

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: TODD FOWLER

14. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$450.00
(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) \$ \$4,250.00
- 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.) \$ \$4,700.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$518.59
(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.)..... \$ \$518.59

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: TODD FOWLER
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
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: Robert Middle Name: E Last Name: Cooper
Address: 203 E Holston Ave City: Johnson City State: TN Zip Code: 37601
Occupation: Retired Employer: Ivey Mechanical
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 9/22/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: William Middle Name: T Last Name: Williams
Address: 179 Hayfield Dr City: Johnson City State: TN Zip Code: 37615
Occupation: Physician Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/24/2024 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Randall Middle Name: R Last Name: Merritt
Address: 405 Magnolia Ridge Dr City: Jonesborough State: TN Zip Code: 37659
Occupation: Financial Advisor Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 9/24/2024 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Yuri Middle Name: _____ Last Name: Miller
Address: PO Box 770 City: Jackson State: NJ Zip Code: 08527
Occupation: Self Employer: Sound Management
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/24/2024 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$2,750.00

(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: TODD FOWLER
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,750.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Tony Middle Name: _____ Last Name: Seaton
Address: 118 E Watauga Ave City: Johnson City State: TN Zip Code: 37601
Occupation: Attorney Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/26/2024 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Bill Middle Name: F Last Name: Breeding
Address: 1122 Waterbrooke Ln City: Johnson City State: TN Zip Code: 37604
Occupation: Retired Employer: Clyce Distributoting
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 9/26/2024 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Jack Middle Name: M Last Name: Cox Jr
Address: PO Box 3891 City: Johnson City State: TN Zip Code: 37602
Occupation: Owner Employer: Shamrock
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 9/25/2024 Aggregate This Election: \$ \$200.00

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: \$ \$4,250.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: TODD FOWLER
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
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: Chhistian Schmid Design Co **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 207 North Boone St Ste 2000 City: Johnson City State: TN Zip Code: 37604
Purpose of Expenditure: Website design and service
Amount of Expenditure: \$ \$518.59 Date of Expenditure: \$ 9/24/2024

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: \$ \$518.59

(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.)