIMBERLY Middle Name: _____ Last Name: FRAZIER

Address: 11835 COUCH MILL RD City: KNOXVILLE State: TN Zip Code: 37923

Amount Guaranteed Outstanding: $ $88,717.07

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) ..... $ $88,717.07

Loans Received ..... $ $0.00

Loan Payments ..... $ $0.00

Outstanding Loan (End) ..... $ $88,717.07