CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

,				- CARACILIE E		
1. DAT	E OF REPORT		CANDIDATE OR C			
1	Oril 24,7022	1 Debo	orah t	tolines		
2.b. IF (COMMITTEE, NAME OF CANDIDATE	111			3. ELECTION DAT	a 0a
An CAL	MPAIGN ADDRESS AND PHONE	6/mus			May	3.2022
1 -	eet or Rural Route	City		State	Zip Code	Phone
21	134 Long Hollo	w Pike	Gallati	in TN	3706	415-2436768
ı	NDIDATE'S HOME ADDRESS (if different or Rural Route	'		State	Zip Code	Phone
	1234 LONG HOLLING	Pike G	allativ	1 77\/	37046	615.243768
	FICE SOUGHT (include district number			F POLITICAL	TREASURER (may i	
Cour	dy Comnussión T)Istrict 12	Jaco	4 1401	mus	•
7. CA1	TEGORY OR REPORT (Check one)				r-1	
	FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
	ARTER QUARTER QUARTE SINNING DATE OF REPORTING PERIOD	R QUARTER	PRIMARY 8.b. ENDING	GENERAL DATE OF REPO	SUPPLEMENTA DRTING PERIOD	L SUPPLEMENTAL
	April 1,2022		Ar	nil 2	3,2022	
9. (Ched			·	· · · · ·	, , , , , , , , , , , , , , , , , , , 	
a. 1	This campaign is exempt from deta				•	,000 or less AND expendi-
	tures total \$1,000 or less for this re	porting period. (Corr	plete items 12d.	, 12e. and 12f.	.)	
b.	This campaign is required to file a			contributions (i	including in-kind) rece	eived total more than \$1,000
	and/or expenditures total more tha	n \$1,000 for this repo	rting period.			
	we do solemnly swear or affirm that the curate accounting of campaign contrib					
	nancial Disclosure Act. Additionally, I/v enefit of the candidate or for any other r					or the personal financial
				A	in revenue code.	
	ellorah Holmes	April 24.	2022_	Lacas	Holmes	4-24-22
	signature of candidate	date	Ü	signatu	of political treasurer	date
44 1871	TNESS SIGNATURE					
11. Wi	TNESS SIGNATURE	4		77 00	1-1	.)
30	My & Dayne	- HPRILZ4,	2022	Delly	Somple	424-22
	signature of witness	date		signa	ature of witness	date
12. SU	MMADY					
					841.39	
a.	BALANCE ON HAND LAST REPORT		•••••••••••••••••••••••	***************************************	\$ 840.39 \$ 10000	<u> </u>
b.	TOTAL RECEIPTS THIS PERIOD				s 100 =	_
	TOTAL DIODUDOS TOTAL TOTAL				811.95	
C.	TOTAL DISBURSEMENTS THIS PERIO				•	—
d.	BALANCE ON HAND (12.a. plus 12.b	. minus 12.c.)				\$ 128. 7
			1	L IAI		
e.	TOTAL LOANS OUTSTANDING	AM				\$ <u>U</u>
	TOTAL OR IGATIONS OF TOTAL STATE		APR 2 6 20	722		. A-
f.	TOTAL OBLIGATIONS OUTSTANDING	* *************************************		MTV		\$
			SUMNER COU ECTION COMM	MISSION		
	SS-1109 (Rev. 2/06)	EL'	FOLION		Page 1 of	RDA 1159



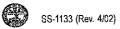
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SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)			VERING THE PERI
		FROM:	TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this p	period)	\$	
b. Itemized Contributions (over \$100 from each source this period	d)(t	\$	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add	\$		
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 it	em 12.b.)		\$
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be liste	ed by category -	e.g., printing, posta	ge, gasoline)
	\$		
	\$		
	\$	<u></u>	
	. \$		
			
