CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/13/2026 2.a. Candidate or Committee Name: Jamie Free

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

4. Campaign Address: 1848 Forest View Dr

City: Kingsport State: TN Zip Code: 37660 Phone: 4233831865

5. Candidate Home Address: 1848 Forest View Dr

City: Kingsport State: TN Zip Code: 37660 Phone: 4233831865

Candidate Email Address: jamiefreesheriff2026@gmail.com

6. Office Sought: (include district number, if applicable) SHERIFF

7. Name of Political Treasurer (may be candidate): Robin Free

Political Treasurer Email Address: prissybird03@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: 4/1/2026 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

0A35-4DA6-8FBE-0997
07/13/26 - 8:32 PM

12. Summary:

a.	Balance On Hand Last Report	$ $472.37
b.	Total Receipts This Period	$ $925.00
c.	Total Disbursements This Period	$ $1,101.73
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $295.64
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jamie Free

14. Reporting Period: Start Date: 4/1/2026 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) ..... $ $925.00

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.) ..... $ $925.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $1,101.73
(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.) ..... $ $1,101.73

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $150.00

c. Total In-Kind Contributions Received This Period ..... $ $150.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jamie Free

2. Reporting Period: Start Date: 4/1/2026 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: PHIL Middle Name: _____ Last Name: SHIPLEY

Address: 347 HASKELL MILHORN RD City: PINEY FLATS State: TN Zip Code: 37686

Occupation: HIGHWAY DEPT Employer: SULL. COUNTY

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

Amount of Contribution: $ $250.00 Date of Contribution: 5/22/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: BRENDA Middle Name: _____ Last Name: JONES

Address: 196 E CENTRAL City: BRISTOL State: TN Zip Code: 37620

Occupation: HIGHWAY DEPT Employer: SULL. COUNTY

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

Amount of Contribution: $ $100.00 Date of Contribution: 5/22/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: JOSH Middle Name: _____ Last Name: GRAHAM

Address: 305 RIDGEWOOD DR City: KINGSPORT State: TN Zip Code: 37660

Occupation: EMPLOYEE Employer: EASTMAN

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

Amount of Contribution: $ $525.00 Date of Contribution: 5/27/2026 Aggregate This Election: $ $525.00

Business or Organization Name: _____ **OR**

First Name: BRENDA Middle Name: _____ Last Name: JONES

Address: 196 E CENTRAL City: BRISTOL State: TN Zip Code: 37620

Occupation: HIGHWAY DEPT Employer: SULL. COUNTY

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

Amount of Contribution: $ $50.00 Date of Contribution: 5/22/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $925.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jamie Free

2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

3. Total in-kind contributions from preceding page (enter $0 if first page) $ $0.00

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: DON Middle Name: ______ Last Name: JONES

Address: NEW BEASON WELL RD City: KINGSPORT State: TN Zip Code: 37660

Occupation: EMPLOYEE Employer: None

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

In-Kind Contribution Value: $$150.00 In-Kind Contribution Date: 6/5/2026 Aggregate This Election: $ $150.00

Description of In-Kind Contribution: HOT DOGS AND ALL FIXINGS AND DRINKS

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: $ $150.00

(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: Jamie Free

2. Reporting Period: Start Date: 4/1/2026 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: MUMPOWER SIGNS **OR**

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

Address: 21214 TADLOCK DR City: BRISTOL State: VA Zip Code: 24202

Purpose of Expenditure: SIGNS

Amount of Expenditure: $ $368.55 Date of Expenditure: $ 4/10/2026

Business or Organization Name: 360 ONLINE PRINT **OR**

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

Address: 3500 SOUTH DUPONT HIGHWA` City: DOVER State: DE Zip Code: 19901

Purpose of Expenditure: STICKERS

Amount of Expenditure: $ $33.50 Date of Expenditure: $ 5/12/2026

Business or Organization Name: MUMPOWER SIGNS **OR**

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

Address: 21214 TADLOCK DR City: BRISTOL State: VA Zip Code: 24202

Purpose of Expenditure: SIGNS

Amount of Expenditure: $ $589.68 Date of Expenditure: $ 6/1/2026

Business or Organization Name: CASH **OR**

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

Address: 301 E CENTER ST City: KINGSPORT State: TN Zip Code: 37660

Purpose of Expenditure: RENTAL OF RURITAN CLUB

Amount of Expenditure: $ $75.00 Date of Expenditure: $ 6/3/2026

Business or Organization Name: SQUARE UP **OR**

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

Address: 0 City: ST LOUIS State: MO Zip Code: 63101

Purpose of Expenditure: MONTHLY FEE

Amount of Expenditure: $ $35.00 Date of Expenditure: $ 6/3/2026

Total Expenditures: $ $1,101.73

(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.)