



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/9/2026 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: 4239463555
5. Candidate Home Address: 3 Coventry Ct
City: Johnson City State: TN Zip Code: 37604 Phone: 4239463555
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: 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
_____	_____	_____	_____

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$805.94</u>
b. Total Receipts This Period	\$ <u>\$3,175.00</u>
c. Total Disbursements This Period	\$ <u>\$1,849.74</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$2,131.20</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: DAVE ADAMS

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) \$ \$180.00
(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) \$ \$2,995.00
- 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.) \$ \$3,175.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,849.74
(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.)..... \$ \$1,849.74

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$126.00
- c. Total In-Kind Contributions Received This Period \$ \$126.00

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: 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: Bob Middle Name: _____ Last Name: Roller

Address: 4 Lara Ct 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: \$ \$1,000.00 Date of Contribution: 4/15/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Carr

Address: 530 Leesburg Rd City: Telford State: TN Zip Code: 37690

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/6/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Robyn Middle Name: _____ Last Name: Phillips

Address: 2417 Circle View Dr 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: \$ \$200.00 Date of Contribution: 4/29/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Kevin Middle Name: _____ Last Name: Hendricks

Address: 200 Roy Phillips Rd City: Jonesborough State: TN Zip Code: 37659

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 5/16/2026 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$1,500.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: DAVE ADAMS
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) \$ \$1,500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Deborah Middle Name: _____ Last Name: Harley-McClaskey

Address: 301 Alta Tree Blvd 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: 6/22/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Kinsey Middle Name: _____ Last Name: Holliday

Address: 136 Triple H Lane City: Jonesborough State: TN Zip Code: 37659

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/22/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: Jeremy Middle Name: _____ Last Name: Wilson

Address: 260 Gray Station Rd City: Johnson City State: TN Zip Code: 37615

Occupation: General Labor Employer: Til Death Tattoo

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 6/22/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Brandtly Middle Name: _____ Last Name: Spangler

Address: 723 W Locust St City: Johnson City State: TN Zip Code: 37604

Occupation: Farmer Employer: Self Employed

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 6/22/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$2,125.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: DAVE ADAMS
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) \$ \$2,125.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Maria Middle Name: _____ Last Name: Lovelady

Address: 2900 Watauga Rd City: Johnson City State: TN Zip Code: 37601

Occupation: Real Estate Employer: Griffin Home Group

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 6/22/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Lori Middle Name: _____ Last Name: Sukel

Address: 176 S Austin Springs Rd City: Johnson City State: TN Zip Code: 37601

Occupation: Unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$30.00 Date of Contribution: 6/22/2026 Aggregate This Election: \$ \$30.00

Business or Organization Name: _____ **OR**

First Name: Kayla Middle Name: _____ Last Name: Dowell

Address: 2913 Mayfield Dr City: Johnson City State: TN Zip Code: 37604

Occupation: RN Employer: SOFHA

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

Amount of Contribution: \$ \$15.00 Date of Contribution: 6/22/2026 Aggregate This Election: \$ \$15.00

Business or Organization Name: _____ **OR**

First Name: Sarah Middle Name: Jayne Last Name: Della Vecchia

Address: 5 Garden Way 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: 6/22/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$2,270.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: DAVE ADAMS
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) \$ \$2,270.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Jeff Middle Name: _____ Last Name: Phillips
Address: 2417 Circlevue Dr 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: \$ \$100.00 Date of Contribution: 6/22/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Kayla Middle Name: _____ Last Name: Johnson
Address: 260 Water Tank Hill Rd City: Johnson City State: TN Zip Code: 37604
Occupation: Hair Stylist Employer: Kayla's Chair
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 4/9/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Kinsey Middle Name: _____ Last Name: Holliday
Address: 136 triple h lane City: Jonesborough State: TN Zip Code: 37659
Occupation: Business Owner Employer: The Black Olive Inc
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/10/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Rebekka Middle Name: _____ Last Name: Jackson
Address: 912 Echo Lane City: Johnson City State: TN Zip Code: 37604
Occupation: Coach Employer: AOF
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$2,995.00
(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: 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: 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: \$ \$126.00 In-Kind Contribution Date: 6/20/2026 Aggregate This Election: \$ \$1,237.18

