CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1 DATE OF PERCORT	NDATE OD COMMITTEE
1. DATE OF REPORT 1. DATE OF RE	oldate or Committee
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
Tyler Templeton	August 4, 2022
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route City	State Zip Code Phone
176 U. Franklin St. Gratatin	TN 36066 613-504-3600
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
255 Leath Chapel Rd. Bethpage	TN 37022 615-452-2587
OFFICE SOUGHT (include district number, if applicable) 6.	NAME OF POLITICAL TREASURER (may be candidate)
General ressions Onlye Div I	Canthia Templeton
7. CATEGORY OR REPORT (Check one)	
FIRST SECOND THIRD FOURTH	PRE- PRE- MID-YEAR YEAR-END
	RIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
.0111	b. ENDING DATE OF REPORTING PERIOD
10/1/2022	12/31/2022
9. (Check one)	
a. This campaign is exempt from detailed disclosure because of	ontributions (including in-kind) received total \$1,000 or less AND expendi-
tures total \$1,000 or less for this reporting period. (Complete	e items 12d., 12e. and 12f.)
b. This campaign is required to file a detailed financial disclosur	re 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 re	equired to be reported by the candidate committee by the Campaign
benefit of the candidate or for any other nonpolitical purpose as det	campaign contributions have been expended for the personal financial fined by the ederal internal revenue code.
/dm - 112211	11/1/11/11
1/11	mals Will listers
signature of candidate date	signature of political treasurer date
11. WITNESS SIGNATURE	1 4/1) . / 1/2/2
1100011/00/02	1.000
Mary 1. 10 Les 1/30/27	What was in the
signature of witness date	signature of witness date
	· U
12. SUMMARY	001- 1-11
a. BALANCE ON HAND LAST REPORT	.989.58
E. S. S. H. C. S. H. L. S. H.	LED
b. TOTAL RECEIPTS THIS PERIOD	PM s ///A
TAN	ACE SUL SUR SUR SUR
c. TOTAL DISBURSEMENTS THIS PERIOD	3 1 2023 s 987.78 - Coan 1 907
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) SUMNE	RCOUNTY
FLECTION	COMMISSION
e. TOTAL LOANS OUTSTANDING	s N/A
	11111
f. TOTAL OBLIGATIONS OUTSTANDING	s //A



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Tyler Templeton for General Sessions Julya	14. REPORT COVERING THE PERIOD
RECEIPTS	10/1/29 10. 12/31/92
15. CONTRIBUTIONS (other than loans and interest)	α
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	ss
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>Ø</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s Ø
DISBURSEMENTS	400
19. EXPENDITURES (other than loan payments)	,
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postage, gasoline)
\$	
8	
\$	
\$	
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.a. and 19.b.)	s
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 385.58
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 385.58
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	_
23.OBLIGATIONS	
Unitemized Obligations Outstanding (\$100 or less each)	s Ø
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	
The Total Autor Se grown (Ref.	

Page 1 of 2

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR CO	DMMITTEE		2. REPORT COVERING THE PERIOD			
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN	CONTRIBUTIONS FE	ROM PRECEDING	PAGE (enter \$0 if first itemized p	page)	Allount	
4. COMPLETE THE APPROPRIATE	TEMS FOR EACH ITEM	MZED CONTRIBUTION	ON (contributions totaling more than	\$100 from any contrib	outor)	
First Name	Middle Na	ime	Contribution Received For:		mount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
	*** *** *** ***					
Address			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution	/	Aggregate This Election	
Occupation			_ /			
Employer						
First Name	Middle N	ame	Contribution Received For		Amount of Contribution	
Last Name/Organization Name				General Election		
			21 mary Electron	- General Election		
Address			Runoff (Local Electio	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		1				
Employer		/				
First Name	Middle N	/.	Contribution Received For	For:	Amount of Contribution	
Last Name/Organization Name	/		Primary Election			
Address			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	/					
Employer			-			
					A CONTRACTOR OF THE PARTY OF TH	
irst Name	Middle Na	ime	Contribution Received For:	Contribution Received For:		
ast Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBU (Carry forward to item 3. of next page if (If this is the last page of contributions, t	additional pages of this form	are used.)				
(ii una la une leas page di contuitoutoria, i	anount must be snown i	ment 130. of summary.)				

