



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/10/2026 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
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: 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.

Candidate Signature _____ Date _____ Political Treasurer Signature _____ Date _____
Witness Signature _____ Date _____ Witness Signature _____ Date _____

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$0.00</u>
b. Total Receipts This Period	\$ <u>\$7,152.65</u>
c. Total Disbursements This Period	\$ <u>\$2,297.24</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$4,855.41</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: 1/16/2026 End Date: 3/31/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$550.11
(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) \$ \$6,602.54
- 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.) \$ \$7,152.65

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,297.24
(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.)..... \$ \$2,297.24

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: 1/16/2026 End Date: 3/31/2026
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: George Middle Name: _____ Last Name: Cofer

Address: 3000 Brentwood Ct City: Kingston State: TN Zip Code: 37901

Occupation: retired Employer: retired

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 2/22/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Traci Middle Name: _____ Last Name: Kvam

Address: 1021 Corning Rd City: Knoxville State: TN Zip Code: 37901

Occupation: EM Specialist Employer: ORNL

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

Amount of Contribution: \$ \$104.10 Date of Contribution: 2/25/2026 Aggregate This Election: \$ \$104.10

Business or Organization Name: _____ **OR**

First Name: Monica Middle Name: _____ Last Name: Irvine

Address: 862 Hansmore Place City: Knoxville State: TN Zip Code: 37901

Occupation: Educator Employer: The Etiquette Factory

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

Amount of Contribution: \$ \$104.10 Date of Contribution: 2/28/2026 Aggregate This Election: \$ \$104.10

Business or Organization Name: _____ **OR**

First Name: Dana Middle Name: _____ Last Name: Hofseth

Address: 911 Heathgate Rd City: Knoxville State: TN Zip Code: 37901

Occupation: retired Employer: retired

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

Amount of Contribution: \$ \$1,041.00 Date of Contribution: 3/1/2026 Aggregate This Election: \$ \$1,041.00

Total Contributions: \$ \$1,749.22

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,749.22

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Martin Middle Name: _____ Last Name: Ammons

Address: 3111 Saratoga Dr City: Knoxville State: TN Zip Code: 37901

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 3/3/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Gary Middle Name: _____ Last Name: Douglas

Address: 10040 Casa Real Cove City: Knoxville State: TN Zip Code: 37901

Occupation: Outdoor Sales Employer: Douglas Media

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

Amount of Contribution: \$ \$400.00 Date of Contribution: 2/17/2026 Aggregate This Election: \$ \$400.00

Business or Organization Name: _____ **OR**

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

Address: 2433 E 5th Ave City: Knoxville State: TN Zip Code: 37901

Occupation: Product Support Employer: Smiths Detection

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

Amount of Contribution: \$ \$1,041.00 Date of Contribution: 2/18/2026 Aggregate This Election: \$ \$1,041.00

Business or Organization Name: _____ **OR**

First Name: Steve Middle Name: _____ Last Name: Williams

Address: 1020 Barkmoor Drive City: Lenoir City State: TN Zip Code: 37901

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 2/22/2026 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$3,640.24

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Justin D. Cofer
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) \$ \$3,640.24

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Larry Middle Name: _____ Last Name: Doss

Address: 12735 Evans Rd. City: Knoxville State: TN Zip Code: 37901

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 2/24/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Mollenhour

Address: 11124 Kingston Pk City: Knoxville State: TN Zip Code: 37901

Occupation: retired Employer: retired

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 2/27/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Kevin Middle Name: _____ Last Name: Desmond

Address: 2428 Carval Ln City: Knoxville State: TN Zip Code: 37901

Occupation: Sales Employer: Desmond Outdoor

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

Amount of Contribution: \$ \$312.30 Date of Contribution: 3/5/2026 Aggregate This Election: \$ \$312.30

Business or Organization Name: _____ **OR**

First Name: nan Middle Name: _____ Last Name: Knox Liberty

Address: PO Box 31761 City: Knoxville State: TN Zip Code: 37901

Occupation: nan Employer: nan

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 2/12/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$5,202.54

