



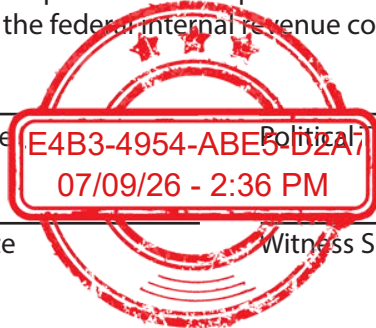
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/9/2026 2.a. Candidate or Committee Name: Justin D. Cofer
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 7319 Olive Branch
City: Knoxville State: TN Zip Code: 37931 Phone: _____
5. Candidate Home Address: 7319 Olive Branch Lane
City: Knoxville State: TN Zip Code: 37931 Phone: _____
Candidate Email Address: knoxcountyforcofer@currently.com
6. Office Sought: (include district number, if applicable) County Commission, At Large Seat 10
7. Name of Political Treasurer (may be candidate): Chrissey Stephens
Political Treasurer Email Address: clstephenstn@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: 4/26/2026 End Date: 6/30/2026
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
_____ Witness Signature	_____ Date	_____ Witness Signature	_____ Date



12. Summary:

a. Balance On Hand Last Report	\$ <u>\$3,208.91</u>
b. Total Receipts This Period	\$ <u>\$6,659.24</u>
c. Total Disbursements This Period	\$ <u>\$4,757.33</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$5,110.82</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: Justin D. Cofer

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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) \$ \$6,659.24
- 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.) \$ \$6,659.24

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,757.33
(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.)..... \$ \$4,757.33

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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: Traci Middle Name: _____ Last Name: Kvam

Address: 1021 Corning Rd City: Knoxville State: TN Zip Code: 37923

Occupation: EM Specialist Employer: UT Battelle

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

Amount of Contribution: \$ \$520.51 Date of Contribution: 5/4/2026 Aggregate This Election: \$ \$1,249.2

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Graham

Address: PO Box 12489 City: Knoxville State: TN Zip Code: 37912

Occupation: Business Ower Employer: Tiger GP

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 5/5/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Darlene Middle Name: _____ Last Name: Forsythe

Address: 730 Hwy 321 N Ste 2 City: Lenoir City State: TN Zip Code: 37771

Occupation: Owner Employer: American Male

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 5/9/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: John Middle Name: _____ Last Name: Steinberger

Address: 12609 Hunters Creek Ln 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: \$ \$100.00 Date of Contribution: 5/12/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,220.51

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,220.51

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Martin Middle Name: _____ Last Name: Daniel

Address: 206 Whithorn Ln City: Knoxville State: TN Zip Code: 37909

Occupation: Business Owner Employer: Volunteer Outdoor Advertising LLC

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 5/13/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Kyle Middle Name: _____ Last Name: Nahrebne

Address: 7827 McMillan Rd City: Knoxville State: TN Zip Code: 37914

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$52.05 Date of Contribution: 5/15/2026 Aggregate This Election: \$ \$52.05

Business or Organization Name: _____ **OR**

First Name: F Middle Name: Carl Last Name: Tindell

Address: 7751 Norris Freeway City: Knoxville State: TN Zip Code: 37938

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 5/1/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Stephen Middle Name: _____ Last Name: Arnold

Address: 12501 Coral Reef Cir City: Knoxville State: TN Zip Code: 37922

Occupation: Entrepreneur Employer: Self

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 5/22/2026 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$2,172.56

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,172.56

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$650.00 Date of Contribution: 5/29/2026 Aggregate This Election: \$ \$650.00

Business or Organization Name: _____ **OR**

First Name: John Middle Name: _____ Last Name: Steinberger

Address: 12609 Hunters Creek Ln 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: \$ \$200.00 Date of Contribution: 6/2/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: Concerned Constitutional Conservatives PAC **OR**

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

Address: 113 S Cumberland St City: Lebanon State: TN Zip Code: 37087

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 6/4/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: Joey Middle Name: _____ Last Name: Easton

Address: 7010 Nature Trails Blvd Apt A 24 City: Knoxville State: TN Zip Code: 37931

Occupation: Corrections Officer Employer: Sevier County Govt

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

Amount of Contribution: \$ \$10.73 Date of Contribution: 6/6/2026 Aggregate This Election: \$ \$10.73

Total Contributions: \$ \$4,033.29

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,033.29

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Halls Republican Club **OR**

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

Address: 119 Dry Gap Pike City: Knoxville State: TN Zip Code: 37918

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/17/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Graham

Address: PO Box 12489 City: Knoxville State: TN Zip Code: 37912

Occupation: Business Ower Employer: Tiger GP

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 6/17/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: Justin Middle Name: _____ Last Name: Hirst

