



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/13/2026 2.a. Candidate or Committee Name: JODI JONES
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/10/2022
4. Campaign Address: 315 W LOCUST ST
City: JOHNSON CITY State: TN Zip Code: 37604 Phone: _____
5. Candidate Home Address: 315 W Locust St.
City: JOHNSON CITY State: TN Zip Code: 37604-6727 Phone: 4239460444
Candidate Email Address: jodisno@gmail.com
6. Office Sought: (include district number, if applicable) County Commissioner
7. Name of Political Treasurer (may be candidate): Jodi Polaha
Political Treasurer Email Address: jodiforcounty@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: 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.

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

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$1,248.71</u>
b. Total Receipts This Period	\$ <u>\$525.00</u>
c. Total Disbursements This Period	\$ <u>\$550.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,223.71</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: JODI JONES

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) \$ \$10.00
(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) \$ \$515.00
- 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.) \$ \$525.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$550.00
(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.)..... \$ \$550.00

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: JODI JONES
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: Anne Middle Name: _____ Last Name: Fondren

Address: 905 Spring St City: Johnson City State: TN Zip Code: 37604

Occupation: unemployed Employer: na

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 1/13/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Annie Middle Name: _____ Last Name: White

Address: 308 W Maple St. Apt 4 City: JOHNSON CITY State: TN Zip Code: 37604-672

Occupation: Educator Employer: Young Scientist Academy

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 1/26/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Leigh Middle Name: _____ Last Name: Johnson

Address: 626 W Maple St. City: Johnson City State: TN Zip Code: 37604

Occupation: Physician Employer: Unemployed

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 1/26/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Jason Middle Name: _____ Last Name: McCusker

Address: 424 W Locust St. City: Johnson City State: TN Zip Code: 37604

Occupation: Architect Employer: Clark Nexen

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 1/26/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$250.00

(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: JODI JONES
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) \$ \$250.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Dana Middle Name: _____ Last Name: Ensor

Address: PO Box 324 City: Jonesborough State: TN Zip Code: 37659

Occupation: Farmer Employer: Grand Oak Farm

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 1/26/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Tricia Middle Name: _____ Last Name: Korade

Address: 415 W. Pine St. City: Johnson City State: TN Zip Code: 37604

Occupation: consultant Employer: self-employed

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 1/26/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Virginia Middle Name: _____ Last Name: Foley

Address: 819 W Maple St. City: Johnson City State: TN Zip Code: 37604

Occupation: Professor Employer: ETSU

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 1/30/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Elizabeth Middle Name: Ann Last Name: Polaha

Address: 616 W Pine St. City: Johnson City State: TN Zip Code: 37604

Occupation: retired Employer: NA

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 2/23/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$375.00

(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: JODI JONES
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) \$ \$375.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Laura Middle Name: _____ Last Name: Duffy
Address: 701 W Locust St. Apt 29 City: Johnson City State: TN Zip Code: 37604
Occupation: provider Employer: Sentara Healthcare
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 2/23/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Mark Middle Name: _____ Last Name: Sirios
Address: 809 Lehigh St. City: Johnson City State: TN Zip Code: 37604
Occupation: retired Employer: NA
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/4/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Donna Middle Name: _____ Last Name: McCalman
Address: 511 W Locust St. City: Johnson City State: TN Zip Code: 37604
Occupation: retired Employer: NA
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$40.00 Date of Contribution: 3/10/2026 Aggregate This Election: \$ \$40.00

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: \$ \$515.00
(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: JODI JONES
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: _____ **OR**
First Name: Steven Middle Name: Bridger Last Name: Jones
Address: 315 W Locust St. City: JOHNSON CITY State: TN Zip Code: 37604-672
Purpose of Expenditure: digital media/social media/graphics
Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 2/20/2026

Business or Organization Name: _____ **OR**
First Name: Jordan Middle Name: _____ Last Name: Spain
Address: 2423 Susannah St City: JOHNSON CITY State: TN Zip Code: 37601
Purpose of Expenditure: fuel and driving bus for educational program involving citizens
Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/28/2026

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: \$ \$550.00

(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.)