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Justin D. Cofer
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) \$ \$5,202.54

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Barnett

Address: 1122 Burning Tree Ln City: Knoxville State: TN Zip Code: 37901

Occupation: Business Owner Employer: Barnett Roofing

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 3/9/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Brown

Address: PO Box 10193 City: Knoxville State: TN Zip Code: 37901

Occupation: Business Owner Employer: Brown Brown & West Property Management

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

Amount of Contribution: \$ \$750.00 Date of Contribution: 3/10/2026 Aggregate This Election: \$ \$750.00

Business or Organization Name: _____ **OR**

First Name: Gwendolyn Middle Name: _____ Last Name: Baxter

Address: 1402 Lismore Ln City: Knoxville State: TN Zip Code: 37901

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 3/17/2026 Aggregate This Election: \$ \$150.00

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: \$ _____

Total Contributions: \$ \$6,602.54

(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: 1/16/2026 End Date: 3/31/2026
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: Justin Cofer OR

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

Address: Win Red City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.21 Date of Expenditure: \$ 1/27/2026

Business or Organization Name: NameCheap OR

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

Address: 4600 East Washington Street City: Phoenix State: AZ Zip Code: 85034

Purpose of Expenditure: Website Domain

Amount of Expenditure: \$ \$11.48 Date of Expenditure: \$ 2/2/2026

Business or Organization Name: MSB Knox OR

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

Address: 140 Dameron Ave City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Professional Lunch

Amount of Expenditure: \$ \$42.00 Date of Expenditure: \$ 2/6/2026

Business or Organization Name: McDonalds OR

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

Address: 7134 Oak Ridge Hwy City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Accidental Charge

Amount of Expenditure: \$ \$32.51 Date of Expenditure: \$ 2/11/2026

Business or Organization Name: VistaPrint OR

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

Address: 275 Wyman Street City: Waltham State: MA Zip Code: 02451

Purpose of Expenditure: Campaign Material

Amount of Expenditure: \$ \$116.74 Date of Expenditure: \$ 2/13/2026

Total Expenditures: \$ \$202.94

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$202.94

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: Justin Hirst OR

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

Address: Win Red City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$41.02 Date of Expenditure: \$ 2/18/2026

Business or Organization Name: OTCheapPrint OR

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

Address: 7651 N. San Fernando Rd City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Vehicle Signs

Amount of Expenditure: \$ \$53.45 Date of Expenditure: \$ 2/19/2026

Business or Organization Name: CVS OR

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

Address: 6005 Kingston Pike Knoxville City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Office Supplies

Amount of Expenditure: \$ \$51.50 Date of Expenditure: \$ 2/20/2026

Business or Organization Name: Golden Graphics OR

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

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

Purpose of Expenditure: Door Flyers

Amount of Expenditure: \$ \$291.70 Date of Expenditure: \$ 2/20/2026

Business or Organization Name: George Cofer OR

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

Address: Win Red City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$19.70 Date of Expenditure: \$ 2/22/2026

Total Expenditures: \$ \$660.31

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$660.31

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: Jayme Wolff **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Win Red City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$2.05 Date of Expenditure: \$ 2/23/2026

Business or Organization Name: Traci Kvam **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Win Red City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$4.10 Date of Expenditure: \$ 2/25/2026

Business or Organization Name: John Steinberger **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 12610 Hunters Creek Ln Knoxville City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$3.94 Date of Expenditure: \$ 2/25/2026

Business or Organization Name: Michael Mollenhour **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Win Red City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$19.70 Date of Expenditure: \$ 2/27/2026

Business or Organization Name: Monica Irvine **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Win Red City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$4.10 Date of Expenditure: \$ 2/28/2026

Total Expenditures: \$ \$694.20

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$694.20

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: Dana Hofseth OR

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

Address: Win Red City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$41.02 Date of Expenditure: \$ 3/1/2026

