CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/6/2026 2.a. Candidate or Committee Name: Sherry Witt

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

4. Campaign Address: 5052 Dovewood Way

City: Knoxville State: TN Zip Code: 37918 Phone: 865-689-1385

5. Candidate Home Address: 5052 Dovewood Way

City: Knoxville State: TN Zip Code: 37918 Phone: 865-689-1385

Candidate Email Address: wittsherry7@gmail.com

6. Office Sought: (include district number, if applicable) Knox County Register of Deeds

7. Name of Political Treasurer (may be candidate): William D. Powell

Political Treasurer Email Address: wdpowell@knoxendo.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: 1/16/26 End Date: 3/31/26

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.

Candidate Signature — Date: 4-9-26
Political Treasurer Signature — Date: 4-9-26
Witness Signature — Date: 4-9-26
Witness Signature — Date: 4-9-26

12. Summary:

a.	Balance On Hand Last Report	$ 36,315.85
b.	Total Receipts This Period	$ 1,850.00
c.	Total Disbursements This Period	$ 1,991.80
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 36,174.05
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Sherry Witt

14. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0
(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) ..... $ 1,850.00

c. Loans Received This Reporting Period ..... $ 0

d. Interest Received This Reporting Period ..... $ 0

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 1,850.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1,991.80
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0

c. Total Obligation Payments Made This Period ..... $ 0

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 1,991.80

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 0

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sherry Witt

2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: F. Middle Name: Carl Last Name: Tindell

Address: 7751 Norris Freeway City: Knoxville State: TN Zip Code: 37938

Occupation: Owner Employer: Tindell's Bldg. Supply

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

Amount of Contribution: $ 200.00 Date of Contribution: 1/22/26 Aggregate This Election: $ 700.00

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Graham

Address: 2300 Old Callahan Dr. City: Knoxville State: TN Zip Code: 37912

Occupation: Owner Employer: Graham Corporation

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

Amount of Contribution: $ 1000.00 Date of Contribution: 1/22/26 Aggregate This Election: $ 1000.00

Business or Organization Name: _____ **OR**

First Name: Ken Middle Name: _____ Last Name: Knight

Address: 8802 Samuel Andrew Ln. City: Knoxville State: TN Zip Code: 37922

Occupation: Gen. Manager Employer: Crowne Plaza Hotel

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

Amount of Contribution: $ 150.00 Date of Contribution: 2/22/26 Aggregate This Election: $ 150.00

Business or Organization Name: _____ **OR**

First Name: Gregory Middle Name: _____ Last Name: Shanks

Address: 406 Union Av. City: Knoxville State: TN Zip Code: 37902

Occupation: Attorney Employer: Shanks & Blackstock

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

Amount of Contribution: $ 500.00 Date of Contribution: 2/6/26 Aggregate This Election: $ 500.00

Total Contributions: $ 1,850.00

(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: Sherry Witt

2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26

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: Halls Business & Professional Assoc. **OR**

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

Address: 1120 Dry Gap Pk. City: Knoxville State: TN Zip Code: 37918

Purpose of Expenditure: Donation/Gala

Amount of Expenditure: $ 170.00 Date of Expenditure: $ 2/11/26

Business or Organization Name: Fountain City Business & Professional Assoc. **OR**

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

Address: P.O. Box 18282 City: Knoxville State: TN Zip Code: 37918

Purpose of Expenditure: Donation

Amount of Expenditure: $ 50.00 Date of Expenditure: $ 2/11/26

Business or Organization Name: North Knoxville BPA **OR**

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

Address: 544 N. Broadway City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: Dues

Amount of Expenditure: $ 60.00 Date of Expenditure: $ 2/11/26

Business or Organization Name: Powell Business and Professional Assoc. **OR**

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

Address: 6700 Jubilee Ctr. Way City: Knoxville State: TN Zip Code: 37912

Purpose of Expenditure: Dues

Amount of Expenditure: $ 51.80 Date of Expenditure: $ 2/11/26

Business or Organization Name: Knox Federated Republican Women **OR**

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

Address: 8712 Hollingsfield Dr. City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Donation/Dues

Amount of Expenditure: $ 50.00 Date of Expenditure: $ 2/11/26

Total Expenditures: $ 381.80

(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: Sherry Witt

2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 381.80

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: Volunteer Republican Women's Club **OR**

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

Address: 5806 Kingston Pk. City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Donation/Dues

Amount of Expenditure: $ 60.00 Date of Expenditure: $ 2/11/26

Business or Organization Name: Tennessee GOP **OR**

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

Address: 95 White Bridge Rd. Ste 414 City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: Candidate Registration

Amount of Expenditure: $ 250.00 Date of Expenditure: $ 2/23/26

Business or Organization Name: Powell Business and Professional Assoc. **OR**

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

Address: 6700 Jubilee Ctr. Way City: Knoxville State: TN Zip Code: 37912

Purpose of Expenditure: Donation

Amount of Expenditure: $ 75.00 Date of Expenditure: $ 2/24/26

Business or Organization Name: East Tenn Children's Hospital **OR**

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

Address: 2018 Clinch Av. City: Knoxville State: TN Zip Code: 37916

Purpose of Expenditure: Donation

Amount of Expenditure: $ 1075.00 Date of Expenditure: $ 3/2/26

Business or Organization Name: Women's Fund of East Tennessee **OR**

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

Address: 525 Portland St. City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Donation/Dues

Amount of Expenditure: $ 150.00 Date of Expenditure: $ 3/26/26

Total Expenditures: $ 1,991.80

(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.)