



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/26/2026 2.a. Candidate or Committee Name: Re-Elect Katherine Bike
2.b. If Committee, Name of Candidate: Katherine Bike 3. Election Date: 8/6/2026
4. Campaign Address: PO Box 10041
City: Knoxville State: TN Zip Code: 37939 Phone: (865) 297-3603
5. Candidate Home Address: 4027 Taliluna Ave
City: Knoxville State: TN Zip Code: 37919 Phone: (865) 333-2551
Candidate Email Address: kat@bikeforschoolboard.com
6. Office Sought: (include district number, if applicable) Board of Education, District 4
7. Name of Political Treasurer (may be candidate): Andrew Roberto
Political Treasurer Email Address: andrew@andrewroberto.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: 4/1/2026 End Date: 4/25/2026

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.

KAT 4/26/2026
Candidate Signature Date

AR 4/27/2026
Political Treasurer Signature Date

[Signature] 4/26/2026
Witness Signature Date

Tara Meperson 4/27/2027
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>19,120.60</u>
b. Total Receipts This Period	\$ <u>1,323.50</u>
c. Total Disbursements This Period	\$ <u>2,392.64</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>18,051.46</u>
e. Total Loans Outstanding	\$ <u>-</u>
f. Total Obligations Outstanding	\$ <u>-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Re-Elect Katherine Bike

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ -
(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) \$ 1,323.50
- 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.) \$ 1,323.50

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 2,392.64
(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.)..... \$ 2,392.64

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: Re-Elect Katherine Bike
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ **see attached**

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: \$ _____

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: \$ _____

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: \$ _____

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: \$ _____

Total Contributions: \$ _____

(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.)

Contributions									
Date	Amount	First	Last	Address	City	State	ZIP	Occupation	Employer
4/2/2026	50	Amy	Neff	2003 Island Home Boulevard	Knoxville	TN	37920	Not Employed	Not Employed
4/3/2026	50	Minda	Papson	3035 O'Neal Pkwy V20	Boulder	CO	80301	OT	Interim Healthcare
4/3/2026	50	Linda	Lawson	801 Vanosdale D	Knoxville	TN	37909	Not employed	Not employed
4/6/2026	6	Mali	Glazer	2241 Breakwater	Knoxville	TN	37922	Not employed	Not employed
4/7/2026	50	Linda	Lawson	801 Vanosdale D	Knoxville	TN	37909	Not employed	Not employed
4/8/2026	50	Stephen	Manning	3852 Dellwood Dr	Knoxville	TN	37919	Not Employed	Not Employed
4/10/2026	250	Steve	Drevik	2904B Tazewell Pike, Suit A	Knoxville	TN	37918	Engineer	Self
4/10/2026	100	Robert	Carpenter	1403 Armstrong Ave	Knoxville	TN	37901	Attorney	Self
4/11/2026	100	Sharon & Richard	Berube	913 Hayslope Dr	Knoxville	TN	37919	Not employed	Not employed
4/11/2026	100	Nany & James	Friedrich	929 Hayslope Dr	Knoxville	TN	37919	Not employed	Not employed
4/15/2026	10	Jack	Vaughan	429 Hiawassee Ave	Knoxville	TN	37917	Consultant	Morgan Street Strategies
4/15/2026	50	Brian	Sohn	4205 Kingston Pike	Knoxville	TN	37919	Professor	Carson Newman
4/18/2026	12.5	Kimberly	Mccune	1310 Ponderosa Drive	Powell	TN	37849	Librarian	KCPL
4/20/2026	50	Judy	Brietstein	1011 Westmoreland Ridge Way	Knoxville	TN	37919	Realtor	Wallace Real Estate
4/21/2026	25	Yuliya	Nemykina	1609 Breezy Ridge Trail	Knoxville	TN	37922	Data Coordinator	University of Tennessee
4/21/2026	10	Janet	Neely	1407 Southgate Rd	Knoxville	TN	37919	Testing	PSCC
4/23/2026	10	Caroline	Mann	5520 Westover Drive	Knoxville	TN	37919	Director	University of TN - Knoxville
4/23/2026	250	Robert	Ivy	918 Navaho Road Southwest	Knoxville	TN	37919	Physician	self
4/24/2026	50	Jeffrey	Baxter	474 Cherokee Blvd	Knoxville	TN	37919	Designer	Meta
4/24/2026	50	Amie	Cohorst	901 Chickamauga Ave	Knoxville	TN	37917	Recruiter	21st Mortgage

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
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: _____ 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: _____

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: \$ _____

(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: Re-Elect Katherine Bike
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ **see attached**

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: _____ **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: _____

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: \$ _____

(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.)

Expenditures							
Date	Name	Address	City	State	ZIP	Amount	Purpose
4/3/2026	Parrott Printing	2007 Riverside Dr	Knoxville	TN	37915	\$327.09	Signs
4/15/2026	Morgan Street Strategies	429 Hiawassee Ave	Knoxville	TN	37917	\$2,000.00	Consulting
4/23/2026	Squarespace	8 Clarkston St	New York	NY	78249	\$65.55	Website

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
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: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

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

Date of Loan: _____

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) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

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)
\$	\$	\$	\$