CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/6/2026 2.a. Candidate or Committee Name: TRICIA KORADE

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/3/2026

4. Campaign Address: 415 W PINE ST

City: JOHNSON CITY State: TN Zip Code: 37604 Phone: 4234821585

5. Candidate Home Address: 415 W Pine St

City: Johnson City State: TN Zip Code: 37604 Phone: 4234821585

Candidate Email Address: VoteForTricia@Korade.org

6. Office Sought: (include district number, if applicable) Johnson City Commission

7. Name of Political Treasurer (may be candidate): Christian Edwards

Political Treasurer Email Address: TreasurerForTricia@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: 4/1/2026 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

36A9-44BC-9477-7FB5
07/06/26 - 8:36 PM

12. Summary:

a.	Balance On Hand Last Report	$ $1,000.00
b.	Total Receipts This Period	$ $5,100.00
c.	Total Disbursements This Period	$ $3,550.33
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $2,549.67
e.	Total Loans Outstanding	$ $6,000.00
f.	Total Obligations Outstanding	$ $708.31

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: TRICIA KORADE

14. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

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) ..... $ $100.00

c. Loans Received This Reporting Period..... $ $5,000.00

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.) ..... $ $5,100.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $3,550.33
(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.)..... $ $3,550.33

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $136.12

c. Total In-Kind Contributions Received This Period ..... $ $136.12

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ $708.31

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: TRICIA KORADE

2. Reporting Period: Start Date: 4/1/2026 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: Tammy Middle Name: _____ Last Name: Gehosky

Address: 757 Two Gates Circle City: Chesapeake State: VA Zip Code: 23322

Occupation: CFO Employer: HCA

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

Amount of Contribution: $ $50.00 Date of Contribution: 6/16/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Karen Middle Name: _____ Last Name: Purington

Address: 2501 E Lakeview Drive, Apt 6 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: $ $50.00 Date of Contribution: 7/29/2026 Aggregate This Election: $ $50.00

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: $ $100.00

(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: TRICIA KORADE

2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

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: Tricia Middle Name: _____ Last Name: Korade

Address: 415 W Pine Street City: Johnson City State: TN Zip Code: 37604

Occupation: Candidate Employer: Self

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

In-Kind Contribution Value: $$50.90 In-Kind Contribution Date: 6/7/2026 Aggregate This Election: $ $50.90

Description of In-Kind Contribution: Die Cut stickers

Business or Organization Name: _____ **OR**

First Name: Tricia Middle Name: _____ Last Name: Korade

Address: 415 W Pine Street City: Johnson City State: TN Zip Code: 37604

Occupation: Candidate Employer: Self

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

In-Kind Contribution Value: $$85.22 In-Kind Contribution Date: 7/16/2026 Aggregate This Election: $ $136.12

Description of In-Kind Contribution: Branded shirts

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: $ $136.12

(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: TRICIA KORADE

2. Reporting Period: Start Date: 4/1/2026 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: KT Design, LLC **OR**

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

Address: 2640 Tosca Trail City: Apex State: NC Zip Code: 27502

Purpose of Expenditure: Graphic Design

Amount of Expenditure: $ $200.00 Date of Expenditure: $ 4/6/2026

Business or Organization Name: Truist Bank **OR**

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

Address: 1806 W Market St City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Check order fee