	_		
		•	
Total of Expenditures (\$100 or less each payee)			
b. Itemized Expenditures (Over \$100 each payee this period)			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.8			
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. Uniternized in-kind contributions (\$100 or less from each source			
b. Itemized in-kind contributions (over \$100 from each source this			
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.) (m	nust be shown i it	em 12.f.)	\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	=	1,0,0,0,0	2	REPORT COVER				
		· · · · · · · · · · · · · · · · · · ·		FROM:	TO:			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount							
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					г)			
	diddle Name		Contribution Received For		Amount of Contribution			
				_				
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Elections Only)					
nuicas								
City	State Zip Code				Aggregate This Election			
Occupation		<u> </u>						
Employer								
First Name	Middle Nam	ne	Contribution Received I	or:	Amount of Contribution			
Last Name/Organization Name	J		Primary Election	General Election				
Address			Runoff (Local Election	ons Only)	-			
City	State	Zip Code	Date of Contribution		Aggregate This Election			
	<u> </u>		_					
Occupation								
Employer		······						
First Name	Middle Nam	1 e	Contribution Received	For:	Amount of Contribution			
	J.,		Drimon Clastica	General Election				
Last Name/Organization Name			Primary Election	Cloeueral Election				
Address			Runoff (Local Election	ons Only)				
	····							
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	<u> </u>	<u>, ! ===</u>	_					
	<u>.</u>							
Employer								
Final Manage	Middle Nan		Contribution Received Fo		Amount of Contribution			
First Name	MIND MAIL	no.	_		CATIONAL OF CONTRIDUCTOR			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Electi	one Only\				
Address			C Runon (Eucai Electi	ons Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	<u> </u>			•				
Employer								
		<u>i.</u>	<u>. I</u>		+			
5. TOTAL ITEMIZED CONTRIBUTIONS		v d V						
(Carry forward to item 3. of next page if additional page: (If this is the last page of contributions, this amount must		•						
<u></u>								

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

 NAME OF CANDIDATE OR CO 	MMITTEE		2		ING THE PERIOD			
				FROM:	TO:			
3. TOTAL ITEMIZED IN-KIND CONTI	DIRITIONS EDOS	A DESCRING DA	GE (enter \$0 if first itemized page))	Amount			
 TOTAL TEMIZED IN-KIND CONTI 4. COMPLETE THE APPROPRIATE ITEM 		•••			Intributor during the period\			
First Name	Middle Na	ime		!n-Kind Contribution Received For: Value of In-Kind Contr ☐ Primary Election ☐ General Election				
Last Name/Organization Name	- <u>-</u>	***	Runoff (Local Election	ns Only)	Aggregate this Election			
Address			Date of In-Kind Contribution	Date of In-Kind Contribution				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle Na	ame	In-Kind Contribution Receiv		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	Description of in-Kind Contribution				
Occupation	Employer							
5 13	In the second		In Mind Colombiania Co.	red For	Value of In-Kind Contribution			
First Name	Middle N	ame	In-Kind Contribution Receiv	☐ Primary Election ☐ General Election				
Last Name/Organization Name	·		Runoff (Local Election	ons Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State Zip Code			n				
Occupation Employer								
First Name	Middle N	ame	In-Kind Contribution Recei	ved For:	Value of In-Kind Contribution			
Last Name/Organization Name			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 Contributio	ħ				
Occupation	Employer							
First Name	Middle N	fame	In-Kind Contribution Reco		Value of In-Kind Contribution			
Last Name/Organization Name	1		Runoff (Local Election	_				
Address	• • •		Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	n	L			
Occupation	Employer							
5 TOTAL ITEMIZED IN 17IND OC	TOBUTIONS							
TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if ad (If this is the last page of in-kind contribution)	lditional pages of this for		umman/\					
SS-1128 (Rev. 2/06)	o, and amount must be	- ALLOWER HE NESTE ZZD. UF S		age of	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERI			
		TO:					
D. TOTAL ITEMIZED CAMPAIGN EVDENDITIES	DEC EDOL	A DDECEDING DACE	Contac CO if first itemized as	1	Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURE 4. COMPLETE THE APPROPRIATE ITEMS FOR EA					od)		
	Middle Nam		Purpose of Expenditure	to any payed dering and paint	Amount of Expenditure		
First Name	e	Fulpose of Experionale		Amount of Expenditore			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Name Middle Name			Purpose of Expenditure			
Last Name/Business Name	<u> </u>						
Address							
City	State	Zip Code					
City	State	Zip code					
First Name	Middle Nam	пе	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1	 					
Address							
City	State	Zip Code					
				·			
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name	1						
Address			1				
City	State	Zip Code			5		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1		1				
Address		"					
City	Zip Code			<u> </u>			
TOTAL !TEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page: (If this is the last page of expenditures, this amount must							