SS-1131(Rev. 2/06)

Page of

RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE	OR COMMITTEE				2. REPORT COV FROM:	ERING THE PERIOD TO:
3. TOTAL ITEMIZED IN-K	IND CONTRIBUTION	S FROM	A PRECEDING PA	GE (enter \$0 if first itemized page	9)	Amount
				RIBUTION (in-kind contributions totaling		contributor during the period
First Name		Middle Na	THE PERSON NAMED IN THE PE	In-Kind Contribution Receive	THE RESERVE OF THE PARTY OF THE	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Electio		
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	/	
Occupation	Employer					
First Name		Middle Na	ame	In-Kind Contribution Receive	nd Fo. General Election	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Elector		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kill d Contribution		
Occupation	Employer					
First Name		Middle Na	ame	In find Contribution Receive		Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Election	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 Na	arns	In-Kind Contribution Receive		Value of In-Kind Contribution
Last Name/Organization Name		1		Primary Election Runoff (Local Election	General Election	
Address		1		Date of In-Kind Contribution	is Othy)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Emplyer					
First Name	/	Middle Nar	те	In-Kind Contribution Receive		Value of In-Kind Contribution
ast Name/Organization Name			19/18/20	Primary Election Runoff (Local Election	General Election s Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		. *			
5. TOTAL ITEMIZED IN-K (Carry forward to item 3. of nex			are used)			
(If this is the last page of in-kin	d contributions, this amount	must be sh	nown in item 22b. of sun	nmary.)		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

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 a First Name Middle Name Purpose of Expenditure Lest Name-Business Name Address City State Zip Code Purpose of Expenditure Address City State Zip State City State Zip State Purpose of Expenditure Address City State Zip Code Purpose of Expenditure	REPORT COVERING THE PERIOD ROM: TO:
A COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures lotaling more than \$100 to a circle in a circle i	ROM: TO: Amount
First Name Address City State Zip Code Middle Name Purpose of Expenditure Purpose of Expenditure Address State Zip Code Purpose of Expenditure Address Addres	
ast Name-Business Name Addie Name Modile Name Purpose of Expenditure Addiess State Zip Code Purpose of Expenditure Purpose of Expenditure State Zip Code State Zip Code Purpose of Expenditure State State Zip Code Purpose of Expenditure	ny payee during the period)
Address City State Zip Code First Name Middle Name Purpose of Expenditure State Zip Code Furpose of Expenditure State Zip Code Furpose of Expenditure Purpose of Expenditure State Zip Code Furpose of Expenditure	Amount of Expenditure
State Zip Code Purpose of Expenditure And Name Middle Name Purpose of Expenditure State Zip Code Purpose of Expenditure State Zip Code Purpose of Expenditure	
State Zip Code Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure State Zip Code Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure State Zip Code Purpose of Expenditure State Zip Code Purpose of Expenditure Purpose of Expenditure State Zip Code Purpose of Expenditure	
Inst Name Middle Name Purpose of Expenditure Address	
Ast Name/Business Name Middle Name Purpose of Expenditure Purpose of Expenditure State Zip Code Purpose of Expenditure Address Add	
ast Name/Business Name didress State Zip Code Purpose of Expenditure Purpose of Expenditure State Zip Code Purpose of Expenditure Purpose of Expenditure State Zip Code Purpose of Expenditure Address State Zip Bode Purpose of Expenditure Purpose of Expenditure State Zip Bode Purpose of Expenditure State Zip Code Purpose of Expenditure Purpose of Expenditure Address State Zip Code Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure Address Addre	Amount of Expenditure
Address City State Zip Code Purpose of Expenditure ast Name/Business Name Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address	
State Zip Code Purpose of Expanditure ast Name/Business Name Middle Name Purpose of Expanditure State Zip Code Purpose of Expanditure Purpose of Expanditure State Zip State Zip State Ality State Zip State Durpose of Expanditure State Zip State Zip State Purpose of Expanditure Ality State Zip Code Middle Name Purpose of Expanditure Middle Name Purpose of Expanditure State Zip Code Middle Name Purpose of Expanditure	
First Name Middle Name Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure	
Last Name/Business Name Address City State Zip Code First Name Middle Name Purpose of Expenditure Last Name/Business Name Address City State Zip Gode Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address City State Zip Code Purpose of Expenditure	됐으는 걸게 얼마하다 다른 사람이 없다.
Address City State Zip Code First Name Middle Name Purpose of Expenditure City State Zip Gode Address City State Zip Gode Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Address City State Zip Gode Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address City State Zip Code	
