CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/28/2025 2.a. Candidate or Committee Name: Karyn Adams

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/4/2025

4. Campaign Address: 211 Druid Drive

City: Knoxville State: TN Zip Code: 37920 Phone: _____

5. Candidate Home Address: 211 Druid Drive

City: Knoxville State: TN Zip Code: 37920 Phone: _____

Candidate Email Address: aow@aowebster.com

6. Office Sought: (include district number, if applicable) City Council, District 1

7. Name of Political Treasurer (may be candidate): Adrienne Webster

Political Treasurer Email Address: aow@aowebster.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: 10/1/2025 End Date: 10/25/2025

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.

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10/28/25 - 5:19 PM

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

12. Summary:

a.	Balance On Hand Last Report	$ $7,547.80
b.	Total Receipts This Period	$ $4,615.00
c.	Total Disbursements This Period	$ $1,200.49
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $10,962.31
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Karyn Adams

14. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

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) ..... $ $4,615.00

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.) ..... $ $4,615.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $1,200.49
(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.)..... $ $1,200.49

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $75.00

c. Total In-Kind Contributions Received This Period ..... $ $75.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Karyn Adams

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

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: Elizabeth Middle Name: _____ Last Name: DeGeorge

Address: 116 Kingston St. City: Loudon State: TN Zip Code: 37774

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $25.00 Date of Contribution: 10/8/2025 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Diane Middle Name: _____ Last Name: Humphry

Address: 1005 Tarwater Road City: Knoxville State: TN Zip Code: 37920

Occupation: clinical social worker Employer: self

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

Amount of Contribution: $ $300.00 Date of Contribution: 10/12/2025 Aggregate This Election: $ $300.00

Business or Organization Name: _____ **OR**

First Name: Lynette Middle Name: _____ Last Name: Purdue

Address: 2304 West Blount Ave. City: knoxville State: TN Zip Code: 37920

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/14/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Janice Middle Name: _____ Last Name: Tocher

Address: 326 Taylor Road City: Knoxville State: TN Zip Code: 37920

Occupation: Owner Employer: Averra Media

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/15/2025 Aggregate This Election: $ $50.00

Total Contributions: $ $425.00

(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: Karyn Adams

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $425.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: **OR**

First Name: Rachel Middle Name: Last Name: Craig

Address: 2222 Island Home Boulevard City: Knoxville State: TN Zip Code: 37920

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $250.00 Date of Contribution: 10/15/2025 Aggregate This Election: $ $500.00

Business or Organization Name: **OR**

First Name: Drew Middle Name: Last Name: McElroy

Address: 4745 Calumet City: Knoxville State: TN Zip Code: 37919

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $200.00 Date of Contribution: 10/15/2025 Aggregate This Election: $ $200.00

Business or Organization Name: **OR**

First Name: Pete Middle Name: Last Name: Garza

Address: 445 W Blount Ave 318 City: Knoxville State: TN Zip Code: 37920

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $50.00

Business or Organization Name: **OR**

First Name: Mary Middle Name: Last Name: Smith

Address: 1940 Lyons Bend Road City: Knoxville State: TN Zip Code: 37919

Occupation: Teacher Employer: Natures way Montessori school

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/18/2025 Aggregate This Election: $ $150.00

Total Contributions: $ $975.00

(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: Karyn Adams

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $975.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: TN Realtors PAC **OR**

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

Address: 901 19th Avenue South City: Nashville State: TN Zip Code: 37212

Occupation: PAC Employer: TN Realtors PAC

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

Amount of Contribution: $$2,000.0 Date of Contribution: 10/20/2025 Aggregate This Election: $ $2,000.0

Business or Organization Name: _____ **OR**

First Name: Renick Middle Name: _____ Last Name: Adams

Address: 501 Lake Wood Drive City: Gadsen State: AL Zip Code: 35901

Occupation: Retired Employer: NA

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

Amount of Contribution: $$100.00 Date of Contribution: 10/20/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Brian Middle Name: _____ Last Name: Hann

