# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates For Single-Candidate Committees

4/4/27	2.a. NAME OF CANDIDATE OR	COMMITTEE		1
<u> </u>	LATOYA F	facco	mK	
2.b. IF COMMITTEE, NAME OF CANDIDATE	,, , , , , , , , , , , , , , , , , , , ,		3. ELECTION DATE	
			1/A/ 3	3 2029
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	71	7	7
11	_ ^	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if differe	O PORTLAND	1/1/	3714-8 (	293-99
Street or Rural Route	nt than 4.a.) City	State	Zip Code	Phone
	•		2.p 3000	, none
5. OFFICE SOUGHT (include district number,	if applicable) 6. NAME	OF POLITICAL	TREASURER (may be	candidate)
0	1)1570,0		$\sim$	candidate)
7. CATEGORY OR REPORT (Check one)	on 5 Je	551E 1	KOGAN	·
				$\neg$
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- R QUARTER PRIMARY	PRE-	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		GENERAL  GDATE OF REPO	SUPPLEMENTAL DRTING PERIOD	SUPPLEMENTAL
1-16-2022		4 .	31,2022	
9. (Check one)	/	VIATER .	51, avao-	
			•	
<ul> <li>a. This campaign is exempt from detail tures total \$1,000 or less for this rep</li> </ul>	ed disclosure because contribution	s (including in-k	nd) received total \$1,0	00 or less AND expendi-
<ul> <li>This campaign is required to file a di and/or expenditures total more than</li> </ul>	etailed financial disclosure because	contributions (i	ncluding in-kind) receiv	ed total more than \$1,000
and/or expenditures total more than	\$ 1,000 for this reporting period.			
40 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<ol> <li>I/we do solemnly swear or affirm that the accurate accounting of campaign contribut</li> </ol>	information contained in this campa	gign financial di	sclosure report is true a	and that this report is an
Financial Disclosure Act. Additionally, I/we	swear or affirm that no campaign	contributions ha	ve been expended for t	the personal financial
benefit of the candidate or for any other no	inpolitical purpose as defined by the	e federal interna	l revenue code.	, , , , , , , , , , , , , , , , , , ,
11041	4 10 1	//	Λ	
Large / alcourt	4/4/22	fime	Jogan	4/4/27
signature of candidate	date	signature	of political treasurer	
				date
11. WITNESS SIGNATURE				date
				date
MILLYCU	ANA 04 7272			date
MIKE	ANA 04 2022			date
signature of witness	ANR 04 Zazz	signa	ture of witness	date
	date	signa	ture of witness	date date
signature of witness  12. SUMMARY	date FILED	signa	ture of witness	date
12. SUMMARY	date FILED	signe	ture of witness	date
12. SUMMARY	date FILED	РМ	ture of witness	date
12. SUMMARY	FILED AM	РМ	ture of witness	date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD	FILED AM APR 08 2022	РМ	ture of witness	date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD	FILED AM APR 08 2022	РМ	ture of witness\$ 3/20\$ 3 D4	date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD  c. TOTAL DISBURSEMENTS THIS PERIOD	APR 08 2022  SUMNER COUNTY ELECTION COMMISSI	PM ON	\$ 3120	date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD	APR 08 2022  SUMNER COUNTY ELECTION COMMISSI	PM ON	\$ 3120	date date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD  c. TOTAL DISBURSEMENTS THIS PERIOD  d. BALANCE ON HAND (12.a. plus 12.b.)	AM FILED AM APR 0.8 2022  SUMNER COUNTY ELECTION COMMISSION 12.c.)	PM ON	\$ 3120 \$ 304	date date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD  c. TOTAL DISBURSEMENTS THIS PERIOD	AM FILED AM APR 0.8 2022  SUMNER COUNTY ELECTION COMMISSION 12.c.)	PM ON	\$ 3120 \$ 304	date  date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD  c. TOTAL DISBURSEMENTS THIS PERIOD  d. BALANCE ON HAND (12.a. plus 12.b.)  e. TOTAL LOANS OUTSTANDING	FILED AM  APR 08 2022  SUMNER COUNTY ELECTION COMMISSI minus 12.c.)	PM ON	\$ 3120 \$ 304	date  date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD  c. TOTAL DISBURSEMENTS THIS PERIOD  d. BALANCE ON HAND (12.a. plus 12.b.)	FILED AM  APR 08 2022  SUMNER COUNTY ELECTION COMMISSI minus 12.c.)	PM ON	\$ 3120 \$ 304	date  date



### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
LATOYA Holcomb	FROM: 1-16-22 TO: 3-31-22
RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>≥00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>2900</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 3,100
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>\bar{D}</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>Q</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 3/00
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)
PHOTO (HEAD SHOT) \$ 100	
BANKING FEES \$ 4	
\$	<del></del>
\$	<del></del>
	<del></del>
•	<del></del>
•	<u>·</u>
<u> </u>	
•	<u> </u>
<u> </u>	
Total of Expenditures (\$100 or less each payee)	\$ 104
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>Z6D</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 304.
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 304
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.	s)s <u> </u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Iternized Obligations Outstanding (Over \$100 each)	\$ <b>Q</b>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	n 12.f.)\$ <b>\(\)</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF COMMITTEE			<del></del>	2. REPORT COVE	RING THE PERIOD
LATOYA HO	<u> </u>	mR		FROM:  // U	TO: 3/3/
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FRO	OM PRECEDING PAG	GE (enter \$0 if first itemized o	acie)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E					)
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election		
Last Name/Organization Name SUMNER COUNTY ( Address	<del>E</del> mo	CRATIC	`	\$2500	
333-F W. MAIN	57		Runoff (Local Election	s Only)	2,5 - 0
GALLATIN	**N	Zip Code 3706C	Date of Contribution		Aggregate This Election
Occupation			3/22/		
Employer		······································	0/22/	22	
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	174	CEN	Primary Election C	General Election	
ROGAN JR					\$250
Miles 273 BIG STATION	1 CA	mp BLUD	☐ Runoff (Local Election	s Only)	
GALLATIN	7	ZpCode 37044	Date of Contribution		Aggregate This Election
Occupation	1.7.		3/31/22	,	
Employer SUPERVISOR			0/3//2	<b>~</b>	
1 1/1.00.00					
AMAZON					
First Name	Middle Nam	ie	Contribution Received For:		Amount of Contribution
	Middle Nam	e		1 General Election	Amount of Contribution
First Name    CEUIN   Last Name Organization Name    Homas			7⊠ Primary Election [	] General Election	
First Name    CEUIN   Last Name Organization Name    Homas		$\epsilon$		s Only)	Amount of Contribution
First Name   CEVIN   Last NameOrganization Name   Homas   Address   1823 HAATS VILLE   Cay   Cay		$\epsilon$	7⊠ Primary Election [		
First Name    CEUIN   Last Name Organization Name    Homas   Address   1823   HALTS VILLE     Cay	PIK	E ZpCode 37044	Primary Election [	s Only)	\$150
First Name    CEVIN     Last Name Organization Name    HOMAS     Address     823   HALTS VILLE     Cay	PIK	E ZpCode 37044	Primary Election [	s Only)	\$150
First Name    CEVIN     Last Name Organization Name    HOMAS     Address     823   HALTS VILLE     Cay	PIK	E ZpCode 37044	Primary Election [	s Only)	\$150
First Name  [CEVIN]  Last Name Organization Name  [HOMAS]  Address  [823 HANTSVILLE  CAY  CAY  CAY  CAY  CAY  CAY  CAY  CA	PIK	E ZpCode 370GC	Primary Election [	s Only)	\$150
First Name    CEUIN   Last Name Organization Name   HOMAS   Address   1823 HALTS WILLE   Cay GALLETIN     Occupation   Service Techi   Employer   CEM C	PIKO	E ZpCode 370GC	Primary Election [ Page of Contribution   Contribut	s Only)	\$ 15
First Name  Last Name/Organization Name  THOMAS  Address 1823 HALTSVILLE  Cay  CALLETTON  Occupation  SERVICE TECHI  Employer  CEM C  First Name  Last Name/Organization Name	PIKO	E ZpCode 370GC	Primary Election  Runoff (Local Election  Date of Contribution  3 / 24 / 2  Contribution Received For:	S Only)	\$ 15
First Name  Lest Name Organization Name  THOMAS  Address 1823 HALTSUILLE  CAY  CALLETTEN  Occupation  SERVICE TECHT  Employer  Employer  Employer  First Name	PIKO	E ZpCode 370GC	Primary Election [ Page of Contribution   Contribut	S Only)	\$ 15
First Name  Last Name/Organization Name  THOMAS  Address 1823 HALTSVILLE  Cay  CALLETTON  Occupation  SERVICE TECHI  Employer  CEM C  First Name  Last Name/Organization Name	PIKO	E ZpCode 370GC	Primary Election  Runoff (Local Election  Date of Contribution  3 / 24 / 2  Contribution Received For:	S Only)	\$ 15
First Name  Last Name Organization Name  THOMAS  Address  1823 HALTSUILLE  CAY  CALLETTEN  Occupation  SERVICE TECHI  Employes  CEM C  First Name  Last Name/Organization Name  Address	PIKO	E   ZpCode   3 70 CC.	Primary Election  Runoff (Local Election  Date of Contribution  3 / 24 / 2  Contribution Received For:  Primary Election	S Only)	\$ 150 Aggregate This Election  Amount of Contribution
First Name  Last Name Organization Name  THOMAS  Address  1823 HANTSUILLE  Cay  CALLETTON  Occupation  SERVICE TECHI  Employer  CF M C  First Name  Last Name/Organization Name  Address  City	PIKO	E   ZpCode   3 70 CC.	Primary Election  Runoff (Local Election  Date of Contribution  3 / 24 / 2  Contribution Received For:  Primary Election	S Only)	\$ 150 Aggregate This Election  Amount of Contribution
First Name  Last Name/Organization Name  THOMAS  Address  1823 HANTSUILLE  Cay  CALLETTON  Occupation  SERVICE TECHI  Employer  CF M C  First Name  Last Name/Organization Name  Address  City  Occupation	PIKO	E   ZpCode   3 70 CC.	Primary Election  Runoff (Local Election  Date of Contribution  3 / 24 / 2  Contribution Received For:  Primary Election	S Only)	\$ 150 Aggregate This Election  Amount of Contribution
First Name  Last Name Organization Name  THOMAS  Address  1823 HALTSUILLE  CALLETTON  Occupation  SERVICE TECHI  Employer  CETM C  First Name  Last Name/Organization Name  Address  City  Occupation  Employer  5. TOTAL ITEMIZED CONTRIBUTIONS	PIKO State T/N Middle Nam	ZipCode 370GC ZipCode	Primary Election  Runoff (Local Election  Date of Contribution  3 / 24 / 2  Contribution Received For:  Primary Election	S Only)  General Election  Only)	\$ 150 Aggregate This Election  Amount of Contribution
First Name  Last Name Organization Name  THOMAS  Address  1823 HALTSUILLE  CALLETTN  Occupation  SERVICE TECHI  Employer  CEM C  First Name  Last Name/Organization Name  Address  City  Occupation  Employer	PIKO State 770  VICII Middle Nam State	ZpCode ZpCode ZpCode	Primary Election  Runoff (Local Election  Date of Contribution  3 / 24 / 2  Contribution Received For:  Primary Election	S Only)  General Election  Only)	\$ 150 Aggregate This Election  Amount of Contribution

