CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/1/2026 2.a. Candidate or Committee Name: CINDY HUMPHREY

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

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: 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.

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04/01/26 - 5:51 PM

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

12. Summary:

a.	Balance On Hand Last Report	$ $1,400.00
b.	Total Receipts This Period	$ $375.00
c.	Total Disbursements This Period	$ $389.68
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $1,385.32
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: CINDY HUMPHREY

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) ..... $ $25.00
(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) ..... $ $350.00

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.) ..... $ $375.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $389.68
(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.) ..... $ $389.68

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $35.99

c. Total In-Kind Contributions Received This Period ..... $ $35.99

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: 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: Bradley Middle Name: _____ Last Name: Batt

Address: 4002 Glaze Ct City: Johnson City State: TN Zip Code: 37601

Occupation: Self Employer: Self

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

Amount of Contribution: $ $100.00 Date of Contribution: 1/21/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Teresa Middle Name: _____ Last Name: Guice

Address: 846 Highway 113 City: Rogersville State: TN Zip Code: 37857

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $100.00 Date of Contribution: 2/8/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: William Middle Name: _____ Last Name: Blackman

Address: 487 Monarch Drive City: York State: PA Zip Code: 17403

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $50.00 Date of Contribution: 2/16/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Constance Middle Name: _____ Last Name: Freeman

Address: 26 Boulder Drive City: Pike Road State: AL Zip Code: 36094

Occupation: SOS Coordinator Employer: Patriot Enterprises, LLC

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

Amount of Contribution: $ $100.00 Date of Contribution: 2/24/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $350.00

(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: CINDY HUMPHREY

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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: Cindy Middle Name: ______ Last Name: Humphrey

Address: 3102 Vicksburg Rd City: Johnson City State: TN Zip Code: 37604

Occupation: Regional Manager Employer: Patriot Enterprises, LLC

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

In-Kind Contribution Value: $ $35.99 In-Kind Contribution Date: 3/23/2026 Aggregate This Election: $ $35.99

Description of In-Kind Contribution: Pavilion Rental for campaign kickoff

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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: $ $35.99

(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: CINDY HUMPHREY

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: Wordpress **OR**

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

Address: 60 29TH ST. #343 City: San Francisco State: CA Zip Code: 94110

Purpose of Expenditure: Domain Name

Amount of Expenditure: $ $13.00 Date of Expenditure: $ 1/20/2026

Business or Organization Name: Square Weebly **OR**

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

Address: 1455 MARKET STREET SUITE 6(City: San Francisco State: CA Zip Code: 94103

Purpose of Expenditure: Web hosting

Amount of Expenditure: $ $157.68 Date of Expenditure: $ 1/26/2026

Business or Organization Name: _____ **OR**

First Name: Cindy Middle Name: _____ Last Name: Office Depot

Address: 2111 NORTH ROAN ST City: Johnson City State: TN Zip Code: 37601

Purpose of Expenditure: Printing

Amount of Expenditure: $ $10.65 Date of Expenditure: $ 2/18/2026

Business or Organization Name: Tennessee Democratic Party **OR**

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

Address: 4900 Centennial Blvd. Suite 300 City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Donation for Vote Builder access

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 3/16/2026

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: $ $13.35 Date of Expenditure: $ 3/28/2026

Total Expenditures: $ $294.68

(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: 1/16/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $294.68

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: Campaign Verify **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 1215 31st Street NW City: Washington State: DC Zip Code: 20007
Purpose of Expenditure: Dues
Amount of Expenditure: $ $95.00 Date of Expenditure: $ 3/30/2026

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: $ ______

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: $ $389.68
(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.)