Business or Organization Name: Kevin Desmond OR

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

Address: Win Red City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$12.30 Date of Expenditure: \$ 3/5/2026

Business or Organization Name: Michael Sweeney Jr OR

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

Address: 9604 Gulf Park Dr Knoxville City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Payroll for Campaign Help

Amount of Expenditure: \$ \$42.62 Date of Expenditure: \$ 3/6/2026

Business or Organization Name: Chrissey Stephens OR

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

Address: 2614 Sweeping Rain Ln Knoxville City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Payroll for Campaign Help

Amount of Expenditure: \$ \$15.00 Date of Expenditure: \$ 3/6/2026

Business or Organization Name: IRS OR

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

Address: PO Box 806532 Cincinnati City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: \$ \$12.09 Date of Expenditure: \$ 3/6/2026

Total Expenditures: \$ \$817.23

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$817.23

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 Johnson City City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Payroll Services

Amount of Expenditure: \$ \$0.39 Date of Expenditure: \$ 3/6/2026

Business or Organization Name: Alamo Branding **OR**

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

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

Purpose of Expenditure: Campaign T-shirt order

Amount of Expenditure: \$ \$348.34 Date of Expenditure: \$ 3/7/2026

Business or Organization Name: John Steinberger **OR**

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

Address: Win Red City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$3.94 Date of Expenditure: \$ 3/7/2026

Business or Organization Name: TaoBary 160 Pcs Stationery **OR**

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

Address: Amazon Order #113-7971892-645 City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Thank you cards

Amount of Expenditure: \$ \$15.28 Date of Expenditure: \$ 3/7/2026

Business or Organization Name: Knox Liberty **OR**

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

Address: PO Box 31761 Knoxville City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Voter Data Check #2001

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 3/9/2026

Total Expenditures: \$ \$1,435.18

(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: Justin D. Cofer
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) \$ \$1,435.18

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: David Barnett **OR**

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

Address: Win Red City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$19.70 Date of Expenditure: \$ 3/9/2026

Business or Organization Name: Jeannie Hemiller **OR**

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

Address: Win Red City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$1.03 Date of Expenditure: \$ 3/20/2026

Business or Organization Name: Michael Sweeney Jr **OR**

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

Address: 9604 Gulf Park Dr Knoxville City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Payroll for Campaign Help

Amount of Expenditure: \$ \$240.20 Date of Expenditure: \$ 3/20/2026

Business or Organization Name: Chrissey Stephens **OR**

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

Address: 2614 Sweeping Rain Ln Knoxville City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Payroll for Campaign Help

Amount of Expenditure: \$ \$20.00 Date of Expenditure: \$ 3/20/2026

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 Cincinnati City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: \$ \$60.39 Date of Expenditure: \$ 3/20/2026

Total Expenditures: \$ \$1,776.50

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,776.50

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 Johnson City City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Payroll Services
Amount of Expenditure: \$ \$2.15 Date of Expenditure: \$ 3/20/2026

Business or Organization Name: Shannon McFerrin **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Win Red City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$2.05 Date of Expenditure: \$ 3/24/2026

Business or Organization Name: Shawn Yerger **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Win Red City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$1.23 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Alamo/Knox Liberty **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 215 Bethel Rd Clinton City: Clinton State: TN Zip Code: 37716
Purpose of Expenditure: H-Frame Stakes Check # 2005
Amount of Expenditure: \$ \$510.34 Date of Expenditure: \$ 3/24/2026

Business or Organization Name: Stephen Arnold **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Win Red City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$3.94 Date of Expenditure: \$ 3/25/2026

Total Expenditures: \$ \$2,296.21

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,296.21

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: Michael Rainwater **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Win Red City: Knoxville State: TN Zip Code: 37901
Purpose of Expenditure: Processing Fee
Amount of Expenditure: \$ \$1.03 Date of Expenditure: \$ 3/27/2026

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: \$ _____

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: \$ \$2,297.24

(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.)