Description of In-Kind Contribution: Campaign Koozies and Toddler 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: _____

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: \$ \$126.00

(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: 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: 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 Fees
Amount of Expenditure: \$ \$25.90 Date of Expenditure: \$ 4/15/2026

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 Fees
Amount of Expenditure: \$ \$37.50 Date of Expenditure: \$ 6/30/2026

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 Monthly Account Fee
Amount of Expenditure: \$ \$13.13 Date of Expenditure: \$ 5/4/2026

Business or Organization Name: TNDP **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4900 Centennial Blvd City: Nashville State: TN Zip Code: 37209
Purpose of Expenditure: Voter Record Software Access (VoteBuilder)
Amount of Expenditure: \$ \$382.50 Date of Expenditure: \$ 5/18/2026

Business or Organization Name: Campaign Verify **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1215 31st St NW Box 3554 City: Washington State: DC Zip Code: 20007-999
Purpose of Expenditure: Campaign Verification for Phone Access
Amount of Expenditure: \$ \$95.00 Date of Expenditure: \$ 5/20/2026

Total Expenditures: \$ \$554.03

(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: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$554.03

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: The Generalist OR

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

Address: 248 E Main Street City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Venue Rental - Kickoff

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 6/1/2026

Business or Organization Name: Meta OR

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

Address: 1 Meta Way City: Meno Park State: CA Zip Code: 90125

Purpose of Expenditure: Meta Monthly Account Fee

Amount of Expenditure: \$ \$13.13 Date of Expenditure: \$ 6/2/2026

Business or Organization Name: Yoycol OR

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

Address: FLAT/RM 1019B 10/F LIVEN HOL City: Hong Kong State: N/A Zip Code: 00000

Purpose of Expenditure: Campaign Aloha Shirt Prototpye / Sample - Print On Demand Vendor

Amount of Expenditure: \$ \$66.08 Date of Expenditure: \$ 6/8/2026

Business or Organization Name: Harler Print Co d/b/a Sticker Invasion OR

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

Address: 3208 Pennington Dr #4 City: Wilmington State: NC Zip Code: 28405

Purpose of Expenditure: Campaign Merch

Amount of Expenditure: \$ \$185.85 Date of Expenditure: \$ 6/16/2026

Business or Organization Name: Sams Club OR

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

Address: 3060 Franklin Terrace City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Campaign Kickoff Supplies (Plates, Cutlery, Cups, Drinks)

Amount of Expenditure: \$ \$101.35 Date of Expenditure: \$ 6/22/2026

Total Expenditures: \$ \$1,120.44

(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: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,120.44

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: Publix **OR**

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

Address: 509 N State of Franklin Rd Ste 20 City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Campaign Kickoff (Food)

Amount of Expenditure: \$ \$186.11 Date of Expenditure: \$ 6/22/2026

Business or Organization Name: Michaels **OR**

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

Address: 3211 Peoples St City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Campaign Merch Supplies (Gildan shirts. Heat Transfer Vinyl rolls. acrylic info displays.

Amount of Expenditure: \$ \$471.33 Date of Expenditure: \$ 6/19/2026

Business or Organization Name: Lowe's **OR**

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

Address: 180 Marketplace Blvd City: Johnson City State: TN Zip Code: 37604

Purpose of Expenditure: Volunteer Supplies

Amount of Expenditure: \$ \$84.99 Date of Expenditure: \$ 6/25/2026

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 Refund (Overcharge)

Amount of Expenditure: \$ (\$13.13) Date of Expenditure: \$ 4/14/2026

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: \$ _____

Total Expenditures: \$ \$1,849.74

(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.)