CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR C	OMMITTEE		
7/28/27	LATOYA		COM	R	
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	ATE
4.a. CAMPAIGN ADDRESS AND PHONE	-			.	
Street or Rural Route	City	,	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if differen	PORTLA	3 ~20	11/2	37148	(U15) Z93-993
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	f applicable)	6. NAME C	F POLITICAL	TREASURER (may	y be candidate)
COUNTY COMMISSIONE	· PISTRICE	1	2551 <i>E</i>	ROGAN)
7. CATEGORY OR REPORT (Check one)	5		`_		—
FIRST SECOND THRD	FOURTH	PRE-	PRIS.	MID-YEAR	L_I YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8 b ENDING	GENERAL DATE OF REPO	SUPPLEMENT PRTING PERIOD	TAL SUPPLEMENTAL
THIY 15 7022		74			022
9. (Check one)	·		<u> </u>	<u>ي</u> د	الكر المالية
	nd disologuro boggus	o contributions	(including in ki	nd\ received total (C1 000 or long AND ownerd:
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repo 					T,000 or less AND expendi-
b. This campaign is required to file a de	tailed financial disclo	nsure hecause	contributions (ir	ncludina ia-kind) rei	ceived total more than \$1,000
and/or expenditures total more than \$			contributions (ii	loldding sil-kilidy for	SCIVED TOTAL MOTE GIAIT \$ 1,000
I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution.	nformation contained	in this campa	ign financial dis	sclosure report is tr	ue and that this report is an
Financial Disclosure Act. Additionally, I/we	swear or affirm that	no campaign c	ontributions hav	ve been expended	for the personal financial
benefit of the candidate or for any other nor	npolitical purpose as	defined by the	federal internal	revenue code.	
19 OHalan	7-27-22		/	R	7/28/22
signature of candidate	date	·	signature o	of political treasures	date
		0	-		
11. WITNESS SIGNATURE			`	1	
			1.		J
		<u>/</u>	acey	Journ	<u> </u>
signature of witness	date	(signa	ture of witness	date
12. SUMMARY		t	/		
a. BALANCE ON HAND LAST REPORT				\$ <u>'33.54</u>	<u></u> 99
	RECE	IVED			
b. TOTAL RECEIPTS THIS PERIOD				\$ 422	
c. TOTAL DISBURSEMENTS THIS PERIOD .	JUL 2 (3 2022	,	\$1786	
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12 SUMNER ELECTION C	COUNTY OMMISSION			\$ 1,146.04
e. TOTAL LOANS OUTSTANDING					\$
			···		<i>A</i>
f. TOTAL OBLIGATIONS OUTSTANDING		***************************************	•••••••••••••••••••••••••••••••••••••••		\$



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
LATOYA HOLCOMB	FROM: 7/1/22 TO: 7/25/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>ZZZ. 85</u>
b. Itemized Contributions (over \$100 from each source this period)	s <u>200 °0</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.	s <u>4-22 - 30 </u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$_ _
17. INTEREST RECEIVED THIS REPORTING PERIOD	s
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 427.00
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category	- e.g., printing, postage, gasoline)
FOOD / RECEPTION \$75	· <u>80</u>
FUNDRAISER PARTY \$ 52-	.45
PRINTING / GASOLINE \$ 170	2-75
\$	
\$	
\$	-
\$	
\$	
s	
	94.10
Total of Expenditures (\$100 or less each payee)	_ 1
b. Itemized Expenditures (Over \$100 each payee this period)	s 144.5.76
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>[786`3</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 1786 75
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 23	2.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 it	em 12.f.)\$

