CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 6/4/2026 2.a. Candidate or Committee Name: Justin D. Cofer

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

4. Campaign Address: 7319 Olive Branch Lane

City: Knoxville State: TN Zip Code: 37931 Phone: _____

5. Candidate Home Address: 7319 Olive Branch Lane

City: Knoxville State: TN Zip Code: 37931-405(Phone: 8654415004

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): Allison Williams

Political Treasurer Email Address: almawi1020@att.net

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

-B95B-4705-942F-15F3
06/04/26 - 11:34 AM

12. Summary:

a.	Balance On Hand Last Report	$ $4,855.41
b.	Total Receipts This Period	$ $2,627.54
c.	Total Disbursements This Period	$ $4,274.04
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $3,208.91
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Justin D. Cofer

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) ..... $ _____
(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) ..... $ $2,627.54

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.) ..... $ $2,627.54

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $4,274.04
(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.) ..... $ $4,274.04

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: 4/1/2026 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: Christy Middle Name: _____ Last Name: Gentry

Address: 904 Teakwood Rd City: Knoxville State: TN Zip Code: 37919

Occupation: Caregiver Employer: Self

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

Amount of Contribution: $ $25.00 Date of Contribution: 4/23/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Marian Middle Name: _____ Last Name: Knight

Address: 440 West Main Street City: Dandridge State: TN Zip Code: 37725

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $52.05 Date of Contribution: 4/19/2026 Aggregate This Election: $ $52.05

Business or Organization Name: _____ **OR**

First Name: Becky Middle Name: _____ Last Name: Hofseth

Address: 911 Heathgate Road 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: $ $1,873.8 Date of Contribution: 4/16/2026 Aggregate This Election: $ $1,873.8

Business or Organization Name: _____ **OR**

First Name: Shannon Middle Name: _____ Last Name: Mcferrin

Address: 3323 Stars Cove Lane City: Knoxville State: TN Zip Code: 37931

Occupation: Pharma sales Employer: Insmed

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

Amount of Contribution: $ $52.05 Date of Contribution: 4/11/2026 Aggregate This Election: $ $104.10

Total Contributions: $ $2,002.93

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $2,002.93

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: $ $624.61 Date of Contribution: 4/7/2026 Aggregate This Election: $ $728.71

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: $ $2,627.54

(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: 4/1/2026 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: Knox County GOP **OR**

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

Address: P.O. Box 50153 City: Knoxville State: TN Zip Code: 37950

Purpose of Expenditure: GOP Event attendance

Amount of Expenditure: $ $68.02 Date of Expenditure: $ 4/5/2026

Business or Organization Name: Golden Hart Graphics **OR**

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

Address: 314 W. Franklin Street City: Kenton State: OH Zip Code: 43326

Purpose of Expenditure: Door Flyers

Amount of Expenditure: $ $398.76 Date of Expenditure: $ 4/2/2026

Business or Organization Name: USPS **OR**

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

Address: 800-782-6724 City: N/A State: MO Zip Code: 64108

Purpose of Expenditure: Postage

Amount of Expenditure: $ $33.20 Date of Expenditure: $ 4/8/2026

Business or Organization Name: iPromoteU **OR**

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

Address: 215 Bethel Rd City: Clinton State: TN Zip Code: 37716

Purpose of Expenditure: Campaign Yard Signs

Amount of Expenditure: $ $1,934.40 Date of Expenditure: $ 4/9/2026

Business or Organization Name: Wind Consulting **OR**

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

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

Purpose of Expenditure: Campaign (Check 2006)

Amount of Expenditure: $ $1,250.00 Date of Expenditure: $ 4/2/2026

Total Expenditures: $ $3,684.38

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,684.38

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: Emily Middle Name: _____ Last Name: Wiatr

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

Purpose of Expenditure: Campaign Help (Check 2010)

Amount of Expenditure: $ $60.00 Date of Expenditure: $ 4/7/2026

Business or Organization Name: _____ **OR**

First Name: Henry Middle Name: _____ Last Name: Parisi

Address: 1149 Lovell View Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Payroll for Campaign Help

Amount of Expenditure: $ $2.00 Date of Expenditure: $ 4/6/2026

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: Payroll for Campaign Help

Amount of Expenditure: $ $180.57 Date of Expenditure: $ 4/6/2026

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: Payroll for Campaign Help

Amount of Expenditure: $ $20.00 Date of Expenditure: $ 4/6/2026

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: $ $48.18 Date of Expenditure: $ 4/6/2026

Total Expenditures: $ $3,995.13

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,995.13

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: 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: $ $1.88 Date of Expenditure: $ 4/6/2026

Business or Organization Name: Campaign Business Lunch **OR**

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

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

Purpose of Expenditure: Campaign Lunch (Check 2007)

Amount of Expenditure: $ $18.00 Date of Expenditure: $ 4/21/2026

Business or Organization Name: _____ **OR**

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

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

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $106.60 Date of Expenditure: $ 4/21/2026

Business or Organization Name: _____ **OR**

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

Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $20.00 Date of Expenditure: $ 4/21/2026

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: $ $27.96 Date of Expenditure: $ 4/21/2026

Total Expenditures: $ $4,169.57

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $4,169.57

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: 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: $ $0.94 Date of Expenditure: $ 4/21/2026

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: $ $103.53 Date of Expenditure: $ 4/25/2026

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: $ $4,274.04
(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.)