CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

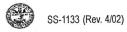
For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF CANDIDATE OF	RCOMMITTEE MOJQ [
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE Masch 3, ZOZO
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 1551 Laurens Glen Lane Knoxville	State Zip Code Phone 7N 37923 865-850-1894
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
Knox County Commission Disty Sus	of Political Treasurer (may be candidate) and Beth Frommers M.D.
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE- QUARTER QUARTER QUARTER QUARTER PRIMARY 8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDIN	PRE- MID-YEAR YEAR-END GENERAL SUPPLEMENTAL SUPPLEMENTAL IG DATE OF REPORTING PERIOD
1/16/2020	2/22/2020
9. (Check one) a. This campaign is exempt from detailed disclosure because contributio tures total \$1,000 or less for this reporting period. (Complete items 12)	
b. This campaign is required to file a detailed financial disclosure becaus and/or expenditures total more than \$1,000 for this reporting period.	e contributions (including in-kind) received total more than \$1,000
10. I/we do solemnly swear or affirm that the information contained in this came accurate accounting of campaign contributions and expenditures required to Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign benefit of the candidate or for any other nonpolitical purpose as defined by the system.	be reported by the candidate committee by the Campaign contributions have been expended for the personal financial
signature of candidate date	signature of political treasurer date
11. WITNESS SIGNATURE Sondia Strange 2/24/20 Signature of witness date	signature of witness date
12. SUMMARY	40571
a. BALANCE ON HAND LAST REPORT	The state of the s
b. TOTAL RECEIPTS THIS PERIOD	469 16
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	1126 56
e. TOTAL LOANS OUTSTANDING.	\$ \$0
f. TOTAL OBLIGATIONS OUTSTANDING	s <u> </u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Todd Flommeyer	FROM: 1/10/20 TO: 2/22/20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 50
b. Itemized Contributions (over \$100 from each source this period)	\$ \$500
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 4500
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>\$ 0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>\$ 0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ \$ 500
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	-
\$	
	. \$0
Total of Expenditures (\$100 or less each payee)b. Itemized Expenditures (Over \$100 each payee this period)	\$469.16
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	101.10
22.IN-KIND CONTRIBUTIONS	. \$0
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)	8 D
	h ×
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.	b.)\$ _& C
23. OBLIGATIONS	. 4.1
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	4 ()
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	m 12.f.)\$\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	nege	2. REPORT COVERING THE PERIOD FROM: 1/16/20 TO: 2/22/20			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT			E (enter \$0 if first itemized p	1 100	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	-				40
First Name, Told	Middle Nam		Contribution Received For:		Amount of Contribution
Last Name/Organization Name	711	, au ··	Primary Election	General Election	\$ 500
Address COLL		lana	Runoff (Local Election	ns Only)	p 200
City / Laurens (ol	ON State	Zip Code	Date of Contribution		Aggregate This Election
Occupation O	IN	37923	1/29	4500	
Employer	A Company of the Section Secti	-	1121	\$ 500	
N/A					
First Name	Middle Nam	ne	Contribution Received For	:	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	ns Only)	1
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		L			
Employer					
			1		
First Name	Middle Nam	9	Contribution Received For	:	Amount of Contribution
First Name Last Name/Organization Name	Middle Nam	е		: General Election	Amount of Contribution
	Middle Nam	е		General Election	Amount of Contribution
Last Name/Organization Name	Middle Nam	e Zip Code	☐ Primary Election [General Election	Amount of Contribution Aggregate This Election
Last Name/Organization Name Address			☐ Primary Election [General Election	
Last Name/Organization Name Address City			☐ Primary Election [General Election	
Last Name/Organization Name Address City Occupation	State	Zip Code	Primary Election [Runoff (Local Election Date of Contribution	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation		Zip Code	Primary Election [Runoff (Local Election Date of Contribution Contribution Received For:	General Election	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election [Runoff (Local Election Date of Contribution Contribution Received For:	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election [Runoff (Local Election Date of Contribution Contribution Received For:	General Election General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation Employer	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Middle Nam State	Zip Code Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election General Election	Aggregate This Election Amount of Contribution

