



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/1/2026 2.a. Candidate or Committee Name: CINDY HUMPHREY
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 3102 VICKSBURG RD
City: JOHNSON CITY State: TN Zip Code: 37604 Phone: _____
5. Candidate Home Address: 3102 Vicksburg Rd
City: Johnson City State: TN Zip Code: 37604 Phone: 4239156069
Candidate Email Address: friendstoelectcindyhumphrey@gmail.com
6. Office Sought: (include district number, if applicable) County Commissioner
7. Name of Political Treasurer (may be candidate): Cindy Humphrey
Political Treasurer Email Address: friendstoelectcindyhumphrey@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: 6/30/2026
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>\$1,603.03</u>
b. Total Receipts This Period	\$ <u>\$1,490.00</u>
c. Total Disbursements This Period	\$ <u>\$1,254.83</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,838.20</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: CINDY HUMPHREY

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$120.00
(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) \$ \$1,370.00
- 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.) \$ \$1,490.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,254.83
(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.)..... \$ \$1,254.83

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: CINDY HUMPHREY
2. Reporting Period: Start Date: 4/26/2026 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: Shelia Middle Name: _____ Last Name: Jones

Address: 4224 Stone Hall Blvd City: Hermitage State: TN Zip Code: 37076

Occupation: Social Services Employer: Patriot Enterprises, LLC

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/27/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Kathy Middle Name: _____ Last Name: Carr

Address: 530 Leesburg Road City: Telford State: TN Zip Code: 37690

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/27/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Julie Middle Name: _____ Last Name: Short

Address: 105 Thompson Street City: Kingsport State: TN Zip Code: 37660

Occupation: Executive Director Employer: Girls Inc

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 5/15/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: Washington County Democratic Party **OR**

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

Address: PO Box 1731 City: Johnson City State: TN Zip Code: 37605

Occupation: PAC Employer: PAC

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

Amount of Contribution: \$ \$120.00 Date of Contribution: 5/19/2026 Aggregate This Election: \$ \$120.00

Total Contributions: \$ \$420.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: CINDY HUMPHREY
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$420.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Lynn Middle Name: _____ Last Name: Palmer

Address: 3422 Stoneridge Dr City: Johnson City State: TN Zip Code: 37604

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 6/1/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: McClaskey

Address: 6 Garden Way City: Johnson City State: TN Zip Code: 37604

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 6/3/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Loren Middle Name: _____ Last Name: Chapman

Address: 526 Lee Circle City: Johnson City State: TN Zip Code: 37604

Occupation: City Letter Carrier Employer: USPS

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/19/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Kay Middle Name: _____ Last Name: Sirois

Address: 809 Lehigh Street City: Johnson City State: TN Zip Code: 37604

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/26/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$1,370.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: CINDY HUMPHREY
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) \$ \$0.00

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: PC Signs **OR**

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

Address: 2534 Commerce Blvd City: Cincinnati State: OH Zip Code: 45241

Purpose of Expenditure: Campaign signs

Amount of Expenditure: \$ \$465.42 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: Office Depot **OR**

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

Address: 2111 NORTH ROAN ST City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Postcard printing

Amount of Expenditure: \$ \$51.00 Date of Expenditure: \$ 5/20/2026

Business or Organization Name: USPS **OR**

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

Address: 1100 N State of Franklin Rd City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$183.00 Date of Expenditure: \$ 5/20/2026

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: _____ Last Name: Ivey

Address: 1184 Ridge Parke City: Kingsport State: TN Zip Code: 37663

Purpose of Expenditure: T-shirts

Amount of Expenditure: \$ \$134.00 Date of Expenditure: \$ 5/25/2026

Business or Organization Name: Zippity Pr44017int **OR**

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

Address: 95 Perelet Industrial Parkway City: Berea State: KY Zip Code: 44017

Purpose of Expenditure: Door hangers

Amount of Expenditure: \$ \$356.11 Date of Expenditure: \$ 6/1/2026

Total Expenditures: \$ \$1,189.53

(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: CINDY HUMPHREY
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) \$ \$1,189.53

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: Scale to win OR

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

Address: 455 Market St. Ste 1940 PMB 546 City: San Francisco State: CA Zip Code: 94105

Purpose of Expenditure: Text banking

Amount of Expenditure: \$ \$22.48 Date of Expenditure: \$ 6/2/2026

Business or Organization Name: Dunkin Donuts OR

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

Address: 900 Sunset Drive City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Food for meet and greet

Amount of Expenditure: \$ \$25.17 Date of Expenditure: \$ 6/2/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St. City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Bank fees

Amount of Expenditure: \$ \$17.65 Date of Expenditure: \$ 6/30/2026

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: \$ _____

Total Expenditures: \$ \$1,254.83

(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.)