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER				
LATOYA HOLC	om R	,		FROM: 7/1/22	TO: 7/25/22			
3 TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount							
TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
First Name	Middle Name		Contribution Received For:	Amount of Contribution				
	-	•	,					
Last Name/Organization Name	L	,	Primary Election	General Election	4 00			
KEESE			Duraff (Lass) Clastics	o Only)	\$200.00			
13 31E HWY			Runoff (Local Election	is Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
GALLATIN	70	37046						
Occupation ENREPRENEY	0				<u> </u>			
Employer	1							
First Name	Middle Nam	ne	Contribution Received For		Amount of Contribution			
			│ │ □ Primary Election □	General Election				
Last Name/Organization Name			LI FIRMARY Election L	Ti Getietai Electioni				
Address			Runoff (Local Electio	ns Only)				
	1.	1	D ((015 %)	·	Annuals This Florier			
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	.J		†					
Employer								
	1		October Desired For		Amount of Contribution			
First Name Middle Name			Contribution Received For	•	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
·								
Address			Runoff (Local Electio	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation			Ì					
Employer			1					
First Name	Middle Nan	ne	Contribution Received For:	-	Amount of Contribution			
	<u> </u>		Primary Election	General Election				
Last Name/Organization Name			Last crimary election L					
Address			Runoff (Local Election					
	lou.	75- Cad	Date of Contribution		Aggragate This Election			
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation] .					
Fortune	***		-					
Employer								
C. TOTAL ITEMSTED CONTENSIONS	•							
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages)								
		item 15b. of summary.)			i			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD FROM: 7 / 1/22 TO: 9 / 25/22									
LATOYA HOLD	1/27 TO: 7 /25/22								
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU									
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 LOBS+ LOBS+	·	SIGNAGE	7,47.12						
Address ZOI INDIAN L	SKE BLUD								
Itenderson rine.									
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure						
Last Name/Business Name	<u> </u>	TENT FOR	\$ 1. a. CoZ						
Address 71 MANN RI	α	FUNDRAISER	\$164.62						
LEBANON	State Zip Code 37087	(RENTAL							
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure						
Last Name/Business Name REED'S TENTS		TENT RENTA	L 901.13						
Address 1571 MANN RE		TENT RENTA FOR FUNDRAISE	EN 474						
LEBANON	TN 37087								
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure						
Last Name/Business Name	n poneten	DIRECT MAIL	- 4 5 36						
Address Spence L	<u>ن</u>		- 9689.89						
MASHUILLE	State Zip Code 372/7								
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure						
Last Name/Business Name	J								
Address									
City	State Zip Code								
First Name	Middle Name	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 mus	s of this form are used.) at be shown in item 19b. of summary.)								

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO		ORT COVERING THE PERIOD							
LATOTA	TO: 7/25/22								
3. TOTAL ITEMIZED IN-KIND CON	NTRIBUTIONS FROM	I PRECEDING PAG	GE (enter \$0 if first itemized page	·)	Amount				
4. COMPLETE THE APPROPRIATE IT					tributor during the period)				
First Name	Middle Na	me		In-Kind Contribution Received For:					
Last Name/Organization Name	In			Runoff (Local Elections Only)					
Address	11		Date of In-Kind Contribution		Aggregate this Election				
City	State Zip Code			Description of In-Kind Contribution					
Occupation	Employer								
First Name	Middle Na	ame	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	State	Zip Code	Description of In-Kind Contribution		•				
Occupation	Employer								
First Name	Middle Na	ame	In-Kind Contribution Receive		Value of In-Kind Contribution				
Last Name/Organization Name			Primary Election General Election Runoff (Local Elections Only)						
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate					
City	State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution					
Occupation	Employer								
First Name	Middle N	ame	_	In-Kind Contribution Received For: Primary Election General Election					
Last Name/Organization Name			Runoff (Local Election						
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggr					
City	State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer								
First Name	Middle Na	me	In-Kind Contribution Receiv		Value of In-Kind Contribution				
Last Name/Organization Name	I			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	· · ·					
Occupation	Employer								
5. TOTAL ITEMIZED IN-KIND CO		are used \							
(Carry forward to item 3. of next page if (If this is the last page of in-kind contribution)				· · · · · · · · · · · · · · · · · · ·					
SS-1128 (Rev. 2/06)			Pag	ge of	RDA 1159				