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

1. NAME OF CANDIDATE OR	COMMITTEE \( \int \)	1 12		RING THE PERIOD		
		Amount				
3. TOTAL ITEMIZED IN-KIND CO	·· · · · · · · · · · · · · · · · · · ·					
	<del></del>		RBUTION (in-kind contributions totaling more than \$100 from any	···		
First Name	/iddle Nan	ne	In-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections Only)			
Address			Date of In-Kind Contribution	Aggregate this Election		
City	Slate Zip Code		Description of In-Kind Contribution	<del></del>		
Occupation Employer						
First Name Middle Name			In-Kind Contribution Received For:    Primary Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections Only)			
Address			Date of In-Kind Contribution	Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer	····	-			
First Name Middle Name			In-Kind Contribution Received For:    Primary Election   General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections Only)			
Address			Date of In-Kind Contribution	Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer		7			
First Name	Middle Na	me	In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections Only)			
Address			Date of In-Kind Contribution	Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer	<del>`</del>				
First Name	Middle Na	ne	In-Kind Contribution Received For:	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections Only)			
Address			Date of In-Kind Contribution	Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer			· ·		
TOTAL ITEMIZED IN-KIND C     (Carry forward to item 3. of next page is	f additional pages of this form					
(If this is the last page of in-kind contrit	outions, this amount must be s	hown in item 22b. of sum	nmary.)	DD4 4450		

