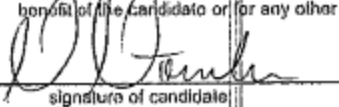
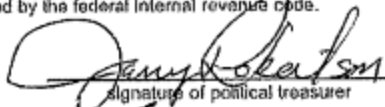
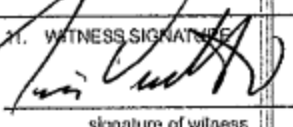
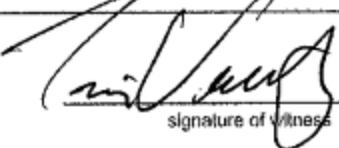


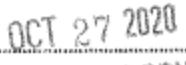
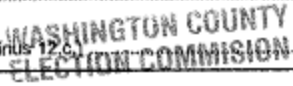


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10-27-2020</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>TROD FOWLER</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>N/A</u>	3. ELECTION DATE <u>11/3/20</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>2410 SUSANNAH ST</u> City <u>JOHNSON CITY</u> State <u>TN</u> Zip Code <u>37601</u> Phone <u>423-741-3937</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route <u>3177 HIGHLAND GROVE RD</u> City <u>JOHNSON CITY</u> State <u>TN</u> Zip Code <u>37615</u> Phone <u>423-741-3937</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>CITY COMMISSION</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>JERRY ROBERTSON</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>10-1-2020</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>10-24-2020</u>
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete Items 12d., 12a. and 12f.) b. <input checked="" type="checkbox"/> 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.	
10. 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. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  signature of candidate </div> <div style="text-align: center;"> <u>10/27/20</u> date </div> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> <u>10/27/20</u> date </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>10/27/20</u> date </div> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>10/27/20</u> date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	<div style="text-align: right;">  \$ <u>5330.92</u> </div>
b. TOTAL RECEIPTS THIS PERIOD	<div style="text-align: right;">  \$ <u>6085.00</u> </div>
c. TOTAL DISBURSEMENTS THIS PERIOD	<div style="text-align: right;">  \$ <u>208.08</u> </div>
d. BALANCE ON HAND (2.a. plus 12.b. minus 12.c.)	<div style="text-align: right;">  \$ <u>11,487.84</u> </div>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <i>TODD FRUNGER</i>	14. REPORT COVERING THE PERIOD FROM: <i>10-1-10</i> TO: <i>10-24-10</i>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <i>2175.00</i>
b. Itemized Contributions (over \$100 from each source this period)	\$ <i>3,850.00</i>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <i>6,025.00</i>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <i>0</i>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <i>0</i>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <i>6,025.00</i>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <i>0</i>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <i>228.08</i>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <i>228.08</i>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <i>0</i>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <i>228.08</i>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	
_____	\$ _____
b. Itemized in-kind contributions (over \$100 from each source this period)	
_____	\$ _____
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <i>0</i>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
_____	\$ _____
b. Itemized Obligations Outstanding (Over \$100 each)	
_____	\$ _____
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <i>0</i>



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE TODD FOWLER			2. REPORT COVERING THE PERIOD FROM 10-1-07 TO 10-31-07		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name SQUARE		BANK CHARGES		248.08	
Address 1455 MARKET ST					
City SAN FRANCISCO	State CA				Zip Code 94103
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to Item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in Item 1B. of summary.)					208.08

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
JODD FOWLER				FROM: 10-1-20	TO: 12-31-20
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount: ϕ	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name J.M.	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 1,000.00		
Last Name/Organization Name COX		Date of Contribution 10-8-2020	Aggregate This Election 1,000.00		
Address PO BOX 3591					
City JOHNSON CITY	State TN				
Occupation CED	Employer MITCH COX COMPANIES				
First Name LYNN	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 200.00		
Last Name/Organization Name HODGE		Date of Contribution 10-5-2020	Aggregate This Election 200.00		
Address 281 HIGHLAND CHURCH RD					
City JOHNSON CITY	State TN				
Occupation RETIRED	Employer				
First Name HENRY	Middle Name T	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 250.00		
Last Name/Organization Name CARR		Date of Contribution 10-11-2020	Aggregate This Election 250.00		
Address 3326 BROADWAY CIR					
City JOHNSON CITY	State TN				
Occupation SENIOR VICE PRESIDENT	Employer REALTY TRUST GROUP				
First Name ROBERT	Middle Name G	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 500.00		
Last Name/Organization Name LOPPER		Date of Contribution 10-14-2020	Aggregate This Election 500.00		
Address 1002 LESTER HARRIS RD					
City JOHNSON CITY	State TN				
Occupation VICE PRESIDENT	Employer SVEY MECHANICAL				
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				1,950.00	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE TODD FOWLER			2. REPORT COVERING THE PERIOD FROM: 10-1-20 TO: 10-24-20	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1,950.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name KELLY	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution 500.00
Last Name/Organization Name WOLFE				
Address 806 E JACKSON BLVD STE 12				
City SPRINGBOROUGH	State TN	Zip Code 37659	Date of Contribution 10-10-2020	Aggregate This Election 500.00
Occupation OWNER	Employer WOLFE DEVELOPMENT			
First Name BRENT	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution 500.00
Last Name/Organization Name WELCH				
Address SID N STATE PK FRANKLIN RD				
City JOHNSON CITY	State TN	Zip Code 37604	Date of Contribution 10-13-2020	Aggregate This Election 500.00
Occupation PHYSICIAN	Employer GASTROINTESTINAL ASSOCIATES			
First Name CHARUE	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution 500.00
Last Name/Organization Name IHLE				
Address 405 E MARKET ST				
City JOHNSON CITY	State TN	Zip Code 37601	Date of Contribution 10-12-2020	Aggregate This Election 500.00
Occupation PRESIDENT L-1791	Employer JOHNSON CITY FIREFIGHTERS ASSN			
First Name J	Middle Name ALLEN	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution 200.00
Last Name/Organization Name BURLESON				
Address 222 HENRYDOWN RD				
City SPRINGBOROUGH	State TN	Zip Code 37659	Date of Contribution 10-15-2020	Aggregate This Election 200.00
Occupation DENTIST	Employer SMILES DENTIST			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				3,650.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE DOOD FOWLER			2. REPORT COVERING THE PERIOD FROM: 10-1-20 TO: 10-31-2020	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 3,650.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name JEREMIAH	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution 200.00
Last Name/Organization Name STURBILL		<input type="checkbox"/> Runoff (Local Elections Only)		
Address 201 SUNSET DR STE E5				
City JOHNSON CITY	State TN	Zip Code 37604	Date of Contribution 10-5-2020	Aggregate This Election 200.00
Occupation DENTAL DENTIST				
Employer STURBILL DENTAL DENTISTS				
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15a, of summary.)</small>				3850.00