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD					
LATOYA ItOL	<u>Cor</u>	ns		FROM: 7//	,		
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)			
person/vendor at the end of the reporting p	(Degitting of Feriod)	This renod .	THIS FERIOU	(Ella di Pelica)			
First Name	Middle Na						
1101100110	i i i i i i i i i i i i i i i i i i i						
Last Name/Business Name							
Address			_				
	1011	17.01					
City	State	Zip Code		!			
Description of Obligation	 	1, , , , , , , , , , , , , , , , , , , 		4	<u>. </u>		
First Name	Middle Na	me		·	1		
r ist raina	I I I I I I I I I I I I I I I I I I I						
Last Name/Business Name							
Address	···· • · · · · · · · · · · · · · · · ·	 	-				
01		T-: 0 1	_				
City	State	Zip Code					
Description of Obligation	.1	1	<u> </u>		·	· · · · · · · · · · · · · · · · · · ·	
		···		,		,	
Flrst Name	Middle Na	me					
Last Name/Business Name							
Address			<u> </u>				
Address							
City	State	Zip Code					
Description of Obligation	1	_1		<u>L</u>	<u></u>	<u> </u>	
First Name	Middle Na	me					
Last Name/Business Name			\dashv				
Lastranerousiness ramo						,	
Address							
City	State	Zip Code	\dashv				
Description of Obligation		1		<u></u>		<u></u>	
Description of Obligation							
First Name	Middle Na	me					
Last Name/Business Name							
Address							
City	State	Zip Code					
Sig	J. G.G.	2.p 300e					
Description of Obligation							
4. TOTALS							
(Total from Outstanding Balance - (End of Period)	column mus	t also be shown					
in item 23b. on summary page.)				<u>l</u> .,			

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE			· 			2.	REPORT C	OVERI	NG TH	HE PERIOD
LATOYA HOLEOMB					FR	OM:		TO:			
				ED LOAN				11/2		<u>'7/</u>	25/22
3. COMPLETE THE APPROP	RIATE HEMST	OR EAGH II	EMIZ	ED LOAN (I	oans totaling m	iore than \$100	from any source	during the per	100)		
Complete the Following for the So							·				
First Name	Middle Name	•		Outstanding L (Beginning o		Loans Receive		oan ments			Loan Balance Period)
Last Name/Organization Name				1							
	V/A	- -				· · · · · · · · · · · · · · · · · · ·					
Address	• • 1			Loan Receive				Date of Loa	n		
City State Zip Code											
·		· · · · · · · · · · · · · · · · · · ·		Runoff (Local Elections	Only)					
	List All Endors	ers or Guara	intors f	or Above Loa	n (If more spa	ce is neede	d please attach	a page)			
First Name		Middle Name	t		First Name				Middle	Name	
Last Name/Organization Name	. <u>-</u>	<u> </u>	-	1.00	Last Name/Or	ganization Nar	ne		1		_
Addrona					Address						
Address					nuultaa						
City		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding		<u> </u>		
	···	····						_	1		
First Name		Middle Name)		First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name								
Address					Address						
City		State	Zip C	ode	City		<u>.</u>		State		Zip Code
Amount Guaranteed Outstanding		<u> </u>	<u> </u>		Amount Guara	inteed Outstan	nding		<u>.</u>	1	-
·				_	j		-				
First Name	,	Middle Name)		First Name				Middle	e Name	
Last Name/Organization Name		<u> </u>			Last Name/Or	ganization Na	me		<u> </u>		
Address			<u></u>		Address						
City		State	Zip C	ode	City		·		State		Zip Code
Amount Guaranteed Outstanding	· · · ·	·			Amount Guaranteed Outstanding						
First Name		Middle Name)		First Name Mid				Middle	iddle Name	
Last Name/Organization Name	•	<u> </u>			Last Name/Or	ganization Na	me		<u> </u>		
Address					Address						***************************************
City		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding		l	1		Amount Guaranteed Outstanding						
					0.00 1.0	D. !	,				
(Total loans received should also be s	4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)				Outstanding L (Beginning		Loans Received	Loa Paym			anding Loan Balanci End of Period)
(Total loan payments should also be s (Total outstanding loan balance should	shown in item 20. on s	ummary page.	.)								