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE     2. REPORT COVER						
LATOYA HOLCOMB FROM 1-16-22					Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU					\$200	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	-			to any payee during the peri		
First Name LERICO	Middle Name		Purpose of Expenditure	•	Amount of Expenditure	
Last Name/Business Name			516N X			
Address			,	\$200		
ING BRENTAING	G€   <u> </u>					
(TAILATIN	710	Zip Code 37 0 G-C				
First Name	Middle Name				Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code		-		
City	State ,	Zip Code				
First Name	Middle Nar	me	Purpose of Expenditure	·	Amount of Expenditure	
Last Name/Business Name	<u> </u>					
<u> </u>						
Address	Address					
City	State	Zip Code				
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure	
	1440010 (4011		7 dipose of Expendiare		Amount of Expenditure	
Last Name/Business Name		·				
Address						
City	State	Zip Code				
		<u>.</u>				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					1	
Address						
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address						
City	State	Zip Code	· 			
S TOTAL ITEMIZED EVOCADITUDES	<u> </u>	<u> </u>				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page:						
(If this is the last page of expenditures, this amount mus	st be shown in	item 19b. of summary.)	····			

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#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDA	ATE OR COMMITTEE	Λ/	/	И			FRO	DM:		NG THE PERIOD TO:
2 0010157571545	DDODDIATE ITEMS	OD CAOLLE		7			/-	16-	22	3-31-22
3. COMPLETE THE AF	PROPRIATE ITEMS F	OR EACH I	EMIZ	ED LUAN (I	oans totaling n	ore than \$100	from any source	during the po	eriod)	
Complete the Following fo					<u> </u>					
First Name	Middle Nan	Middle Name Outstanding (Beginning				Loans Receive		oan ments		anding Loan Balance (End of Period)
Last Name/Organization Name				,					:	
			Loan Receive	· · · · · · · · · · · · · · · · · · ·						
City	State	Zip Code		☐ Primary☐ Runoff (	Local Elections		EIBCHOR			
	List All Endo	rsers or Guara	antors f	or Above Loa	п (If more spa	ce is needed	i please attach	a page)		
First Name		Middle Name	:		First Name				Middle	Name
Last Name/Organization Name	e				Last Name/Or	ganization Nar	ne	<del></del>	.1	
Address					Address	<u></u>	<del></del>		<del></del> ,	
City		Stale	Zip C	ode	City		·· · · · ·		State	Zip Code
Amount Guaranteed Outstand	ing	1	1 .		Amount Guara	nteed Outstan	ding		<u></u>	
First Name		Middle Name	е	<del>-</del>	First Name Middle Name				Name	
Last Name/Organization Nam	e				Last Name/Organization Name					
Address					Address					
City		State	Zip C	ode	City State Zip Code			Zip Code		
Amount Guaranteed Outstand	ing	<u>'</u>			Amount Guara	inteed Outstan	ding			·-····································
First Name		Middle Name	e	<u> </u>	First Name				Middle	Name
Last Name/Organization Nam	e				Last Name/Organization Name					
Address	· · · · · · · · · · · · · · · · · · ·				Address	<del>.</del>			••	<del> </del>
City		State	Zip C	ode	City			<del></del>	State	Zip Code
Amount Guaranteed Outstand	ing		1		Amount Guara	inteed Outstan	ding		<u> </u>	
First Name		Middle Name	e		First Name Middle Name					
Last Name/Organization Nam	Last Name/Organization Name				Last Name/Organization Name					
Address		<del> </del>			Address			<u></u>		
City		State	Zlp C	Gode	City		······································		State	Zip Code
Amount Guaranteed Outstand	ing				Amount Guara	inteed Outstan	ding			<u> </u>
(Total loan payments should	omplete on last page o also be shown in item 16. on also be shown in item 20. on ce should also be shown in ite	summary page. summary page.	.)		Outstanding L (Beginning		Loans Received	1	oan ments	Outstanding Loan Balance (End of Period)



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
, , , , , , , , , , , , , , , , , , ,				FROM: 1-/6	FROM: 1-16-22 TO: 3-3		
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Na	me				<u> </u>	
Last Name/Business Name	1	<del></del>	-				
Address	-		_		ı		
City	State Zip Code						
Description of Obligation	<u> </u>	<u> </u>		<u> </u>			
First Name	Middle Na	me					
Last Name/Business Name	<u> </u>						
Address		<del></del>	-				
City	State	Zip Code	1				
Description of Obligation	<u> </u>				7.74		
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code				*	
Description of Obligation							
First Name	Middle Na	me					
Last Name/Business Name	<u> </u>				,		
Address			<b>-</b>				
City	State	Zip Code					
Description of Obligation	L	<u></u>		<u>                                     </u>	<u></u>	<u>.</u>	
First Name	Middle Na	пе					
Last Name/Business Name	<u> </u>		-				
Address		·					
City	State	Zip Code	-				
Description of Obligation	]	<u> </u>					
TOTALS     (Total from Outstanding Balance - (End of Period) c	olumn mus	t also be shown					
in item 23b. on summary page.)							

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