CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/16/2026 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 Dr

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: 10/26/2025 End Date: 1/15/2026

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

12. Summary:

a.	Balance On Hand Last Report	$ $10,962.31
b.	Total Receipts This Period	$ $2,210.00
c.	Total Disbursements This Period	$ $9,353.57
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $3,818.74
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: 10/26/2025 End Date: 1/15/2026

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) ..... $ $2,210.00

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.) ..... $ $2,210.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $9,353.57
(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.)..... $ $9,353.57

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $100.00

c. Total In-Kind Contributions Received This Period ..... $ $100.00

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: 10/26/2025 End Date: 1/15/2026

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: 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: 10/27/2025 Aggregate This Election: $ $75.00

Business or Organization Name: _____ **OR**

First Name: William Middle Name: _____ Last Name: Skelton

Address: 4064 Kingston Park Drive City: Knoxville State: TN Zip Code: 37919

Occupation: Retired Employer: None

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

Amount of Contribution: $ $75.00 Date of Contribution: 10/30/2025 Aggregate This Election: $ $75.00

Business or Organization Name: _____ **OR**

First Name: Robert Middle Name: _____ Last Name: Palmer

Address: 1802 Jefferson Ave City: knoxville State: TN Zip Code: 37917

Occupation: Consultant Employer: Ingenutec LLC

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

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

Business or Organization Name: _____ **OR**

First Name: Kati Middle Name: _____ Last Name: Blalock

Address: 1801 Winfield Dunn Pkwy City: Knoxville State: TN Zip Code: 37876

Occupation: Self employed Employer: self

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

Amount of Contribution: $ $1,900.0 Date of Contribution: 11/4/2025 Aggregate This Election: $ $1,900.0

Total Contributions: $ $2,100.00

(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: 10/26/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $2,100.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Weikel

Address: 328 Yew St City: Bremerton State: WA Zip Code: 98310

Occupation: Technician Employer: OESD

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

Amount of Contribution: $$10.00 Date of Contribution: 11/5/2025 Aggregate This Election: $ $10.00

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: 11/20/2025 Aggregate This Election: $ $250.00

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: 12/20/2025 Aggregate This Election: $ $250.00

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: $ $2,210.00

(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: 10/26/2025 End Date: 1/15/2026

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: 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: $ $100.00 In-Kind Contribution Date: 1/16/2026 Aggregate This Election: $ $375.00
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: $ $100.00
(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: 10/26/2025 End Date: 1/15/2026

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: Lockwood LLC **OR**

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

Address: 2135 Maplewood Drive City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: advertising

Amount of Expenditure: $ $2,450.00 Date of Expenditure: $ 11/6/2025

Business or Organization Name: Scale to win **OR**

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

Address: 13742 Harper St. City: Santa Ana State: CA Zip Code: 92703

Purpose of Expenditure: phone / advertising

Amount of Expenditure: $ $378.13 Date of Expenditure: $ 11/6/2025

Business or Organization Name: Square Space **OR**

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

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

Purpose of Expenditure: website / advertising

Amount of Expenditure: $ $538.18 Date of Expenditure: $ 11/28/2025

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

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

Address: 1800 Grand Ave City: Knoxville State: TN Zip Code: 37916

Purpose of Expenditure: Printing

Amount of Expenditure: $ $3,124.66 Date of Expenditure: $ 11/28/2025

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

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

Address: 6700 Baum Drive City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Printing

Amount of Expenditure: $ $2,849.14 Date of Expenditure: $ 11/28/2025

Total Expenditures: $ $9,340.11

(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: 10/26/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $9,340.11

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: 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: $ $4.66 Date of Expenditure: $ 1/16/2026

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: $ $8.80 Date of Expenditure: $ 1/16/2026

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: $ ____

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: $ $9,353.57

(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.)