CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/1/2026 2.a. Candidate or Committee Name: Sherri Garrett

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

4. Campaign Address: 7900 Sharp Rd

City: Powell State: TN Zip Code: 37849 Phone: 8652365213

5. Candidate Home Address: 7900 Sharp Rd

City: Powell State: TN Zip Code: 37849 Phone: 8652365213

Candidate Email Address: votesherrigarrett@gmail.com

6. Office Sought: (include district number, if applicable) Republican State Executive Committeewoman Distric

7. Name of Political Treasurer (may be candidate): Sherri Garrett

Political Treasurer Email Address: votesherrigarrett@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: 1/16/2026 End Date: 3/31/2026

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.

Sherri Garrett — Candidate Signature — 4/1/26 — Date

Sherri Garrett — Political Treasurer Signature — 4/1/26 — Date

Witness Signature — 4/1/26 — Date

Witness Signature — 4/1/26 — Date

12. Summary:

a.	Balance On Hand Last Report	$ 0.00
b.	Total Receipts This Period	$ 2,170.00
c.	Total Disbursements This Period	$ 949.37
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 1395.63
e.	Total Loans Outstanding	$ 100
f.	Total Obligations Outstanding	$ 0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Sherri Garrett

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0.00
(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) ..... $ 2170.00

c. Loans Received This Reporting Period ..... $ 175.00

d. Interest Received This Reporting Period ..... $ 0.00

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 2345.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 874.37
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 75.00

c. Total Obligation Payments Made This Period ..... $ 0.00

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 949.37

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0.00

b. Itemized In-Kind Contributions Received This Period ..... $ 0.00

c. Total In-Kind Contributions Received This Period ..... $ 0.00

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sherri Garrett

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2345.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $______

See attached

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: $______
(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.)

Name	Address	Employer	Occupation	Donation
Tonya Lashley	324 Ridge Circle Rd. Andersonville, TN 37705	Unwin Co	Admin Asst.	$20
Jada King	9831 McElhaney Ln Corryton, TN 37721	Homemaker	Homemaker	$25.00
Julie Hassmann	8310 Jadewood Ln Knoxville, TN 37923	Realty Executives	Realtor	$25
Justin Cofer	7319 Olive Branch Lane Knoxville, TN 37931	retired	retired	$25.00
Nita Privette	7720 S Whispering Oak Cir Powell, TN 37849	retired	retired	$50
Julie Siep	1711 Doc Hannah Rd Maryville, TN 37803	Dog Training Elite	Dog trainer	$100.00
Rebecca Napier	128 Tower Dr Knoxville, TN 37912	Comcast Adverstising		$20.00
Chris Judd	141 Lake Crest Dr Lenoir City, TN 37772	retired	retired	$25.00
Anthony Allen	109 New Bedford Ln Oak Ridge, TN 37830	retired	retired	$30
Elizabeth McDaniel	2901 Cross Valley Rd Knoxville, TN 37917	self employed		$25
Becky Hofseth	911 Heathgate Rd Knoxville, TN 37922	retired		$100.00
Kimberlie Parks	10701 Farragut Hills Boulevard, Knoxville, TN 37934	Sojourney, LLC	self employed	$250.00
Monica Irvine	862 Hansmore Place, Knoxville, TN 37919	The Etiquette Factory, LLC	Educator	$100.00
Kellee Duggar	7821 Cranley Rd, Powell, TN 37849	Bluegrass National Resources	Finance	$50.00
Justin Hirst	2433 E 5th Ave, Knoxville, TN 37917	Smiths Detection	Product Support	1,000.00
Hurley Thurston	7809 Sheffield Drive, Knoxville, TN 37909			$50.00
Robert Partida	198 Springfield Ln, Jacksboro, TN 37757	Retired	Retired	$50.00
Janet Palombi	332 Silver Leaf Dr, Lenoir City, TN 37772	Realty Executives	Realtor	$100.00
William Sofield	2328 Mt Olive Rd, KNOXVILLE, TN 37920	Covenant	Application Analyst	$25.00
Regina Katz	1651 Heartwell Way, Knoxville, TN 37932	Homemaker	Homemaker	$25.00
Linda Taylor	7665 Saddlebrooke Dr	Homemaker	Homemaker	$100.00
Total				$2,170

