AMEND

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

ro	r Single-Candidat			
DATE OF REPORT	2.a. NAME OF CANDIDATE		0	
10/10/22	LATOYA	Holdor	n-1S	
IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	/
			11/08/	22
. CAMPAIGN ADDRESS AND PHONE			7'- Codo	Phone
Street or Rural Route	City	State	Zip Code	15)293-993
10 HARPER RD	PORTLAND	7N 5	114.8 (6	15)CP 10
CANDIDATE'S HOME ADDRESS (if different	nt than 4.a.)	State	Zip Code	Phone
Street or Rural Route	City	State	Z.p dott	
		WE OF BOUTION T	REASURER (may be	candidate)
OFFICE SOUGHT (include district number	if applicable) 6. N/		^	1
OLIVIT COMMISSIONS	En 13300	JESSIE	ROGAN	
CATEGORY OR REPORT (Check one)				
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END SUPPLEMENTAL
OUARTER QUARTER QUARTE	R QUARTER PRIMAP	NDING DATE OF REPO	SUPPLEMENTAL RTING PERIOD	SOFFCONDVICE
. BEGINNING DATE OF REPORTING PERIOD			7,000	5TH 2027
JULY XST 200	$\frac{2}{2}$	Eptemy	sen -	, , , ,
(Check one)				
a. This campaign is exempt from deta	ailed disclosure because contrib	outions (including in-ki	nd) received total \$1,0	00 or less AND expendi-
tures total \$1,000 or less for this re	poruly period. (Complete ite.			
	detailed financial disclosure be	cause contributions (ir	ncluding in-kind) receiv	ed total more than \$1,000
b. This campaign is required to file a	n \$1,000 for this reporting period	od.		
and/or expenditures total more than				
the do solemnly swear or affirm that the	e information contained in this	campaign financial dis	sclosure report is true ne candidate committee	and that this report is an
and/or expenditures total more than accurate accounting of campaign contrib Financial Disclosure Act. Additionally, More benefit of the captidate or for any other signature of candidate	e information contained in this utions and expenditures require	campaign financial dis ad to be reported by the paign contributions ha by the federal interna	ve been expended for	and that this report is an e by the Campaign the personal financial
I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/benefit of the captidate or for any other.	e information contained in this utions and expenditures require	campaign financial dis ad to be reported by the paign contributions ha by the federal interna	ve been expended for i revenue code.	and that this report is an a by the Campaign the personal financial 0/10/22 date
i. I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/benefit of the captidate or for any other signature of candidate	e information contained in this utions and expenditures require	campaign financial disad to be reported by the paign contributions hat by the federal internations of the signature	of political treasurer	and that this report is an a by the Campaign the personal financial 10/10/22 date 0 10/10 date
. I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/benefit of the captilidate or for any other signature of candidate	e information contained in this utions and expenditures require	campaign financial disad to be reported by the paign contributions hat by the federal internations of the signature	ve been expended for i revenue code.	10/10/22 date
I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/benefit of the capitidate or for any other signature of candidate. WITNESS SIGNATURE	e information contained in this utions and expenditures require	campaign financial disad to be reported by the paign contributions hat by the federal internations of the signature	of political treasurer	10/10/22 date
I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/o benefit of the captidate or for any other signature of candidate WITNESS SIGNATURE Signature of witness	e information contained in this utions and expenditures require	campaign financial disad to be reported by the paign contributions hat by the federal internations of the signature	of political treasurer	10/10/22 date
I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/o benefit of the captidate or for any other signature of candidate. WITNESS SIGNATURE Signature of witness 2. SUMMARY	e information contained in this utions and expenditures require we swear or affirm that no camponitical purpose as defined date 1-25-23 date 1-25-23 date 1-25-23	campaign financial disad to be reported by the paign contributions has by the federal internal signature	of political treasurer ature of witness	10/10/22 date
