KNOX CO.ELECTION COMM
JUL 10 '26 PM4:32

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

1. Date: 7-10-26 2.a. Candidate or Committee Name: Charles Frazier

2.b. If Committee, Name of Candidate: Charles Frazier 3. Election Date: 8-6-26

4. Campaign Address: 2444 Milk Je Ave

City: Knoxville State: TN Zip Code: 37915 Phone: 8654545478

5. Candidate Home Address: 539 McConnell St

City: Knoxville State: TN Zip Code: 37915 Phone: 8654545478

Candidate Email Address: charlesfrazier1@aol.com

6. Office Sought: (include district number, if applicable) School Board Dist 1

7. Name of Political Treasurer (may be candidate): Chase Frazier

Political Treasurer Email Address: _____

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: _____ End Date: _____

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.

Charles Frazier — Candidate Signature — 7-10-26 — Date
[signature] — Political Treasurer Signature — 7-10-26 — Date
Judy Keen — Witness Signature — 7-10-26 — Date
Judy Keen — Witness Signature — 7-10-26 — Date

12. Summary:

a.	Balance On Hand Last Report	$ -0-
b.	Total Receipts This Period	$ 1780.
c.	Total Disbursements This Period	$ 1780.
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 300.
e.	Total Loans Outstanding	$ 700
f.	Total Obligations Outstanding	$ -0-

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Charles Frazier

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

3. Total campaign contributions from preceding page (enter $0 if first page) $ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Quentin Middle Name: _____ Last Name: Andrews

Address: 1018 Texas Ave City: Knoxville State: TN Zip Code: 37917

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 30.00 Date of Contribution: _____ Aggregate This Election: $ _____

Business or Organization Name: Kent Cozart **OR**

First Name: Kent Middle Name: _____ Last Name: Cozart

Address: 1016 Texas Ave City: Kn State: TN Zip Code: 37917

Occupation: Self Employer: _____

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

Amount of Contribution: $ 100. Date of Contribution: 6/30/26 Aggregate This Election: $ _____

Business or Organization Name: Knox Co Republican Party **OR**

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

Address: _____ City: Knoxville State: TN Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 500 Date of Contribution: _____ Aggregate This Election: $ _____

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: $ 130.

Total Contributions: $ 630.

(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: Charles Frazier

2. Reporting Period: Start Date: 4/26/2026 End Date: 06/30/2026

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

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: Danny Middle Name: _____ Last Name: Patel

Address: 2519 Broadway City: Knoxville State: TN Zip Code: 37917

Occupation: _____ Employer: Self

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

In-Kind Contribution Value: $500. In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: Purchased Drinks, Chips for Meeting

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Business or Organization Name: Heaven on Earth Event Center **OR**

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

Address: 819 Houston St City: Knoxville State: TN Zip Code: 37914

Occupation: Owner Employer: _____

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

In-Kind Contribution Value: $400. In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: Provided space for campaign Mtg

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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: _____

Total In-Kind Contributions: $ 900.

(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: _____

2. Reporting Period: Start Date: _____ End Date: _____

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

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: Kroger / Food City **OR**

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

Address: Asheville Hwy/Mechanicsville City: Knoxville State: TN Zip Code: 37914

Purpose of Expenditure: GAS

Amount of Expenditure: $ 1250. Date of Expenditure: $ 4-26-26-6/30/26

Business or Organization Name: Vista Print **OR**

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

Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 2421

Purpose of Expenditure: Yard Signs

Amount of Expenditure: $ 400.00 Date of Expenditure: $ 400 6-29-26

Business or Organization Name: WJBE Radio **OR**

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

Address: _____ City: Crossville State: TN Zip Code: 37917

Purpose of Expenditure: Radio Ads

Amount of Expenditure: $ 130. 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: $ 1780.

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Charles Frazier
2. Reporting Period: Start Date: 4-26/26 End Date: 6/30/26
3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ________ **OR**

First Name: Charles Middle Name: ________ Last Name: Frazier

Address: 2444 MLK Jr Ave City: Knoxville State: TN Zip Code: 37915

Outstanding Loan Balance (Beginning) $ 870.

Loans Received $ 700.

Loan Payments $ ________

Outstanding Loan (End) $ 1570.

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

Date of Loan: 4/30/26

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ________ **OR**

First Name: ________ Middle Name: ________ Last Name: ________

Address: ________ City: ________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $________

Business or Organization Name: ________ **OR**

First Name: ________ Middle Name: ________ Last Name: ________

Address: ________ City: ________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $________

Business or Organization Name: ________ **OR**

First Name: ________ Middle Name: ________ Last Name: ________

Address: ________ City: ________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $________

Business or Organization Name: ________ **OR**

First Name: ________ Middle Name: ________ Last Name: ________

Address: ________ City: ________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $________

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) $ 870.

Loans Received $ 700.

Loan Payments $ 500

Outstanding Loan (End) $ 1080

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______________________________

First Name: ______________ Middle Name: __________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: __________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: __________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: __________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: __________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: __________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: __________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: __________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$