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sherri Garrett

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Total in-kind contributions from preceding page (enter $0 if first page) $ 2345.00

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: ______ 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: ______

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: $ ______

(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: Sherri Garrett

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 563.29

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: Vistaprint **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Palmcards - printings

Amount of Expenditure: $ 125.62 Date of Expenditure: $ 3/24/26

Business or Organization Name: Vistaprint **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Business cards

Amount of Expenditure: $ 68.75 Date of Expenditure: $ 3/24/26

Business or Organization Name: Vistaprint **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Tshirts

Amount of Expenditure: $ 116.71 Date of Expenditure: $ 3/29/26

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: $ 874.37

(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: Sherri Garrett

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ ~~2345~~.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: Nametag Wizard **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Name tag

Amount of Expenditure: $ 19.98 Date of Expenditure: $ 3/9/26

Business or Organization Name: Amazon **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: thankyoucards

Amount of Expenditure: $ 9.97 Date of Expenditure: $ 3/11/26

Business or Organization Name: Best Name Badges **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: printing

Amount of Expenditure: $ 50.39 Date of Expenditure: $ 3/12/26

Business or Organization Name: USPS **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Stamps

Amount of Expenditure: $ 31.20 Date of Expenditure: $ 3/13/26

Business or Organization Name: Red Lobster **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: candidate meeting

Amount of Expenditure: $ 29.89 Date of Expenditure: $ 3/13/26

Total Expenditures: $ 141.43

(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: Sherri Garrett

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 141.43

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: Vista Print **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Printing

Amount of Expenditure: $ 169.45 Date of Expenditure: $ 3/16/26

Business or Organization Name: Amazon **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: cards

Amount of Expenditure: $ 16.38 Date of Expenditure: $ 3/17/26

Business or Organization Name: Wix.com **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: website

Amount of Expenditure: $ 26.22 Date of Expenditure: $ 3/16

Business or Organization Name: Knox County GOP **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Event

Amount of Expenditure: $ 57.60 Date of Expenditure: $ 3/19/26

Business or Organization Name: Amazon **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: campaign supplies

Amount of Expenditure: $ 152.21 Date of Expenditure: $ 3/22/26

Total Expenditures: $ 563.29

(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: Sherri Garrett

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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: Sherri Middle Name: _____ Last Name: Garrett

Address: 7900 Sharp Rd. City: Powell State: TN Zip Code: 37849

Outstanding Loan Balance (Beginning) ..... $ 0.00

Loans Received ..... $ 175.00

Loan Payments ..... $ 75.00

Outstanding Loan (End) ..... $ 100.00

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

Date of Loan: 3/1/26

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

Business or Organization Name: _____ **OR**

First Name: Sherri Middle Name: _____ Last Name: Garrett

Address: 7900 Sharp Rd City: Powell State: ____ Zip Code: _____

Amount Guaranteed Outstanding: $ 175.00

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) ..... $ 0.00

Loans Received ..... $ 175.00

Loan Payments ..... $ 75.00

Outstanding Loan (End) ..... $ 100.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Sherri Garrett

2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	**Debt Incurred This Period**	**Payments This Period**	**Outstanding Balance (Period End)**
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	**Debt Incurred This Period**	**Payments This Period**	**Outstanding Balance (Period End)**
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	**Debt Incurred This Period**	**Payments This Period**	**Outstanding Balance (Period End)**
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	**Debt Incurred This Period**	**Payments This Period**	**Outstanding Balance (Period End)**
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$