

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2.a. Candidate or Committee Name	e: Carolyn Templeton for Sumner County Clerk
2.b. If Committee, Name of Candidate: Carolyn Temp	1eton 3. Election Date:08-04-22
4. Campaign Address:2081 Rodman Blvd. City:GallatinState:TN	Zip Code: 37066 Phone: 615-604-2213
5. Candidate Home Address: 2081 Rodman Blvd. City: Gallatin State: TN	
Candidate Email Address: <u>carolyn.templeton@at</u>	
6. Office Sought: (include district number, if applicable)	Sumner County Clerk
7. Name of Political Treasurer (may be candidate): Political Treasurer Email Address:carolyn.temple	
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Mid-Year Supplemental ☐ Year-End Supplemental	: (CLEST) : (C.C.) :
9. Reporting Period: Start Date: 07-01-24	End Date:01-15-25
10. Detailed Disclosure: (Check one)	
or less AND expenditures total \$1,000 or less for this r	cause contributions (including in-kind) received total \$1,000 eporting period. (Complete items 12.d., 12.e., and 12.f.)
total more than \$1,000 and/or expenditures total mor	
by the candidate committee by the Campaign Financia	ign contributions and expenditures required to be reported al Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other
Candidate Signature Date	Political Treasurer Signature Date
Candig R Audion 01-21-2025 Witness Signature Date	Witness Signature 01-21-2025 Date
12. Summary:	5 836 00
 a. Balance On Hand Last Report b. Total Receipts This Period PM 	ς 0
Total Dishursements This Period	\$ 1,150.00
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ 4,686.09
e. Total Loans OutstandingSUMNER.COUNTY	\$ 0
f. Total Obligations Outstanding	5 1,15 0 .00

SUMMARY PAGE - CANDIDATE

13. Na	ame of Candidate or Committee: Carolyn Templeton for Sumner	County	Clerk
14. Re	eporting Period: Start Date: <u>07-01-24</u> End Date: <u>01-</u>	15-25	
15. Re	eceipts:		
a.	Unitemized Contributions (\$100 or less from each source this period) (Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See	\$ Instructions	for more information.)
b.	ltemized Contributions (over \$100 from each source this period)	\$	00
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. Di	sbursements:		
a.	Total Expenditures (other than loan payments)(Note: Effective January 16, 2023, all expenditures must be itemized.)	\$	1,150.00
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.)	\$	1,150.00
17. ln-	-Kind 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. Ok	oligations:		
a.	Total Obligations Outstanding (must be shown in item 12.f.)	\$	1,150.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	lame:Carolyn Templeton for Sumner	r County Clerk	
2. Reporting Period: Start D	Pate: 07-01-24 End Date: 01-15-25		
3. Total campaign contribution	ons from preceding page (enter \$0 if first page)	50	
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Nar	me:		OR
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:		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
First Name:	Middle Name:	Last Name:	
	City:		
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
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: \$	
	oage if additional pages of this form are used. If the summary on first page.)	this is the last page of contributions,	this

SS-1131 (Rev. 1/2023)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	Carolyn Templeton fo	or Sumner County Cl	erk
2. Reporting Period: Start Date:0;	7-01-24 End Date: _	01-15-25	
3. Total in-kind contributions from pr			0
COMPLETE THE APPROPRIATE ITEMS I dollars (\$100) from any contributor during the		BUTION. In-kind contributio	ns totaling more than one hundred
Business or Organization Name:			OR
First Name:	Middle Name:	Last Na	me:
Address:	City:	Zip Code:	
Occupation:	Employer:		
In-Kind Contribution Received For:	☐ Primary Election ☐	General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	te: Aggrega	te This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:	☐ Primary Election ☐	General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	te: Aggrega	ate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:	☐ Primary Election ☐	General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	te: Aggrega	ate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:	ACCUPATION OF THE PARTY OF THE		OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	te: Aggrega	nte This Election: \$
Description of In-Kind Contribution:			
Total In-Kind Contributions: \$ 0	litional pages of this form as	reused If this is the last	nage of in-kind

