

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1-27-25 2.a. Candidate or Committee Name: LA Toy A Holcomb
2.b. If Committee, Name of Candidate:
4. Campaign Address: 10 Harper Road
City: Portland State: TN Zip Code: 37148 Phone: 615-293-9931
5. Candidate Home Address: 10 Harpe Kd
City: 1 State: TV Zip Code: 37148 Phone: 615-193-9931
Candidate Email Address:
6. Office Sought: (include district number, if applicable)
7. Name of Political Treasurer (may be candidate):
Political Treasurer Email Address: <u>Jessierogang</u> concastinet
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
9. Reporting Period: Start Date: 10-27-24 End Date: 15-25
10. Detailed Disclosure: (Check one)
This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
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.
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other
nonpolitical purpose as defined by the federal internal revenue code.
Candidate Signature Date Political Treasurer Signature Date
$ H\rangle$
Fronda Dever 1-21-25 Ahmala Bevers 1-21-25
Witness Signature Date Witness Signature Date
12. Summary:
a. Balance On Hand Last Report S 69, 29 b. Total Receipts This Period S 12,00
c. Total Disbursements This Period
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 57.24
e. Total Loans Outstanding\$ SUMNER COUNTY ELECTION: COMMISSION
f. Total Obligations Outstanding

SUMMARY PAGE - CANDIDATE

13. Nar	ne of Candidate or Committee: LA Toy A Holcomb		
14. Rep	orting Period: Start Date: 10 37-34 End Date: 115	5-25	
15. Rec	eipts:		
a.	Unitemized Contributions (\$100 or less from each source this period)		more information.)
b.	Itemized Contributions (over \$100 from each source this period)	\$	0
c.	Loans Received This Reporting Period	. \$	0
d.	Interest Received This Reporting Period	. \$	0
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	\$	0
16. Disk	pursements:		
a.	Total Expenditures (other than loan payments)	. \$	0
b.	Loan Repayments Made This Period	\$	0
c.	Total Obligation Payments Made This Period	\$	0
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)	\$	
17. ln-K	ind Contributions:		
a.	Unitemized In-Kind Contributions Received This Period	\$	0
b.	Itemized In-Kind Contributions Received This Period	\$	0
c.	Total In-Kind Contributions Received This Period	\$	0
18. Obl	gations:		
a.	Total Obligations Outstanding (must be shown in item 12.f.)	\$	0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	lame: LATONA Holcomb		
2. Reporting Period: Start D	Pate: 1-27-21 End Date: 145-0	15	
	ons from preceding page (enter \$0 if first page)		
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Nar	me:		OF
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:	r lag de la	OR
	Middle Name:		
Address:	City:	State: Zip Code:	
Occupation:	Employer:	tac .	
	☐ Primary Election ☐ General Election		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:		OR
	Middle Name:		
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:		OR
	Middle Name:		
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Total Contributions: \$			
	page if additional pages of this form are used. If the summary on first page.)	this is the last page of contributions,	this

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	LATOYA HOLLOM	5
2. Reporting Period: Start Date:)-27-24 End Date:	-15-25
		age) \$
	FOR EACH IN-KIND CONTRIBUTI	ON. In-kind contributions totaling more than one hundred
Business or Organization Name:		OR
		Last Name:
		State: Zip Code:
In-Kind Contribution Received For:	☐ Primary Election ☐ Ge	eneral Election Runoff (Local Elections Only)
		Aggregate This Election: \$
Description of In-Kind Contribution:		
Business or Organization Name:		OR
		Last Name:
Address:	City:	State: Zip Code:
In-Kind Contribution Received For:	☐ Primary Election ☐ Ge	eneral Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution Date:	Aggregate This Election: \$
Description of In-Kind Contribution:		
Rusiness or Organization Name:		OR
		OR OR
		State: Zip Code:
		State Zip Code
		neral Election Runoff (Local Elections Only)
		Aggregate This Election: \$
		Aggregate This Election. \$
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
		State: Zip Code:
		neral Election Runoff (Local Elections Only)
		Aggregate This Election: \$
Description of In-Kind Contribution:		
Total In-Kind Contributions: \$(Carry forward to the next page if add		sed If this is the last page of in-kind
contributions this amount must be a		

