CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/7/2026 2.a. Candidate or Committee Name: DAVE ADAMS

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

4. Campaign Address: 3 Coventry Ct

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

5. Candidate Home Address: 3 Coventry Ct

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

Candidate Email Address: dave@daveforjc.com

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

7. Name of Political Treasurer (may be candidate): DAVE ADAMS

Political Treasurer Email Address: treasurer@daveforjc.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.

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

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04/07/26 - 4:23 PM

12. Summary:

a.	Balance On Hand Last Report	$ $209.70
b.	Total Receipts This Period	$ $1,235.00
c.	Total Disbursements This Period	$ $638.76
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $805.94
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: DAVE ADAMS

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) ..... $ $35.00
(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) ..... $ $1,200.00

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.) ..... $ $1,235.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $638.76
(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.)..... $ $638.76

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $11.18

c. Total In-Kind Contributions Received This Period ..... $ $11.18

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: DAVE ADAMS

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: Pete Middle Name: _____ Last Name: Tackett

Address: 1014 Antioch Rd City: Johnson City State: TN Zip Code: 37604

Occupation: Pastor Employer: Antioch Baptist Church

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

Amount of Contribution: $ $200.00 Date of Contribution: 2/20/2026 Aggregate This Election: $ $200.00

Business or Organization Name: _____ **OR**

First Name: Dave Middle Name: _____ Last Name: Adams

Address: 3 Coventry Ct City: Johnson City State: TN Zip Code: 37604

Occupation: Software Engineer Employer: VRChat, Inc

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 3/16/2026 Aggregate This Election: $ $1,100.0

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: $ $1,200.00

(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: DAVE ADAMS

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: Dave Middle Name: ______ Last Name: Adams

Address: 3 Coventry Ct City: Johnson City State: TN Zip Code: 37604

Occupation: Software Engineer Employer: VRChat, Inc

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

In-Kind Contribution Value: $ $11.18 In-Kind Contribution Date: 3/27/2026 Aggregate This Election: $ $1,111.18

Description of In-Kind Contribution: Meta Advertising - Credit Balance

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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: $ $11.18

(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: DAVE ADAMS

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: Meta **OR**

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

Address: 1 Meta Way City: Meno Park State: CA Zip Code: 94025

Purpose of Expenditure: Meta Verified Monthly Fee

Amount of Expenditure: $ $13.13 Date of Expenditure: $ 1/29/2026

Business or Organization Name: Moo, Inc **OR**

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

Address: 25 Fairmount Ave City: Lincoln State: RI Zip Code: 02865

Purpose of Expenditure: Business Cards

Amount of Expenditure: $ $45.61 Date of Expenditure: $ 2/2/2026

Business or Organization Name: Signs On The Cheap **OR**

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

Address: 11525A Stonehollow Dr, Suite 120 City: Austin State: TX Zip Code: 78758

Purpose of Expenditure: Yard Sign Sample

Amount of Expenditure: $ $7.65 Date of Expenditure: $ 2/17/2026

Business or Organization Name: Meta **OR**

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

Address: 1 Meta Way City: Meno Park State: CA Zip Code: 94025

Purpose of Expenditure: Meta Verified Monthly Fee

Amount of Expenditure: $ $13.13 Date of Expenditure: $ 3/2/2026

Business or Organization Name: Dope Marketing **OR**

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

Address: 3225 Neil Armstrong Blvd #100 City: Eagan State: MN Zip Code: 55121

Purpose of Expenditure: Yard Signs

Amount of Expenditure: $ $399.00 Date of Expenditure: $ 3/17/2026

Total Expenditures: $ $478.52

(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: DAVE ADAMS

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) $ $478.52

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: Moo, Inc **OR**

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

Address: 25 Fairmount Ave City: Lincoln State: RI Zip Code: 02865

Purpose of Expenditure: Business Cards

Amount of Expenditure: $ $123.68 Date of Expenditure: $ 3/23/2026

Business or Organization Name: Meta **OR**

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

Address: 1 Meta Way City: Meno Park State: CA Zip Code: 94025

Purpose of Expenditure: Meta Verified Monthly Fee

Amount of Expenditure: $ $13.13 Date of Expenditure: $ 3/30/2026

Business or Organization Name: Meta **OR**

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

Address: 1 Meta Way City: Meno Park State: CA Zip Code: 94025

Purpose of Expenditure: Meta Verified Monthly Fee

Amount of Expenditure: $ $13.13 Date of Expenditure: $ 4/2/2026

Business or Organization Name: Anedot **OR**

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

Address: 3723 Greenville Ave. Ste 41002 City: Dallas State: TX Zip Code: 75206

Purpose of Expenditure: Payment Processor Weekly Batch

Amount of Expenditure: $ $2.00 Date of Expenditure: $ 2/2/2026

Business or Organization Name: Anedot **OR**

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

Address: 3723 Greenville Ave. Ste 41002 City: Dallas State: TX Zip Code: 75206

Purpose of Expenditure: Payment Processor Weekly Batch

Amount of Expenditure: $ $8.30 Date of Expenditure: $ 2/23/2026

Total Expenditures: $ $638.76

(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.)