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE O	OR COMMITTEE		•				2.	REP	ORT CC	VERIN	G THE PERIOD
								ROM:			O:
3. COMPLETE THE APPRO	PRIATE ITEMS	OR EACH IT	EMIZ	ED LOAN (k	oans totaling n	nore than \$100 f	from any sourc	e during	g the perio	d)	
Complete the Following for the	Source of the Loan										
First Name	st Name Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)		
Last Name/Organization Name											
Address				Loan Receive	Loan Received For: Date of Loan						
City	State	Zip Code		Primary Election General Election Runoff (Local Elections Only)							
	List All Endo	orsers or Guara	inters f	L			please attac	hapa	ige)		
First Name	LIST III WITOU	Middle Name			First Name				<u> </u>	Middle N	ame
		TIMOGRATICA TICATION				ganization Nam	10				····
Last Name/Organization Name					Last Name/O	yanzanon nam			· · · · · · · · · · · · · · · · · · ·		
Address					Address						
City		State	Zip C	Code	City					State	Zip Code
Arnount Guaranteed Outstanding					Amount Guar	anteed Outstand	ding				
First Name	First Name Middle Name					First Name Middle Name					lame
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip C	Code	City State Zip Ci					Zip Code	
Amount Guaranteed Outstanding			<u> </u>		Amount Guar	anteed Outstan	ding		-		
First Name		Middle Nam	е		First Name					Middle	Name
Last Name/Organization Name					Last Name/C	rganization Nan	ne				
Address					Address				,	·	
City		State	Zip (Code	City					State	Zip Code
Amount Guaranteed Outstanding					Amount Gua	anteed Outstan	ding			1	1
					let					1	
First Name		Middle Nam	е		First Name					Middle	Name
Last Name/Organization Name					Last Name/0	organization Nat	me ·				
Address					Address						
City		State	Zip (Code	City		,			State	Zip Code
Amount Guaranteed Outstanding	,	<u> </u>			Amount Gua	ranteed Outstan	nding			•	
4. Totals for all Loans (comp (Total loans received should also						Loan Balance g of Period)	Loans Receive	d	Loa Paym		Outstanding Loan Ba (End of Period)
(Total loan payments should also (Total outstanding loan balance sh	be shown in item 20. o	on summary page	e.)		(Sodinalii)	3 2 UNUUJ	7.55070		1 47111		(2000)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMIT	TEE		2. REPORT COVERING THE PERIOD				
				FROM:	TO:		
COMPLETE THE APPROPRIATE ITE OBLIGATION (obligations totaling more person/vendor at the end of the repor	re than \$100 ow		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Na	me					
Last Name/Business Name	I .		: 				
Address							
City	State	Zip Code	-		[
Description of Obligation					<u> </u>	<u> </u>	
First Name	Middle Na	erne					
Last Name/Business Name	i						
Address							
City	State	Zip Code					
Description of Obligation		i		<u> </u>	.I.	J	
First Name	Middle Na	ame					
Last Name/Business Name							
Address							
City	State	Zip Code		:			
Description of Obligation		<u>.l</u>	I	<u> </u>		I	
First Name	Middle N	arne					
Last Name/Business Name	<u> </u>						
Address							
City	State	Zip Code					
Description of Obligation			<u> </u>	<u> </u>	.1	<u> </u>	
First Name	Middle N	ame			<u></u>]	
Last Name/Business Name							
Address	·						
City	State	Zip Code					
Description of Obligation		<u> </u>		<u>. L </u>		<u> </u>	
			·		1	,	
4, TOTALS (Total from Outstanding Balance - (End of F	eriod) column mu	ıst also be shown					
in item 23b. on summary page.)					l	<u> </u>	