First Name Last Name/Business Name Address City State Zip Gode Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure State Zip Gode Purpose of Expenditure State Address State Zip Code	Amount of Expenditure
City State Zip Code First Name Middle Name Purpose of Expenditure Address City State Zip 98de First Name Middle Name Purpose of Expenditure Address State Zip 28de Purpose of Expenditure Address State Zip Code Purpose of Expenditure Address Add	
State Zip Code Furpose of Expenditure Address State Zip 98de Purpose of Expenditure Address State Zip 98de Purpose of Expenditure Purpose of Expenditure Address State Zip 28de Purpose of Expenditure Address	
Furpose of Expenditure Address State Zip Gode Purpose of Expenditure Purpose of Expenditure Address Address Purpose of Expenditure State Zip Code Purpose of Expenditure Address Addre	
ast Name/Business Name State Zip Olde Purpose of Expenditure Address State Zip Code State Zip Code Purpose of Expenditure Address Address Middle Name Purpose of Expenditure Address	
ast Name/Business Name State Zip Olde Purpose of Expenditure Address State Zip Code State Zip Code Purpose of Expenditure Address Address Middle Name Purpose of Expenditure Address	
Address City State Zip Olde First Name Middle Name Purpose of Expenditure Address City State Zip Code First Name Middle Name Purpose of Expenditure	Amount of Expenditure
State Zip olde First Name Middle Name Purpose of Expenditure State Zip Code State Purpose of Expenditure Address State Zip Code First Name Middle Name Purpose of Expenditure	
First Name Middle Name Purpose of Expenditure Address State Zip Code First Name Middle Name Purpose of Expenditure Purpose of Expenditure	
First Name Middle Name Purpose of Expenditure Address State Zip Code First Name Middle Name Purpose of Expenditure Purpose of Expenditure	
ast Name/Business Name State Zip Code First Name Middle Name Purpose of Expenditure Purpose of Expenditure	
Address City State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name	Amount of Expenditure
State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name	
State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name	
First Name Middle Name Purpose of Expenditure ast Name/Business Name	
ast Name/Business Name	
ast Name/Business Name	Amount of Francis
	Amount of Expenditure
ddress	
State Zip Code	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PER FROM: TO:			
3. COMPLETE THE APP	ROPRIATE ITEMS	FOR EACH	TITEMIZ	ZED LOAN (loa	ns totaling mo	re than \$100	rom any source du	ring the period)		
Complete the Following for the	ne Source of the Loan			Maria II Associate						
First Name	Middle Name			Outstanding Loa (Beginning of P		Loans Received	Loa Payme		(End of Period)	
ast Name/Organization Name				1						
Address				Loan Received		☐ General I		Day of Loan	91.	
City	State	Zip Code		☐ Runoff (Lo						
	List All Endo	rsers or Gua	arantors f	for Above Loan (If more space	e is needed	please attach a	page)		
irst Name		Middle Nar	me	F	First Name	/		Middle	e Name	
ast Name/Organization Name				Li	ast Name/Orga	anization Nam	9			
Address				A	ddress					
City		State	Zip C	Code	ity			State	Zip Code	
Amount Guaranteed Outstanding				A	mount Guaran	leed Outstand	ing			
First Name Middle Name			1	First Name Middle Name						
Last Name/Organization Name				Li	Last Name/Organization Name					
Address			1	A	ddress				Manufacture Control of the Control o	
City	Sity State Zip Co			Code	City State					
Amount Guaranteed Outstanding		/		A	mount Guaran	teed Outstand	ing			
First Name	7	Middle Na	me	F	First Name Middle Name					
ast Name/Organization Name				L	ast Name/Orga	anization Nam	e			
Address	/			A	ddress					
City	/	State	Zip C	Code	City			State	Zip Code	
mount Guaranteed Outstanding				Ai	mount Guaran	teed Outstand	ing			
First Name	st Name Middle Name			F	First Name Middle Name					
Last Name/Organization Name			L	Last Name/Organization Name						
Address				A	ddress				10001100	
City		Slate	Zip C	Code C	City				Zip Code	
Amount Guaranteed Outstanding	- 5 No. Cal			A	mount Guaran	leed Outstand	ing			
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				0	Autstanding Loa (Beginning of		Loans Received	Loan Payments	Outstanding Loan Bala (End of Period)	

(1)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE	2. REPORT COVERING THE PERIOD				
		FROM: TO:				
 COMPLETE THE APPROPRIA OBLIGATION (obligations totalin person/vendor at the end of the 	ng more than \$100 ow		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
Last Name/Business Name						
Address					/	
City	State	Zip Code		1		
Description of Obligation						
First Name	Middle Na	ame		/		
Last Name/Business Name						
Address			- /			
City	State	Zip Code	- /			
Description of Obligation			/	L		
First Name	Middle Na	ame	/			
Last Name/Business Name						
Address		-				
City	State	Zip Ode				
Description of Obligation		/				
First Name	Mid-le N	ame				
Last Name/Business Name	/					
Address	/				Edite 4	
City	State	Zip Code				
Description of Obligation		1				
First Name	Middle N	ame				T
Last Name/Business Name						
Address						
City	State	Zip Code				11/19/11
Description of Obligation						1
4. TOTALS						
(Total from Outstanding Balance - (Er	nd of Period) column mu	ist also be shown				
in item 23b. on summary page.)						