Address: 654 Helix Lane City: Knoxville State: TN Zip Code: 37920

Occupation: Re-Developer Employer: Hann Co. LLC

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

Amount of Contribution: $$500.00 Date of Contribution: 10/21/2025 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Courtney Middle Name: _____ Last Name: Bergmeier

Address: 244 DRUID DR City: Knoxville State: TN Zip Code: 37920

Occupation: Executive Director Employer: Bijou Theatre

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

Amount of Contribution: $$10.00 Date of Contribution: 10/24/2025 Aggregate This Election: $ $30.00

Total Contributions: $ $3,585.00

(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: Karyn Adams

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $3,585.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Clark

Address: 1197 Richland Rd City: Blaine State: TN Zip Code: 37709

Occupation: Founder Employer: Gulf & Ohio Railways

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

Amount of Contribution: $ $30.00 Date of Contribution: 10/24/2025 Aggregate This Election: $ $30.00

Business or Organization Name: _____ **OR**

First Name: Peter Middle Name: _____ Last Name: Claussen

Address: PO BOX 2408 City: Knoxville State: TN Zip Code: 37901

Occupation: Retired Employer: NA

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

Amount of Contribution: $ $500.00 Date of Contribution: 10/24/2025 Aggregate This Election: $ $500.00

Business or Organization Name: CWA - Cope PAC **OR**

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

Address: 501 3rd St City: Washington State: DC Zip Code: 20001

Occupation: none Employer: CWA - Cope PAC

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

Amount of Contribution: $ $500.00 Date of Contribution: 10/24/2025 Aggregate This Election: $ $500.00

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: $ _____

Total Contributions: $ $4,615.00

(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: Karyn Adams

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

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: Adrienne Middle Name: ______ Last Name: Webster

Address: 4111 Martin Mill Pike City: Knoxville State: TN Zip Code: 37920

Occupation: Accountant Employer: Self

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

In-Kind Contribution Value: $ $75.00 In-Kind Contribution Date: 10/24/2025 Aggregate This Election: $ $275.00

Description of In-Kind Contribution: Accounting

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: $ $75.00

(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: Karyn Adams

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

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: Parrot Printing **OR**

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

Address: 2007 Riverside Dr City: Knoxville State: TN Zip Code: 37915

Purpose of Expenditure: Printing

Amount of Expenditure: $ $316.93 Date of Expenditure: $ 10/6/2025

Business or Organization Name: Parrot Printing **OR**

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

Address: 2007 Riverside Dr City: Knoxville State: TN Zip Code: 37915

Purpose of Expenditure: Printing

Amount of Expenditure: $ $125.64 Date of Expenditure: $ 10/15/2025

Business or Organization Name: _____ **OR**

First Name: Jack Middle Name: _____ Last Name: Vaugh

Address: 429 Hiawassee Ave City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: event food

Amount of Expenditure: $ $76.27 Date of Expenditure: $ 10/7/2025

Business or Organization Name: _____ **OR**

First Name: Curtis Middle Name: _____ Last Name: Glover

Address: 8631 Denmark Ln City: Knoxville State: TN Zip Code: 37931

Purpose of Expenditure: licensing

Amount of Expenditure: $ $625.00 Date of Expenditure: $ 10/23/2025

Business or Organization Name: ActBlue.Com **OR**

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

Address: 366 Summer St. City: Somerville State: MA Zip Code: 21440

Purpose of Expenditure: merchant fees

Amount of Expenditure: $ $22.13 Date of Expenditure: $ 10/25/2025

Total Expenditures: $ $1,165.97

(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: Karyn Adams

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,165.97

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: Stripe.com **OR**
First Name: ____ Middle Name: ____ Last Name: ____
Address: 354 Oyster Point Blvd City: South San Fransiscc State: CA Zip Code: 94080
Purpose of Expenditure: merchant fees
Amount of Expenditure: $ $34.52 Date of Expenditure: $ 10/25/2025

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: $ $1,200.49
(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.)