



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1/17/26 2.a. Candidate or Committee Name: Adam Issa

2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____

4. Campaign Address: 1065 Robertson Rd
City: Gallatin State: TN Zip Code: 37066 Phone: 615-507-5880

5. Candidate Home Address: 1065 Robertson Rd
City: Gallatin State: TN Zip Code: 37066 Phone: 615-507-5880
Candidate Email Address: AdamforSumner6@gmail.com

6. Office Sought: (include district number, if applicable) Sumner County Commissioner - District 6

7. Name of Political Treasurer (may be candidate): Gerald Graves
Political Treasurer Email Address: GWGraves3@gmail.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: July 1, 2025 End Date: January 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.

Adam Issa 1/17/26
Candidate Signature Date

Gerald Graves 1/17/26
Political Treasurer Signature Date

Alicia Issa 1-17-2026
Witness Signature Date

Robert Adcox 1/17/2026
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report \$ 0
b. Total Receipts This Period **FILED** AM \$ 2,885.00
c. Total Disbursements This Period **FILED** PM \$ 2,482.07
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) JAN 30 2026 \$ 402.93
e. Total Loans Outstanding \$ 0
f. Total Obligations Outstanding **SUMNER COUNTY ELECTION COMMISSION** \$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Adam Issa

14. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 535.00
(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) \$ 2,350.00
- c. Loans Received This Reporting Period \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 2,885.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 2,482.07
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 2,482.07

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 319.03
- c. Total In-Kind Contributions Received This Period \$ 319.03

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Adam Issa
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Adam Middle Name: _____ Last Name: Issa
Address: 1065 Robertson Rd City: Gallatin State: TN Zip Code: 37066
Occupation: Account Manager Employer: Brightstar Lottery
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 9/30/25 Aggregate This Election: \$ 300.00

Business or Organization Name: _____ **OR**
First Name: Jonathon Middle Name: _____ Last Name: Issa
Address: 354 Samual Garton Ave City: Warwick State: RI Zip Code: 02889
Occupation: Owner/locksmith Employer: Jon's Locks
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 10/1/25 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ **OR**
First Name: Daniel Middle Name: _____ Last Name: Issa
Address: 4 Melody Ln. City: Cumberland State: RI Zip Code: 02864
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 10/6/25 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ **OR**
First Name: Gerald Middle Name: _____ Last Name: Graves
Address: 202 Walton Ferry Rd. unit 202 City: Hendersonville State: TN Zip Code: 37075
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.00 Date of Contribution: 10/27/25 Aggregate This Election: \$ 1000.00

Total Contributions: \$ 1,600.00

(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: Adam Issa
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,600.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Vic Middle Name: _____ Last Name: Flanigan
Address: 930 Plantation Blvd. City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 10/28/25 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ **OR**
First Name: Larry Middle Name: _____ Last Name: King
Address: 1204 Park Hill Dr. City: Louisville State: KY Zip Code: 40207
Occupation: Vice President Employer: Brightstar Lottery
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 12/1/25 Aggregate This Election: \$ 250.00

Business or Organization Name: Haile PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1900 Cairo Rd. City: Gallatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 12/31/25 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: \$ 2,350.00

(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: Adam Issa
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: First Place Trophy OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 247 W. Main St. City: Hendersonville State: TN Zip Code: 37075
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 43.90 In-Kind Contribution Date: 12/11/25 Aggregate This Election: \$ 43.90
Description of In-Kind Contribution: Color name Badges

Business or Organization Name: _____ OR
First Name: Steve Middle Name: _____ Last Name: Murff
Address: 1517 Sprucedale Dr. City: Antioch State: TN Zip Code: 37013
Occupation: Retired Employer: Retired
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 275.13 In-Kind Contribution Date: 12/16/25 Aggregate This Election: \$ 275.13
Description of In-Kind Contribution: Campaign T-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: _____

Total In-Kind Contributions: \$ 319.03
(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: Adam Issa

2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26

3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: Vista Print. com OR

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

Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421

Purpose of Expenditure: Business Cards

Amount of Expenditure: \$ 28.38 Date of Expenditure: \$ 8/12/25

Business or Organization Name: Cheoks. com OR

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

Address: PO Box 19000 City: Colorado Springs State: CO Zip Code: 80935

Purpose of Expenditure: Campaign Checks

Amount of Expenditure: \$ 10.09 Date of Expenditure: \$ 8/12/25

Business or Organization Name: Isbell for County Mayor (Event bright) OR

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

Address: PO Box 525 City: Hendersonville State: NC Zip Code: 37077

Purpose of Expenditure: Campaign Donation

Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 8/13/25

Business or Organization Name: Go daddy. com OR

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

Address: 100 S. mill Ave Suite 1600 City: Tempe State: AZ Zip Code: 85281

Purpose of Expenditure: Web site domains

Amount of Expenditure: \$ 12.19 Date of Expenditure: \$ 10/3/25

Business or Organization Name: Go fund me . com OR

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

Address: 855 Jefferson Ave PO Box 1309 City: Redwood City State: CA Zip Code: 94063

