



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/13/2026 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: ka@karynadams.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: 1/16/2026 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

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12. Summary:

a. Balance On Hand Last Report	\$ <u>\$3,818.74</u>
b. Total Receipts This Period	\$ <u>\$50.00</u>
c. Total Disbursements This Period	\$ <u>\$766.73</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$3,102.01</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: Karyn Adams

14. Reporting Period: Start Date: 1/16/2026 End Date: 6/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$50.00
(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) \$ _____
- 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.) \$ \$50.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$766.73
(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.)..... \$ \$766.73

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Karyn Adams
2. Reporting Period: Start Date: 1/16/2026 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: Act Blue **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: \$ \$2.08 Date of Expenditure: \$ 1/22/2026

Business or Organization Name: _____ **OR**

First Name: Jack Middle Name: _____ Last Name: Vaughn

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

Purpose of Expenditure: manaagment

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 2/3/2026

Business or Organization Name: Squarespace **OR**

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

Address: 1455 Market Street City: San Francisco State: CA Zip Code: 94103

Purpose of Expenditure: advertisnia

Amount of Expenditure: \$ \$64.65 Date of Expenditure: \$ 2/3/0026

Business or Organization Name: Mia Piccola **OR**

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

Address: 1014 Sevier Ave City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: coffee

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 6/26/2026

Business or Organization Name: SoKno Sourdough **OR**

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

Address: 2006 Barber St City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: food

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 6/26/2026

Total Expenditures: \$ \$766.73

(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.)