I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/o benefit of the captilidate or for any other signature of candidate WITNESS SIGNATURE Signature of witness 2. SUMMARY a. BALANCE ON HAND LAST REPORT	e information contained in this utions and expenditures require we swear or affirm that no camponitical purpose as defined date 1-25-23 date 1-25-23 date 1-25-23	campaign financial disad to be reported by the paign contributions has by the federal internal signature	of political treasurer ature of witness	10/10/22 date
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I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/o benefit of the captilidate or for any other signature of candidate. WITNESS SIGNATURE Signature of witness SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD	e information contained in this utions and expenditures require we swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in this swear or affirm that no campon described in this swear or affirm that no campon described in this swear or affirm that no campon described in this swear or affirm that no campon described in the swear o	campaign financial disad to be reported by the paign contributions haby the federal international signature signature	of political treasurer ature of witness	10/10/22 date
I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/o benefit of the captilidate or for any other signature of candidate WITNESS SIGNATURE Signature of witness 2. SUMMARY a. BALANCE ON HAND LAST REPORT	e information contained in this utions and expenditures require we swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in the swear or affirm that no campon described in this swear or affirm that no campon described in this swear or affirm that no campon described in this swear or affirm that no campon described in this swear or affirm that no campon described in the swear o	campaign financial disad to be reported by the paign contributions haby the federal international signature signature	of political treasurer ature of witness	10/10/22 date
. I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/v benefit of the captidate or for any other signature of candidate. WITNESS SIGNATURE Signature of witness 2. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD	e information contained in this utions and expenditures require we swear or affirm that no camponitical purpose as defined date 1-25-23 10/10/27 date 1-25-23	campaign financial disad to be reported by the paign contributions has by the federal internal signature signature	of political treasurer ature of witness	10/10/22 date
i. We do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, Inbenefit of the captidate or for any other signature of candidate. WITNESS SIGNATURE Signature of witness 2. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD	e information contained in this utions and expenditures require we swear or affirm that no camponitical purpose as defined date 1-25-23 10/10/27 date 1-25-23	campaign financial disad to be reported by the paign contributions has by the federal internal signature signature	of political treasurer ature of witness	10/10/22 date
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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)	16
a. Unitemized Contributions (\$100 or less from each source this period)	s 303-
b. itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15	5.b.)s 300.°30
16. LOANS RECEIVED THIS REPORTING PERIOD	ss
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ _ Ø
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 300,20
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by catego	ory - e.g., printing, postage, gasoline)
Service Chara s	14.00 Hibbland Pohter
WALT HAPPOISON SCHOOL & 15	- TO
Dec Sans Cemetary & 6	60.00 SAM CIVID 1801 = 52,
Mailers (DNI (orp) s 6	74.72
Terry Market (GAS) & L	10.00
- GAS s_1	0.20
Exon s_	17.98
Wix Website Recur s	37.14
Vanti Commerce s	1.31
	1058 303.16
Total of Expenditures (\$100 or less each payee)	(7117)
b. Itemized Expenditures (Over \$100 each payee this period)	DED 41677
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) .	A
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 27/76
22.IN-KIND CONTRIBUTIONS	*
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	1 22.b.)\$
23. OBLIGATIONS	1
a. Unitemized Obligations Outstanding (\$100 or less each)	<u> </u>
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown	i item 12.f.)\$