Purpose of Expenditure: Go fund me transaction fee

Amount of Expenditure: \$ 9.30 Date of Expenditure: \$ 10/6/25

Total Expenditures: \$ 109.96

(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: Adam Isse
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 109. 96

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: GoFundMe. com OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 855 Jefferson Ave PO Box 1329 City: Redwood City State: CA Zip Code: 94063
Purpose of Expenditure: GoFundMe transaction fee
Amount of Expenditure: \$ 1.03 Date of Expenditure: \$ 10/14/25

Business or Organization Name: GoFundMe. com OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 855 Jefferson Ave. PO Box 1329 City: Redwood City State: CA Zip Code: 94063
Purpose of Expenditure: GoFundMe transaction fee
Amount of Expenditure: \$ 0.59 Date of Expenditure: \$ 10/15/25

Business or Organization Name: GoFundMe. com OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 855 Jefferson Ave PO Box 1329 City: Redwood City State: CA Zip Code: 94063
Purpose of Expenditure: GoFundMe transaction fee
Amount of Expenditure: \$ 3.20 Date of Expenditure: \$ 11/11/25

Business or Organization Name: Mr Sign Man LLC. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 129 Commerce Dr City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Sign Proof
Amount of Expenditure: \$ 27.44 Date of Expenditure: \$ 11/25/25

Business or Organization Name: GoFundMe. com OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 855 Jefferson Ave. PO Box 1329 City: Redwood City State: CA Zip Code: 94063
Purpose of Expenditure: GoFundMe Transaction Fee
Amount of Expenditure: \$ 7.55 Date of Expenditure: \$ 12/1/25

Total Expenditures: \$ 149.77

(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: Adam Issa
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 149.77

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: Thomas Dean for DA. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 226 Capitol Blvd Suite 800 City: Nashville State: TN Zip Code: 37243
Purpose of Expenditure: Campaign Donations
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 12/4/25

Business or Organization Name: Mr. Sign Mon LLC. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 129 Commerce Dr City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Signs
Amount of Expenditure: \$ 1,245.66 Date of Expenditure: \$ 12/9/25

Business or Organization Name: TN GOP OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 95 White Bridge Rd. Suite 414 City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: Candidate Registrations
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 12/10/25

Business or Organization Name: Impressive Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 143 Maple St. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Donation Envelopes
Amount of Expenditure: \$ 185.18 Date of Expenditure: \$ 12/16/25

Business or Organization Name: Vistaprint. com OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421
Purpose of Expenditure: Banner, Stickers, Car Magnets
Amount of Expenditure: \$ 122.13 Date of Expenditure: \$ 12/17/25

Total Expenditures: \$ 1,802.74

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Adam Issa
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,802.74

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: USPS OR

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

Address: 380 maple St. City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Postage Stamps

Amount of Expenditure: \$ 78.00 Date of Expenditure: \$ 12/30/25

Business or Organization Name: Vista print, com OR

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

Address: 95 Maydorn Ave. City: Lexington State: MA Zip Code: 02421

Purpose of Expenditure: Campaign Pushcards

Amount of Expenditure: \$ 418.63 Date of Expenditure: \$ 12/30/25

Business or Organization Name: Amazon.com OR

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

Address: PO Box 81226 City: Seattle State: WA Zip Code: 98108

Purpose of Expenditure: Printer Ink

Amount of Expenditure: \$ 42.60 Date of Expenditure: \$ 12/31/25

Business or Organization Name: Vista print . Com OR

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

Address: 95 Maydorn Ave City: Lexington State: MA Zip Code: 02421

Purpose of Expenditure: Business card Reorder

Amount of Expenditure: \$ 53.28 Date of Expenditure: \$ 1/8/26

Business or Organization Name: Payton Prints OR

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

Address: 131 South Water Ave City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Campaign shirts

Amount of Expenditure: \$ 36.80 Date of Expenditure: \$ 1/8/26

Total Expenditures: \$ 2,432.07

(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: Adam Issa
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2,432.07

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: Brian Stewart for State Representative OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 107 General Smith PL City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Donations
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 1/15/26

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: \$ 2,482.07

(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.)