

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 09-30-22	2.a. NAME OF CANDIDATE OR COMMITTEE Carolyn Templeton for County Clerk			
2.b. IF COMMITTEE, NAME OF CANDIDATE Carolyn Templeton			3. ELECTION DATE 08-04-22	
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route 2081 Rodman Blvd.	City Gallatin,	State TN	Zip Code 37066	Phone 615-452-6920
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)				
Street or Rural Route 2081 Rodman Blvd.	City Gallatin,	State TN	Zip Code 37066	Phone 615-452-6920
5. OFFICE SOUGHT (include district number, if applicable) County Clerk		6. NAME OF POLITICAL TREASURER (may be candidate) Carolyn Templeton		
7. CATEGORY OR REPORT (Check one)				
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD 07-26-22		8.b. ENDING DATE OF REPORTING PERIOD 09-30-22		
9. (Check one)				
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)				
b. <input checked="" type="checkbox"/> 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.				
10. 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.				
<u>Carolyn Templeton</u> signature of candidate		<u>09-30-22</u> date	<u>Carolyn Templeton</u> signature of political treasurer	
			<u>09-30-22</u> date	
11. WITNESS SIGNATURE				
<u>Jeanne Mitchell</u> signature of witness		<u>9-30-22</u> date	<u>Jeanne Mitchell</u> signature of witness	
			<u>9-30-22</u> date	
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT				\$ 17,224.29
b. TOTAL RECEIPTS THIS PERIOD		AM FILED PM		\$ 0
c. TOTAL DISBURSEMENTS THIS PERIOD		SEP 30 2022		\$ 3,475.00
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		SUMNER COUNTY ELECTION COMMISSION		\$ 13,749.29
e. TOTAL LOANS OUTSTANDING				\$ 0
f. TOTAL OBLIGATIONS OUTSTANDING				\$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Carolyn Templeton for County Clerk			2. REPORT COVERING THE PERIOD FROM: 07-26-22 TO: 09-30-22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0
4. 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		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election
City	State	Zip Code	Date of Contribution	
Occupation			Employer	
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election
City	State	Zip Code	Date of Contribution	
Occupation			Employer	
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election
City	State	Zip Code	Date of Contribution	
Occupation			Employer	
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election
City	State	Zip Code	Date of Contribution	
Occupation			Employer	
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election
City	State	Zip Code	Date of Contribution	
Occupation			Employer	
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				0

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Carolyn Templeton for County Clerk				2. REPORT COVERING THE PERIOD FROM 07-26-22 TO: 09-30-22		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
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:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
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:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
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:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
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:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
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 CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					0	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Carolyn Templeton for County Clerk			2. REPORT COVERING THE PERIOD FROM: 07-26-22 TO: 09-30-22		
			Amount 0		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
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 Epic Hospitality		Event Fee		\$3,475.00	
Address 392 West Main St.					
City Gallatin	State TN				Zip Code 37066
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
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 Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
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 Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$3,475.00	