SS-1133 (Rev. 4/02)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE			VERING THE PERIOD		
	FROM:	TO:				
3. TOTAL ITEMIZED CAMPAIG	N CONTRIBUTIONS FR	OM PRECEDING	PAGE (enter \$0 if first itemized pa	ge)	Amount	
4. COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEM	IZED CONTRIBUTION	ON (contributions totaling more than \$1	100 from any contribut	or)	
First Name Last Name/Organization Name Address	Middle Na	me	Contribution Received For: Primary Election Runoff (Local Elections	Amount of Contribution		
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation						
Employer		acoustic state of the second state of the second				
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name	man and the state of the state		Primary Election	Primary Election General Election Runoff (Local Elections Only)		
Address			Runoff (Local Elections			
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Na	пе	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name	1		Primary Election			
Address		and the same of th	Runoff (Local Elections			
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Na	me	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			and the same of th			
TOTAL ITEMIZED CONTRIE (Carry forward to item 3. of next page (If this is the last page of contribution:	if additional pages of this form					

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE			VERING THE PERIOD		
	FRO		mount			
3. TOTAL ITEMIZED IN-KIND C	CONTRIBUTIONS FR	OM PRECEDING PA	GE (enter \$0 if first itemized page)	TA TA	nount	
4. COMPLETE THE APPROPRIATE	E ITEMS FOR EACH ITE	MIZED IN-KIND CON	RIBUTION (in-kind contributions totaling more that	in \$100 from any contribu	tor during the period)	
First Name Middle Name			In-Kind Contribution Received For: Primary Election General G	7.71	lue of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Elections Only)	Aggregate this Election	
Address			Date of In-Kind Contribution	Ag		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
First Name	Middle	Name	In-Kind Contribution Received For: Primary Election Gene	Va eral Election	lue of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution		gregate this Election	
City	State	Zip Code	Description of In-Kind Contribution		***************************************	
Occupation	Employer					
First Name	Middle	Name	In-Kind Contribution Received For: Primary Election Gene	eral Election Va	Value of In-Kind Contribution Aggregate this Election	
Last Name/Organization Name			Runoff (Local Elections Only	2000		
Address			Date of In-Kind Contribution	Ag		
City	State	Zip Code	Description of In-Kind Contribution		<i>*************************************</i>	
Occupation	Employer					
First Name	Middle	Name	In-Kind Contribution Received For:	Va eral Election	lue of In-Kind Contribution	
Last Name/Organization Name		adama and a distribution of the second	☐ Primary Election ☐ General			
Address	Water Company of the		Date of In-Kind Contribution		gregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
First Name	Middle	Name	In-Kind Contribution Received For:	Val	ue of In-Kind Contribution	
Last Name/Organization Name				eral Election		
Address			Runoff (Local Elections Only) Date of In-Kind Contribution	ections Only) Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND ((Carry forward to item 3. of next page (If this is the last page of in-kind contr	if additional pages of this fo		nmary.)			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	100	2R		FROM: 7/	TO: 9/30		
The second secon	1 11	Amount 57-4-1					
TOTAL ITEMIZED CAMPAIGN EXPENDITE COMPLETE THE APPROPRIATE ITEMS FOR E							
	Middle Na		Purpose of Expenditure		Amount of Expenditure		
First Name	Wildle Raile						
mR. SIGNM		516105		9170-43			
129 Commerce	DR						
HENDERSONVILLE	State	37095		*			
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name_	<u></u>		SIGNS		\$646.00		
MR SIGNMAN	7		- 3161		7646		
129 commence	DR	•					
City	State	21p Code 3707.5					
HENDERSONILLE First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure		
	I WINGOO NO						
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1						
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code			- 1930 Luisi - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930 - 1930		
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount must	es of this form	are used.) in item 19b. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING T FROM: TO:				
		,	14	7				OW.		10.
3. COMPLETE THE AP	PROPRIATE ITEMS	FOR EACH	HITEMI	ZED LOAN	(loans totaling n	ore than \$100	from any source	during the	period)	
Complete the Following for	the Source of the Loar									
First Name	Middle Name							Loan Outstanding Loan B syments (End of Perior		standing Loan Balar (End of Period)
Last Name/Organization Name				1						
Address			SACHED BY CHARLES	Loan Received For: Date of Loan Primary Election General Election						
City	State	Zip Code			(Local Elections					
	List All End	orsers or Gua	arantors t	for Above Loa	in (If more spa	ce is needed	please attach	a page)		
irst Name		Middle Nar	me		First Name		*******************		Middle	Name
ast Name/Organization Name					Last Name/Org	panization Nam	ne			
Address				uujve gaareen ee aan aa	Address	William Sec.				
City		State	Zip C	Code	City				State	Zip Code
mount Guaranteed Outstandin	ng				Amount Guara	nteed Outstand	fing			
First Name		Middle Nar	me		First Name Middle Name				Name	
ast Name/Organization Name					Last Name/Organization Name					
Address			National district	Walland Hawking Compression	Address					
City		State	Zip C	Code	City State Zip Code					Zip Code
mount Guaranteed Outstandin	9				Amount Guara	nteed Outstand	ling			
First Name		Middle Nar	me		First Name Middle Name					
ast Name/Organization Name		·•			Last Name/Org	anization Nam	ne			
Address					Address					
City		State	Zip C	code	City				State	Zip Code
mount Guaranteed Outstandin	g		1		Amount Guarar	nteed Outstand	ling			
irst Name		Middle Nar	me		First Name Middle Name					
ast Name/Organization Name		1	ta a communication of the comm		Last Name/Org	anization Nam	16			A CONTRACTOR OF THE CONTRACTOR
ddress					Address					
City		State	Zip C	kode	City				State	Zip Code
mount Guaranteed Outstandin	g				Amount Guarar	iteed Outstand	ling	*****		***************************************
Totals for all Loans (complete on last page of itemized loans) (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.)				Outstanding Lo (Beginning o		Loans Received	1	oan rments	Outstanding Loan (End of Period	
(Total loan payments should a (Total outstanding loan balance	iso be snown in item 20, on should also be shown in ite	summary pag m 12.e. on from	e.) ntpage.)							



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMM	2. REPORT COVERING THE PERIOD					
I. MAINE OF ORNOUNTE ON COMM	FROM:	TO:				
COMPLETE THE APPROPRIATE OBLIGATION (obligations totaling r person/vendor at the end of the re	ITEMS FOR EACH	HITEMIZED ved to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		_1				
First Name	Middle N	arne				
Last Name/Business Name						
Address		<u></u>		+		
City	State	Zip Code			1	
Description of Obligation	L			<u></u>		
First Name	Middle N	ame				
Last Name/Business Name						
Address		>				
City	State	Zip Code				
Description of Obligation		_1				
First Name	Middle N	ame	T			
Last Name/Business Name						
Address						
A CHARLES A CHARLES AND A	State	Zip Code				
City						
Description of Obligation						
First Name	Middle N	lame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS			1			
(Total from Outstanding Balance - (End in item 23b. on summary page.)	of Period) column m	ust also be shown				