

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10-13-2020</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>TOOD BOWLER</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 TN</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 BLADE RD</u> City <u>JOHNSON CITY TN</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 checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7-1-2020</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>9-30-2020</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., 12e. 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.			
<u>[Signature]</u> signature of candidate	<u>10/15/20</u> date	<u>[Signature]</u> signature of political treasurer	<u>10/15/20</u> date
<u>[Signature]</u> signature of witness	<u>10-15-2020</u> date	<u>[Signature]</u> signature of witness	<u>10-15-2020</u> date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	RECEIVED 3:30 PM SILCUP OCT 19 2020		\$ <u>3,150.93</u>
b. TOTAL RECEIPTS THIS PERIOD	WASHINGTON COUNTY ELECTION COMMISSION		\$ <u>3,940.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ <u>1,760.00</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			\$ <u>5,330.93</u>
e. TOTAL LOANS OUTSTANDING			\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING			\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>TOOD TDWLER</i>				2. REPORT COVERING THE PERIOD FROM: <i>7-1-20</i> TO: <i>9-30-20</i>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name <i>ERIL</i>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>DEATON</i>		Address <i>303 MED TECH PKWY</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>1500.00</i>
City <i>JOHNSON CITY</i>		State <i>TN</i>	Zip Code <i>37604</i>	<input type="checkbox"/> Runoff (Local Elections Only)		
Occupation <i>CHIEF ADMIN OFFICER</i>		Employer <i>BALLAS HEALTH</i>		Date of Contribution <i>9-29-2020</i>		Aggregate This Election <i>1500.00</i>
First Name <i>TIMOTHY</i>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>JENKINS</i>		Address <i>2410 SUSANNAH ST</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>2000.00</i>
City <i>JOHNSON CITY</i>		State <i>TN</i>	Zip Code <i>37601</i>	<input type="checkbox"/> Runoff (Local Elections Only)		
Occupation <i>DENTH PAEDI SURGEDN</i>		Employer <i>WATAUBA DENTH PAEDICS</i>		Date of Contribution <i>9-30-2020</i>		Aggregate This Election <i>2000.00</i>
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
City		State	Zip Code	<input type="checkbox"/> Runoff (Local Elections Only)		
Occupation		Employer		Date of Contribution		Aggregate This Election
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
City		State	Zip Code	<input type="checkbox"/> Runoff (Local Elections Only)		
Occupation		Employer		Date of Contribution		Aggregate This Election
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 15b. of summary.)</small>					<i>3,500.00</i>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>TODD FOWLER</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>7-1-00</i>	TO: <i>9-30-00</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>	
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 <i>ADSTER SIGNS</i>			<i>SIGNS</i>	<i>1,642.50</i>
Address <i>146 N LINCOLN AVE</i>				
City <i>JONESBOROUGH</i>	State <i>IN</i>	Zip Code <i>37659</i>		
First Name		Middle Name		
Last Name/Business Name <i>SQUARE</i>			<i>CREDIT CARD FEES</i>	<i>108.50</i>
Address <i>1455 MARKET ST - SUITE 600</i>				
City <i>SAN FRANCISCO</i>	State <i>CA</i>	Zip Code <i>94113</i>		
First Name		Middle Name		
Last Name/Business Name			(Blank)	(Blank)
Address				
City	State	Zip Code		
First Name		Middle Name		
Last Name/Business Name			(Blank)	(Blank)
Address				
City	State	Zip Code		
First Name		Middle Name		
Last Name/Business Name			(Blank)	(Blank)
Address				
City	State	Zip Code		
First Name		Middle Name		
Last Name/Business Name			(Blank)	(Blank)
Address				
City	State	Zip Code		
First Name		Middle Name		
5. TOTAL ITEMIZED EXPENDITURES			<i>1,751.00</i>	
<small>(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 19b. of summary.)</small>				

