CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/9/2026 2.a. Candidate or Committee Name: Jennifer Konyn

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 525 Antebellum Ct

City: Franklin State: TN Zip Code: 37064 Phone: _____

5. Candidate Home Address: 525 Antebellum Ct

City: Franklin State: TN Zip Code: 37064 Phone: _____

Candidate Email Address: jennkonyn@gmail.com

6. Office Sought: (include district number, if applicable) Wmson Cty School Board-Dist 10

7. Name of Political Treasurer (may be candidate): Jenna Bragg

Political Treasurer Email Address: jstacy_87@Yahoo.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.

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04/09/26 - 10:02 PM

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

12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $4,275.00
c.	Total Disbursements This Period	$ $1,145.55
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $3,129.45
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jennifer Konyn

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) ..... $ $475.00
(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) ..... $ $3,800.00

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.) ..... $ $4,275.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $1,145.55
(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.) ..... $ $1,145.55

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jennifer Konyn

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: George Middle Name: _____ Last Name: Uribe

Address: PO Box 1685 City: Brentwood State: TN Zip Code: 37024

Occupation: Consultant Employer: Self employed

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

Amount of Contribution: $ $1,900.0 Date of Contribution: 1/26/2026 Aggregate This Election: $ $1,900.0

Business or Organization Name: _____ **OR**

First Name: Caroline Middle Name: _____ Last Name: Saliby

Address: 107 Founders Pointe Blvd City: Franklin State: TN Zip Code: 37064

Occupation: Teacher Employer: WCS

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

Amount of Contribution: $ $250.00 Date of Contribution: 3/12/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Charles Middle Name: _____ Last Name: McDowell

Address: 419 Boyd Mill Avenue City: Franklin State: TN Zip Code: 37064

Occupation: Ceo Employer: Wesley financial group

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

Amount of Contribution: $ $500.00 Date of Contribution: 3/31/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Lisa Middle Name: _____ Last Name: DeBartolo

Address: 24 Inveraray City: Nashville State: TN Zip Code: 37215

Occupation: Exec VP Employer: DeBartolo Holdings

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

Amount of Contribution: $ $500.00 Date of Contribution: 3/31/2026 Aggregate This Election: $ $500.00

Total Contributions: $ $3,150.00

(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: Jennifer Konyn

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) $ $3,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Wade Middle Name: _____ Last Name: Roberts

Address: 209 Panther Ct City: Franklin State: TN Zip Code: 37064

Occupation: Teacher Employer: WCS

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

Amount of Contribution: $ $500.00 Date of Contribution: 3/1/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Jody Middle Name: _____ Last Name: Smith

Address: 608 Hampden Ct City: Franklin State: TN Zip Code: 37069

Occupation: Nurse Practitioner Employer: Vanderbilt Health

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

Amount of Contribution: $ $150.00 Date of Contribution: 3/1/2026 Aggregate This Election: $ $150.00

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: $ $3,800.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Jennifer Konyn

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: Tennessee Democratic Party **OR**

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

Address: 4900 Centennial Blvd Suite 300 City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: VoteBuilder

Amount of Expenditure: $ $105.57 Date of Expenditure: $ 2/17/2026

Business or Organization Name: Staples **OR**

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

Address: 2000 Mallory Ln, Suite 290 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Marketing materials

Amount of Expenditure: $ $43.89 Date of Expenditure: $ 3/17/2026

Business or Organization Name: ML Consulting **OR**

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

Address: 236 Brown Place City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Graphic design/web design

Amount of Expenditure: $ $750.00 Date of Expenditure: $ 3/17/2026

Business or Organization Name: KEP Photography **OR**

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

Address: 1031 Crisp Springs Dr City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Headshots

Amount of Expenditure: $ $125.00 Date of Expenditure: $ 3/30/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St. City: Sommerville State: MA Zip Code: 02144

Purpose of Expenditure: Bank fee/processing fee

Amount of Expenditure: $ $121.09 Date of Expenditure: $ 3/31/2026

Total Expenditures: $ $1,145.55

(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.)