Address: 2433 E 5th Ave City: Knoxville State: TN Zip Code: 37917

Occupation: Product Support Employer: Smiths Detection

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

Amount of Contribution: \$ \$521.15 Date of Contribution: 6/19/2026 Aggregate This Election: \$ \$521.15

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Rainwater

Address: 1840 Pinestraw Lane 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: \$ \$52.40 Date of Contribution: 6/20/2026 Aggregate This Election: \$ \$52.40

Total Contributions: \$ \$6,106.84

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$6,106.84

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Andrea Middle Name: _____ Last Name: Sanford

Address: 421 Oakhurst Dr City: Knoxville State: TN Zip Code: 37919

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$52.40 Date of Contribution: 6/23/2026 Aggregate This Election: \$ \$52.40

Business or Organization Name: West Knox Republican Club **OR**

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

Address: 9437 Ridges Meadow Ln City: Knoxville State: TN Zip Code: 37931

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/24/2026 Aggregate This Election: \$ \$500.00

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: \$ _____

Total Contributions: \$ \$6,659.24

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Sweeney Jr
Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$149.85 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Chrissey Middle Name: _____ Last Name: Stephens
Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37930
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$20.00 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: IRS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280
Purpose of Expenditure: Payroll Taxes
Amount of Expenditure: \$ \$38.54 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: Professional Payroll Services **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605
Purpose of Expenditure: Payroll Services
Amount of Expenditure: \$ \$1.49 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Emily Middle Name: _____ Last Name: Wiatr
Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$45.00 Date of Expenditure: \$ 5/11/2026

Total Expenditures: \$ \$254.88

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$254.88

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: Victory Text **OR**

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

Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Texting Technology

Amount of Expenditure: \$ \$1,946.64 Date of Expenditure: \$ 5/14/2026

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Sweeney Jr

Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$257.17 Date of Expenditure: \$ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Chrissey Middle Name: _____ Last Name: Stephens

Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37930

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$20.00 Date of Expenditure: \$ 5/15/2026

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: \$ \$65.78 Date of Expenditure: \$ 5/15/2026

Business or Organization Name: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: \$ \$2.78 Date of Expenditure: \$ 5/15/2026

Total Expenditures: \$ \$2,547.25

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,547.25

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: Halls Business & Professional Association **OR**

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

Address: 6923 Maynardville Pike City: Knoxville State: TN Zip Code: 37918

Purpose of Expenditure: Business Luncheon

Amount of Expenditure: \$ \$18.00 Date of Expenditure: \$ 5/19/2026

Business or Organization Name: GeezLouiseDesign **OR**

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

Address: 118 Noland Ln City: Harriman State: TN Zip Code: 37748

Purpose of Expenditure: Campaign T-shirts

Amount of Expenditure: \$ \$148.17 Date of Expenditure: \$ 5/21/2026

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$30.00 Date of Expenditure: \$ 5/23/2026

Business or Organization Name: i360 **OR**

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

Address: 2300 Clarendon Blvd Ste 800 City: Arlington State: VA Zip Code: 22201

Purpose of Expenditure: Technology

Amount of Expenditure: \$ \$750.00 Date of Expenditure: \$ 5/23/2026

Business or Organization Name: Victory Text **OR**

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

Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Texting Technology

Amount of Expenditure: \$ \$804.56 Date of Expenditure: \$ 5/28/2026

Total Expenditures: \$ \$4,297.98

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,297.98

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: Michael Middle Name: _____ Last Name: Sweeney Jr
Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$21.80 Date of Expenditure: \$ 6/1/2026

Business or Organization Name: IRS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280
Purpose of Expenditure: Payroll Taxes
Amount of Expenditure: \$ \$5.11 Date of Expenditure: \$ 6/1/2026

Business or Organization Name: Professional Payroll Services **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605
Purpose of Expenditure: Payroll Services
Amount of Expenditure: \$ \$0.28 Date of Expenditure: \$ 6/1/2026

Business or Organization Name: Harland Clarke **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 30987 City: Salt Lake City State: UT Zip Code: 84130
Purpose of Expenditure: Office Supplies
Amount of Expenditure: \$ \$37.80 Date of Expenditure: \$ 6/3/2023

Business or Organization Name: _____ **OR**
First Name: Chrissey Middle Name: _____ Last Name: Stephens
Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$325.00 Date of Expenditure: \$ 6/4/2026

Total Expenditures: \$ \$4,687.97

(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: Justin D. Cofer
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,687.97

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: Andedot/Fundraising Site **OR**

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

Address: 3723 Greenville Ave Ste 41002 City: Dallas State: TX Zip Code: 75206

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$34.98 Date of Expenditure: \$ 6/30/2026

Business or Organization Name: WinRed **OR**

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

Address: 1776 Wilson Blvd. City: Arlington State: VA Zip Code: 22209

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$34.38 Date of Expenditure: \$ 6/30/2026

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: \$ _____

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: \$ \$4,757.33

(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.)