# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

#### For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CA	NDIDATEOR COMMITT	lcomb				
2.b. IF COMMITTEE, NAME OF CANDIDATE		7	3. ELECTION DA				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone (15-)(22 00.21			
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.)	J/V State	37148 Zip Code	6(5×75-793) Phone			
			*				
5. OFFICE SOUGHT (include district number, if	1 Detrict		Sie Roga	N			
7. CATEGORY OR REPORT (Chedk one)  FIRST SECOND THIRD  QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PR	ERAL SUPPLEMENT	YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF		F 2			
<ul> <li>9. (Check one)</li> <li>a. Y 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.)</li> <li>b. 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.</li> </ul>							
10. I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non signature of candidate.	ns and expenditures swear or affirm that r	required to be reporte to campaign contribution defined by the federal i	d by the candidate commi	ttee by the Campaign			
11. WITNESS SIGNATURE	\( \	Phone	b Rowers signature of witness	11.1.22 date			
12. SUMMARY			371	49			
a. BALANCE ON HAND LAST REPORT				<u></u>			
b. TOTAL RECEIPTS THIS PERIOD	······	EILED	\$ <del>'1010.</del> 4947	3			
c. TOTAL DISBURSEMENTS THIS PERIOD .  d. BALANCE ON HAND (12.a. plus 12.b. m							
e. TOTAL LOANS OUTSTANDING		1101 0 2 2 2					
f. TOTAL OBLIGATIONS OUTSTANDING	EL	ECTION COMMISSION		\$			



#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
	FROM: TO:						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	\$						
b. Itemized Contributions (over \$100 from each source this period)	\$ 300,00						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$							
16. LOANS RECEIVED THIS REPORTING PERIOD	\$\$						
17. INTEREST RECEIVED THIS REPORTING PERIOD\$							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$						
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)						
Brucey, Donation \$ 28.	40						
Special Events \$ 9.8	3						
E & E Perotitions \$ 6.00	0						
Radio WOKR \$ 100.5	00						
Portland Chambers event \$ 25.0							
A A							
ASAP Printing \$ 202.							
DOLLAR General (Ikionations) \$ 22.0	21						
\$	_						
Total of Expenditures (\$100 or less each payee)	\$ 241.32						
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 252.91						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 494,23						
20. LOAN REPAYMENTS MADE THIS PERIOD							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)							
22. IN-KIND CONTRIBUTIONS							
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)\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)							
23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)	\$						
b. Itemized Obligations Outstanding (Over \$100 each)	\$						
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$							

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#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD FROM: 10-1-21 TO: 10-29-21			
				100	Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name	Middle Name		Contribution Received For:	Too nom any commodition	Amount of Contribution
Last Name/Organization Name	lroy		☐ Primary Election 🛕	General Election	\$300.00
Address Address			Runoff (Local Election		
City 1 1			Date of Contribution		Aggregate This Election
Occupation Senior Vice-president, Mortage Add Employer			10-20 150r	)-9099	
First Name	Middle Nam	е	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Name	)	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election		
Address		Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
t .	And was removed as		Contribution Described For		Amount of Contribution
First Name	Middle Name	Ð	Contribution Received For:		
First Name  Last Name/Organization Name	Middle Name	9		General Election	
	Middle Nam	9			
Last Name/Organization Name	Middle Name	Zip Code	☐ Primary Election ☐		Aggregate This Election
Last Name/Organization Name  Address  City  Occupation			☐ Primary Election ☐ ☐ Runoff (Local Election		Aggregate This Election
Last Name/Organization Name  Address  City			☐ Primary Election ☐ ☐ Runoff (Local Election		Aggregate This Election

## **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
			mile many	FROM:	TO: Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first iter				e)	Allouit	
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH I	TEMIZED IN-KIND CONT	RIBUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)	
First Name	rst Name Middle Name			In-Kind Contribution Received For:  Primary Election General Election		
Last Name/Organization Name			Runoff (Local Elections Only)			
Address		Date of In-Kind Contribution				
y State		e Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution		
Occupation	Employer					
First Name	t Name Middle Name		In-Kind Contribution Receive	d For:  General Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Election			
Address	···		Date of In-Kind Contribution		Aggregate this Election	
City	Sta	e Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
First Name	Middle Name		In-Kind Contribution Receive		Value of In-Kind Contribution	
Last Name/Organization Name		Primary Election  Runoff (Local Election	General Election  on Only)			
Address		Date of In-Kind Contribution		Aggregate this Election		
City	Stat	e Zip Code	Description of In-Kind Contribution	ontribution		
Occupation	Employer					
First Name	irst Name Middle Name		In-Kind Contribution Receive		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	Stat	e Zip Code	Description of In-Kind Contribution			
Occupation	Employer	•				
First Name	Midd	lle Name	In-Kind Contribution Receive	The state of the s	Value of In-Kind Contribution	
Last Name/Organization Name		Primary Election	SH Tetani			
Address		Date of In-Kind Contribution		Aggregate this Election		
City	State Zip Code		Description of In-Kind Contribution			
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND C		form are used )				
(Carry forward to item 3. of next page i (If this is the last page of in-kind contrit						

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

				2. REPORT COVER	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	M PRECEDING PAGE	(enter \$0 if first itemized page	ne)	Amount 252.91	
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 ASAP Printing		Push cards		4257 91	
Address 16 Imperial	0.1		105.10	,, 45	1000 1)
city Hendersonville	State	Zip Code 37075	-		
First Name	Middle Nan	No. of the last of	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
irst Name Middle Name		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 Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
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.)					

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