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Candidate or Committee Name:	1				
2. Reporting Period: Start Date: 1					
Total campaign expenditures from	preceding p	age (enter \$0 if first page) \$			-
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please rem candidate's name in the purpose of the expe	ember to includ	e the purpose of the expenditure	es must be itemized (e.g., postage, printi	. If the expenditure ng, etc.) along with	e is an in- the
Business or Organization Name:			e de la companya de l		OF
First Name:	Middle	Name:	Last Name:		
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:			N. Pa		
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:				*	
Amount of Expenditure: \$					
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:					
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:					
Purpose of Expenditure:					
Amount of Evnenditure: \$		Date of Expenditure: \$			

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

Candidate or Committee Name:			
2. Reporting Period: Start Date:	-27-24 End Date:	1-15-25	
3. Complete the appropriate items for	or each loan totaling more th	an one hundred dollars (\$100).
Complete the following for the source of earns Business or Organization Name:			0
First Name:			
Address:			
Outstanding Loan Balance (Beginning			
Loans Received	\$	'min_ i = 1 '- '- '- '- '- '- '- '- '- '- '- '- '-	
Loan Payments	\$		
Outstanding Loan (End)	\$	15-	
Loan Received For: Primary Ele	ection General Election	Runoff (Local Electi	ons Only)
Date of Loan:			
List all endorsers or guarantors for above le	oan (If more space is needed, pleas	e attach additional pages.)	
Business or Organization Name:			0
First Name:	Middle Name:	Last Name:	
Address:	City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$_			
Business or Organization Name: _	1.2		0
First Name:	Middle Name:	Last Name	-
Address:	City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$_			
Business or Organization Name: _			0
First Name:		10.56	
Address:			
Amount Guaranteed Outstanding: \$_			
Business or Organization Name: _			0
First Name:	Middle Name:	Last Name	
Address:	City:	State:	Zip Code:
${\bf Amount\ Guaranteed\ Outstanding:\ \$_}$			
Totals for all loans (Complete this page for Total loans received and loan payments shoul	for each outstanding loan during the d be shown on summary page. Outst	period. Complete this section c anding loan balance should be	nly on last page of loans. shown on front page.)
Balance (Beginning)			
Loans Received	\$\$	13.	
Loan Payments	\$		
Outstanding Loan (End)	\$\$		

Page ___ of ___

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE 1. Candidate or Committee Name: LATOYA Holcomb 2. Reporting Period: Start Date: 10-27-24 End Date: 175-25 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period. Description of Business Name: Obligation: First Name: _____ Middle Name: ____ Last Name: _____ Address: Outstanding Debt **Payments** Outstanding Balance (Period Incurred This Period Balance Beginning) This Period (Period End) \$ \$ State: Zip Code: Description of Business Name: Obligation: First Name: _____ Middle Name: ____ Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period Incurred This Period Balance Beginning) This Period (Period End) \$ \$ \$ State: _____ Zip Code: ____ Description of Business Name: Obligation: First Name: _____ Middle Name: ____ Last Name: Outstanding Debt **Payments** Outstanding Address: ____ Balance (Period This Period Incurred Balance Beginning) This Period (Period End) City: \$ \$ \$ \$ State: Zip Code: Description of Business Name: Obligation: First Name: _____ Middle Name: ____ Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period This Period Incurred Balance Beginning) This Period (Period End) \$ \$ \$ \$ State: Zip Code: **TOTALS** Outstanding Debt **Payments** Outstanding Balance (Period (Carry forward to the next page if additional pages of this Incurred This Period Balance Beginning) form are used. If this is the last page of obligations, the (Period End)

\$

\$

\$

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Total from "Outstanding Balance - (Period End)" column

must also be shown on the summary on first page.)