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

1. Date: 6/30/2026 2.a. Candidate or Committee Name: COMMITTEE TO ELECT BARRY HAWKINS

2.b. If Committee, Name of Candidate: BARRY HAWKINS 3. Election Date: MAY 5 2026

4. Campaign Address: 3325 LANDS END LN

City: KNOXVILLE State: TN Zip Code: 37931 Phone: 865-384-3057

5. Candidate Home Address: 3325 LANDS END LN

City: KNOXVILLE State: TN Zip Code: 37931 Phone: 865-384-3057

Candidate Email Address: barry.hawkins2026@gmail.com

6. Office Sought: (include district number, if applicable) KNOX COUNTY TRUSTEE

7. Name of Political Treasurer (may be candidate): FRED SISK

Political Treasurer Email Address: fred.sisk@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: 6/30/26

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.

Barry Hawkins — Candidate Signature — 7/1/2026 — Date

Fred A. Sisk — Political Treasurer Signature — 7-1-26 — Date

Kaylyn McElhenney — Witness Signature — 07/01/2026 — Date

Kaylyn McElhenney — Witness Signature — 07/01/2026 — Date

12. Summary:

a.	Balance On Hand Last Report	$ 805.13
b.	Total Receipts This Period	$ –
c.	Total Disbursements This Period	$ 200.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 605.13
e.	Total Loans Outstanding	$ –
f.	Total Obligations Outstanding	$ –

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Barry Hawkins
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

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: Conner Concepts **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 10911 Turkey Dr City: Knoxville State: TN Zip Code: 37934
Purpose of Expenditure: ______
Amount of Expenditure: $ 200.00 Date of Expenditure: $ June 2 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: $ 200.00
(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.)