Amount of Expenditure: $ $36.95 Date of Expenditure: $ 4/14/2026

Business or Organization Name: KT Design, LLC **OR**

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

Address: 2640 Tosca Trail City: Apex State: NC Zip Code: 27502

Purpose of Expenditure: Graphic Design

Amount of Expenditure: $ $267.50 Date of Expenditure: $ 5/1/2026

Business or Organization Name: First Watch **OR**

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

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

Purpose of Expenditure: Light snacks for marketing focus group/strategy

Amount of Expenditure: $ $33.38 Date of Expenditure: $ 5/1/2026

Business or Organization Name: Eric Donohue Photography **OR**

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

Address: 160 Mary Street City: Johnson City State: TN Zip Code: 37615

Purpose of Expenditure: Photography session

Amount of Expenditure: $ $200.00 Date of Expenditure: $ 6/6/2026

Total Expenditures: $ $737.83

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: TRICIA KORADE

2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $737.83

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: Foster Signs **OR**

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

Address: 146 N Lincoln Ave City: Jonesborough State: TN Zip Code: 37659

Purpose of Expenditure: Yard signs

Amount of Expenditure: $ $2,483.46 Date of Expenditure: $ 6/22/2026

Business or Organization Name: Washington County Election Commission **OR**

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

Address: 2516 E Oakland Ave City: Johnson City State: TN Zip Code: 37601

Purpose of Expenditure: Voter Data

Amount of Expenditure: $ $50.00 Date of Expenditure: $ 6/23/2026

Business or Organization Name: Sullivan County **OR**

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

Address: 3258 Hwy 126 City: Blountville State: TN Zip Code: 37617

Purpose of Expenditure: Voter Data

Amount of Expenditure: $ $35.00 Date of Expenditure: $ 6/24/2026

Business or Organization Name: UPS Store **OR**

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

Address: 1735 W State of Franklin Rd City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Printed marketing material

Amount of Expenditure: $ $38.86 Date of Expenditure: $ 6/27/2026

Business or Organization Name: Target ONE Marketing **OR**

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

Address: 8100 Gate Manor Lane City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Marketing Materials

Amount of Expenditure: $ $112.32 Date of Expenditure: $ 6/29/2026

Total Expenditures: $ $3,457.47

(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: TRICIA KORADE

2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,457.47

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: Target ONE Marketing **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 8100 Gate Manor Lane City: Johnson City State: TN Zip Code: 37849
Purpose of Expenditure: Marketing materials
Amount of Expenditure: $ $92.86 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: $ ______

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: $ $3,550.33
(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: TRICIA KORADE

2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

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: Tricia Middle Name: _____ Last Name: Korade

Address: 415 W Pine Street City: Joohnson City State: TN Zip Code: 37604

Outstanding Loan Balance (Beginning) ..... $ $1,000.00

Loans Received ..... $ $5,000.00

Loan Payments ..... $ $0.00

Outstanding Loan (End) ..... $ $6,000.00

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

Date of Loan: 6/22/2026

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

Business or Organization Name: Vote For Tricia Korade **OR**

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

Address: 415 W Pine Street City: Johnson City State: TN Zip Code: 37604

Amount Guaranteed Outstanding: $ $6,000.00

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) ..... $ $1,000.00

Loans Received ..... $ $5,000.00

Loan Payments ..... $ $0.00

Outstanding Loan (End) ..... $ $6,000.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: TRICIA KORADE

2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

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

Business Name: CopyNet
First Name: _____ Middle Name: _____
Last Name: _____
Address: W Walnut Street
City: Johnson City
State: TN Zip Code: 37604

Description of Obligation:	Printed marketing material, paid 6/26, payment not cleared by end of reporting period		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$0.00	$83.31	$0.00	$83.31

Business Name: Foster Signs
First Name: _____ Middle Name: _____
Last Name: _____
Address: 146 N Lincoln Ave
City: Jonesborough
State: TN Zip Code: 37659

Description of Obligation:	Car window decal 6/26, $ is estimate, not paid by end of reporting period		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$0.00	$200.00	$0.00	$200.00

Business Name: KT Design, LLC
First Name: _____ Middle Name: _____
Last Name: _____
Address: 2640 Tosca Trail
City: Apex
State: NC Zip Code: 27502

Description of Obligation:	Graphic Design June invoice, paid 7/1		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$0.00	$425.00	$0.00	$425.00

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)
$0.00	$708.31	$0.00	$708.31