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD						
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 1/16/20	TO: 2/22/20						
3. TOTAL ITEMIZED IN-KIND CONTRIBUTION	NS FROM	PRECEDING PAGE		,	Amount &			
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED IN-KIND CONTRIB	UTION (in-kind contributions totaling	more than \$100 from any cor	tributor during the period)			
First Name	Middle Na	me	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	ns Only)				
Address			Date of In-Kind Contribution	Aggregate this Election				
City State Zip Code			Description of In-Kind Contribution	Description of In-Kind Contribution				
Occupation Employer	J							
First Name	Middle Na	me	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution		7			
Occupation Employer		···						
First Name	First Name Middle Name				Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election Runoff (Local Election	General Election				
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution		L			
Occupation Employer								
First Name	Middle Nar	ne	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election					
Address			Date of In-Kind Contribution	f In-Kind Contribution Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation Employer								
First Name	Middle Nam	е	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections					
Address		***************************************	Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation Employer								
 TOTAL ITEMIZED IN-KIND CONTRIBUTIO (Carry forward to item 3. of next page if additional pages (If this is the last page of in-kind contributions, this amour 	of this form ar		· · · · · · · · · · · · · · · · · · ·		80			
SS-1128 (Rev. 2/06)				e of	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE OUL COMMITTEE 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURE	' '	ING THE PERIOD TO: 2/22/70 Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name Super Cheap Signs Middle Name Last Name/Business Name			Purpose of Expenditure Yard 51	ghs	Amount of Expenditure		
Last Name/Business Name Super Cheap Signs. COM Address			V - 00	Ü	469.16		
City	State	Zip Code	2/3/20				
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			*				
Address							
City	State	Zip Code					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1						
Address		*					
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address		**************************************					
City	State	Zip Code					
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form a	are used.) item 19b. of summary.)	-		\$469.16		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD FROM: TO:					
Told Frommeyor								rron t	16/2	20	2/22/20
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)											
Complete the Following for the Source	of the Loan										
				standing Loan Balance Loans leginning of Period) Received						anding Loan Balance (End of Period)	
Last Name/Organization Name											
			Loan Receive								
City	State	Zip Code			(Local Elections		Licotion				
	ist All Endor	sers or Guara	intors fo	or Above Loa	n (If more spa	ace is neede	d please att	ach a p	age)		
First Name		Middle Name			First Name					Middle	Name
Last Name/Organization Name					Last Name/Or	ganization Nar	me				
Address	S. O. S. A. S.				Address						
City		State	Zip Co	ode	City					State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	ding				
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name							
Address					Address						
City		State	Zip Co	ode	City					State	Zip Code
Amount Guaranteed Outstanding		-	,		Amount Guara	inteed Outstan	nding				
First Name		Middle Name			First Name					Middle	Name
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip Co	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount Guara	anteed Outstan	nding				
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
City		State	Zip Co	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding		L			Amount Guara	anteed Outstar	nding				
4. Totals for all Loans (complete on	ast page of	itemized loa	ns)		Outstanding L (Beginning		Loans Receive		Loa Paym		Outstanding Loan Balance (End of Period)
(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				(3d						80	
							97				



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OF COMMITTEE				2. REPORT COVERING THE PERIOD			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			Outstanding Balance	FROM: //6/ Debt Incurred	Payments	Outstanding Balance	
OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person	\$100 owe	ed to any	(Beginning of Period)	This Period	This Period	(End of Period)	
First Name	Middle Name						
Last Name/Business Name					*		
Address							
City	State	Zip Code			*		
Description of Obligation	L				- Annual Control of the Control of t		
First Name	Middle Nar	ne					
Last Name/Business Name	l						
Address							
City	State	Zip Code					
Description of Obligation	L		and the second s				
First Name	Middle Nar	me					
Last Name/Business Name							
Address							
City	State	Zip Code	,				
Description of Obligation							
First Name	Middle Na	me					
Last Name/Business Name							
Address					7		
City	State	Zip Code					
Description of Obligation							
First Name	Middle Na	me					
Last Name/Business Name		-					
Address							
City	State	Zip Code					
Description of Obligation				Augustinia de la companya de la comp			
4. TOTALS						4.0	
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mu	st also be shown				\$0	

Page _______ of ______