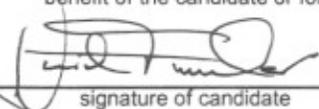
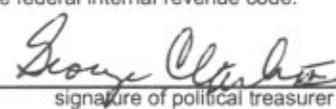


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/18/02</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Fowler for Senate</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>David Fowler</u>	3. ELECTION DATE <u>11/5/02</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>1502 Gardenhire Rd Signal Mtn TN 37377 423-886-6841</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>Sumo</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>State Senate (Dist. 11)</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>George Clark, III</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/23/02</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>9/15/02</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 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.	
 signature of candidate	<u>9/18/02</u> date
 signature of political treasurer	<u>9/18/02</u> date
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tennessee</u> THIS <u>18th</u> DAY OF <u>September</u> 20 <u>02</u> <u>Byronne B. Flewell</u> notary public <u>8-12-06</u> date commission expires Notary Seal	SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tennessee</u> THIS <u>18th</u> DAY OF <u>September</u> 20 <u>02</u> <u>Byronne B. Flewell</u> notary public <u>8-12-06</u> date commission expires Notary Seal
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>36,784.57</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>457.87</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>3,158.22</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>34,054.22</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>—</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>—</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Fowler for Senate</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>7/23/02</i>	TO: <i>8/15/02</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>—</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <i>Robert</i>		Middle Name <i>E.</i>		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>300.00</i>
Last Name/Organization Name <i>Bowels</i>					
Address <i>725 Glenwood Dr.</i>					
City <i>Chittanooga</i>	State <i>TN</i>	Zip Code <i>37404</i>	Date of Contribution(s) <i>7/22/02</i>	Aggregate this Election <i>300.00</i>	
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election	
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election	
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election	
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election	
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election	
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election	
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.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Towler for Senate</i>			2. REPORT COVERING THE PERIOD FROM: <i>7/23/02</i> TO: <i>9/15/02</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>3,043.48</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>Alexander for Senate</i>		<i>Contribution</i>	<i>250.00</i>		
Address <i>1130 Eighth Ave South</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37203</i>
First Name					Middle Name
Last Name/Business Name <i>Mark Harris for Congress</i>		<i>Contribution</i>	<i>500.00</i>		
Address <i>853 S. Collierville - Arlington RD</i>					
City <i>Collierville</i>	State <i>TN</i>				Zip Code <i>38017</i>
First Name					Middle Name
Last Name/Business Name <i>Spears, Moore, Robert & Williams</i>		<i>Reimburse for postage, copies, faxes and phones</i>	<i>257.51</i>		
Address <i>PO Box 1749</i>					
City <i>Chattanooga</i>	State <i>TN</i>				Zip Code <i>37401</i>
First Name					Middle Name
Last Name/Business Name <i>Discovery Card Services</i>		<i>Pay for NRA crit. on purchase</i>	<i>267.66</i>		
Address <i>PO Box 30395</i>					
City <i>Salt Lake City</i>	State <i>UT</i>				Zip Code <i>84130</i>
First Name					Middle Name
Last Name/Business Name <i>Adjustment from Prior Report</i>		<i>Overstatement of Expenses duplicated between Report ending 12/31/01 and 1st beginning 1/1/02</i>	<i>{860.43}</i>		
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name		<i>1/1/02</i>	<i>Amount of Expenditure</i>		
Address					
City	State				Zip Code
First Name					Middle Name
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 19b. of summary.)				<i>2,458.22</i>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Fowler for Senate</i>			2. REPORT COVERING THE PERIOD FROM: <i>7/23/02</i> TO: <i>5/5/02</i>		
			Amount <i>0</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
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>State of Tennessee (Legislative Admin)</i>		<i>Printing</i>	<i>126.06</i>		
Address <i>Legislative Plaza, G-11</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37243</i>
First Name <i>Dave</i>	Middle Name <i>E.</i>	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <i>Fowler</i>		<i>Reimburse for Extra Session Day Expenses</i>	<i>1,084.86 ↑ (1,084.11)</i>		
Address <i>1502 Gardenhire Rd</i>					
City <i>Signal Mtn</i>	State <i>TN</i>				Zip Code <i>37377</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <i>Hamilton County Republican Party</i>		<i>Election Night Festivity Contd.</i>	<i>250.00</i>		
Address <i>316 N. Market Street</i>					
City <i>Chattanooga</i>	State <i>TN</i>				Zip Code <i>37405</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <i>VoiceStream</i>		<i>Mobile Phone Charges</i>	<i>133.31</i>		
Address <i>7070 W 7425th</i>					
City <i>Cincinnati</i>	State <i>OH</i>				Zip Code <i>45274</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <i>Committee to Elect John Coffey</i>		<i>Contribution</i>	<i>250.00</i>		
Address <i>7318 Kennardor Lane</i>					
City <i>Chattanooga</i>	State <i>TN</i>				Zip Code <i>37421</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <i>Joe Hargett for Representative</i>		<i>Contribution</i>	<i>200.00</i>		
Address <i>6361 Briargate Drive</i>					
City <i>Bartlett</i>	State <i>TN</i>				Zip Code <i>38134</i>
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 19b. of summary.)			<i>2,043.48</i>		