



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/28/2026 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: 37931-4050 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

12. Summary:

a. Balance On Hand Last Report	\$ <u>4,855.41</u>
b. Total Receipts This Period	\$ <u>2,627.54</u>
c. Total Disbursements This Period	\$ <u>4,015.01</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>3,467.94</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: 4/1/2026 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)..... \$ \$4,015.01
(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.)..... \$ \$4,015.01

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: Insmmed

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

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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: _____ 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: \$ \$4,015.01

(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.)