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kin contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Candidate or Committee Name: <u>Carolyn Templeton for Sumner</u> (County Clerk			
2. Reporting Period: Start Date: 07-01-24 End Date: 01-15-25				
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$	1,150.00			
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures kind contribution to a candidate, please remember to include the purpose of the expenditure (candidate's name in the purpose of the expenditure section.				in-
Business or Organization Name: Gallatin Quarterback Club				OR
First Name: Middle Name:	Last Name:			
Address: P. O. Box 1731 City: Gallatin	State: _TN	Zip Code:	37066	
Purpose of Expenditure: Sponsorship				
Amount of Expenditure: \$ 600.00 Date of Expenditure: \$ 0	07-10-24			
Business or Organization Name: Rotary Club of Hendersonvil	le			OR
First Name: Middle Name:				
Address: P. O. Box 473City: Hendersonville				
Purpose of Expenditure: Sponsorship				
Amount of Expenditure: \$ Date of Expenditure: \$	09-18-24	127 m		
Business or Organization Name: Tunnells 2 Towers				OR
First Name: Middle Name:				
Address: 2361 Hylan Blvd. City: Staten Island				
Purpose of Expenditure: Contribution				
Amount of Expenditure: \$ Date of Expenditure: \$	09-18-24			
Business or Organization Name: Portland Education Foundation				OR
First Name: Middle Name:				
Address: P. O. Box 812City: Portland	State: TN	Zip Code:	37148	
Purpose of Expenditure:sponsorship				
Amount of Expenditure: \$ Date of Expenditure: \$	11-07-24			
Business or Organization Name:				OF
First Name: Middle Name:				
Address:City:				
Purpose of Expenditure:				
Amount of Expenditure: \$ Date of Expenditure: \$				
Total Expenditures: \$1,150.00 (Carry forward to the next page if additional pages of this form are used. If this amount must be shown in the summary on first page.)	s is the last page	of expendi	tures, thi	is

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name:	Carolyn	Templeton	or Sumner	County Cler	k	
2. Reporting Period: Start Date:0						
3. Complete the appropriate items for	or each loan	totaling mor	e than one h	undred dollars	(\$100).	
Complete the following for the source of ea	ch loan recei	ved and/or outst	anding during	the period.		
Business or Organization Name:						OR
First Name:	Middle N	lame:		Last Name:		
Address:				State:	Zip Code:	
Outstanding Loan Balance (Beginning	J)	\$				
Loans Received		\$		4-5-11/1		
Loan Payments		\$				
Outstanding Loan (End)		\$				
Loan Received For: Primary Ele	ection \Box	General Elect	ion Ru	noff (Local Elec	tions Only)	
Date of Loan:						
List all endorsers or guarantors for above k	oan (If more s	pace is needed,	olease attach ac	dditional pages.)		
Business or Organization Name:						OR
First Name:						
Address:						
Amount Guaranteed Outstanding: \$_						
Business or Organization Name: _	956					OF
First Name:	Middle	Name:		Last Nam	ne:	
Address:		_City:		State:	Zip Code:	
Amount Guaranteed Outstanding: \$_				-		
Business or Organization Name: _						OF
First Name:	Middle	Name:		Last Nam	ne:	
Address:						
Amount Guaranteed Outstanding: \$_						
Business or Organization Name: _						OF
First Name:	Middle	Name:		Last Nam	ne:	
Address:		_ City:		State:	Zip Code:	
Amount Guaranteed Outstanding: \$_						
Totals for all loans (Complete this page for Total loans received and loan payments should						
Balance (Beginning)		\$	0	<u> </u>		
Loans Received						
Loan Payments		\$	0			
Outstanding Loan (End)		\$	0			

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

2. Reporting Period: Start Date: 07-01-24 End Da		unty oferk		
3. Complete the appropriate items for each obligation owed to		ne end of the re	eporting period	
Business Name: Middle Name: Last Name:	Description of Obligation:			
Address:City:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End
State: Zip Code:	\$	\$	\$	\$
Business Name: Middle Name: Last Name:	— Obligation.			
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End
State: Zip Code:	\$	\$	\$	\$
Business Name: Middle Name: Last Name:	— Obligation.			
Address:	Outstanding	Debt Incurred This Period	Payments This Period	Outstandin Balance (Period End
State: Zip Code:	3	\$	\$	\$
Business Name: Middle Name:	Description of Obligation:			
Last Name: Address: City:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstandin Balance (Period End
State: Zip Code:	\$	\$	\$	\$
TOTALS (Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstandin Balance (Period End
Total from "Outstanding Balance - (Period End)" column	\$	\$	\$	\$

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