

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

	ne: Carolyn Templeton for Sumner County Clerk
2.b. If Committee, Name of Candidate: Carolyn	Templeton 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:State:TN	
Candidate Email Address: carolyn.templeton@att	:.net
6. Office Sought: (include district number, if applicable)	
7. Name of Political Treasurer (may be candidate):	Carolyn Templeton A FILED
Political Treasurer Email Address:carolyn.temp	
8. Category or Report: (check one)	Sleton@att.net JUL 11 2025
☐ First Quarter ☐ Second Quarter ☐ Third Quarte	er Fourth Quarter Pre-Genera
Mid-Year Supplemental Year-End Supplementa	CO. VIVI
9. Reporting Period: Start Date: 01–16–2025	End Date:
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures be or less AND expenditures total \$1,000 or less for this	ecause contributions (including in-kind) received total \$1,000 reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial of total more than \$1,000 and/or expenditures total more	disclosure because contributions (including in-kind) received ore than \$1,000 for this reporting period.
and that this report is an accurate accounting of camp	contained in this campaign financial disclosure report is true aign contributions and expenditures required to be reported aid Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other large code.
(2) 1 1 1 1 07-09-2025	Caroland Templeton 07-09-2025
Candidate Signature Date	Political Treasurer Signature Date
Cendy & audusm 07-09-2025	Childe R audusn 07-09-2025
Witness Signature Date	Witness Signature Date
12. Summary:	
a. Balance On Hand Last Report	
b. Total Receipts This Period	252 22
c. Total Disbursements This Period	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	^
e. Total Loans Outstanding	
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Carolyn Templeton for	r Sumner County Clerk	
14. Reporting Period: Start Date: 01-16-2025 End Date:	:06-30-2025	
15. Receipts:		
 Unitemized Contributions (\$100 or less from each source this period) (Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2 	period)\$0 2,000. See <i>Instructions</i> for more info	rmation.)
b. Itemized Contributions (over \$100 from each source this period	d)\$0	
c. Loans Received This Reporting Period		
d. Interest Received This Reporting Period		
e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12		
16. Disbursements:	950	.00
 Total Expenditures (other than loan payments)		
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.)	\$ 950	.00
17. In-Kind Contributions:		
a. Unitemized In-Kind Contributions Received This Period	\$0	
b. Itemized In-Kind Contributions Received This Period	\$\$	
c. Total In-Kind Contributions Received This Period	\$\$	
18. Obligations:		
a. Total Obligations Outstanding (must be shown in item 12.f.)	\$\$	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	ame: Carolyn Templeton for Sumn	er County Clerk	<u> </u>
2. Reporting Period: Start D	ate: 01-16-2025 End Date: 06-30-20	25	
3. Total campaign contribution	ons from preceding page (enter \$0 if first page) !	\$0	
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
	ne:		
	Middle 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 Nan	ne:		OF
	Middle Name:		
Address:City:			
	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	ne:		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: \$	<u> </u>
Business or Organization Nar	ne:		OF
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	95
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Tatal Canada and A	0		
Total Contributions: \$	page if additional pages of this form are used. If	this is the last page of contributions	thic

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

Candidate or Committee Name:	Carolyn Templeton for S	Sumner County Clerk
2. Reporting Period: Start Date: 0		
3. Total in-kind contributions from pro		
	FOR EACH IN-KIND CONTRIBUTION	. In-kind contributions totaling more than one hundred
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
		State: Zip Code:
		ral Election Runoff (Local Elections Only)
		Aggregate This Election: \$
Description of In-Kind Contribution:		
Business or Organization Name:		OR
		Last Name:
		State: Zip Code:
		ral Election Runoff (Local Elections Only)
		Aggregate This Election: \$
Description of In-Kind Contribution:		
During and a Companientian Names		OP
		OR OR
		State: Zip Code:
		State Zip Code
		ral Election Runoff (Local Elections Only)
		Aggregate This Election: \$
		Aggregate mis Election. 3
Description of In-kind Contribution.		
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer:	
In-Kind Contribution Received For:	☐ Primary Election ☐ Gene	ral Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$	In-Kind Contribution Date:	Aggregate This Election: \$
Description of In-Kind Contribution:		
T. 11. 16. 16. 11. 11. 12. 0		
Total In-Kind Contributions: \$0 (Carry forward to the next page if add	litional pages of this form are used	If this is the last page of in-kind
contributions, this amount must be s		

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:	Carolyn Templeton for Sumn	ner County Clerk
2. Reporting Period: Start Date: 01–10	6-2025 End Date: <u>06-30-</u>	-2025
3. Total campaign expenditures from pre-	ceding page (enter \$0 if first page)	\$ 950.00
COMPLETE THE APPROPRIATE ITEMS FOR kind contribution to a candidate, please remembe candidate's name in the purpose of the expenditu	er to include the purpose of the expenditur	res must be itemized. If the expenditure is an in- re (e.g., postage, printing, etc.) along with the
Business or Organization Name:	Sumner County CASA	OR
		Last Name:
Address:	City:Gallatin	State: _TN_ Zip Code: _37066
Purpose of Expenditure: Sponsorsh	ip	
Amount of Expenditure: \$150.00	Date of Expenditure: \$ _	02-25-2025
Rusiness or Organization Name:	Hendersonville Rotary Clu	ob OR
		Last Name:
		State: TN Zip Code: 37077
Purpose of Expenditure:sponsorsh		
Amount of Expenditure: \$ \$300.00		03-20-2025
	-11-ti- Datama Club	0.0
		OF
		State: TN Zip Code: 37066
Purpose of Expenditure: sponsorsh		State Zip code
Amount of Expenditure: \$ 300.00	Date of Expenditure: \$ C	03-26-2025
		OF
		Last Name: State: TN Zip Code: 37075
		State: IN Zip Code: 37073
Purpose of Expenditure: sponsorsh Amount of Expenditure: \$ 100.00	Date of Expenditure: \$ 9	04-03-2025
business of organization runner	Boy Scouts	OF
First Name:		
Address:		State: TN Zip Code: 37066
Purpose of Expenditure: sponsor		20 2025
Amount of Expenditure: \$ 100.00	Date of Expenditure: \$ C	J4-3U-2U23
Total Expenditures: \$950.00		
(Carry forward to the next page if addition		his is the last page of expenditures, this
amount must be shown in the summary	on first page.)	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name	: Carolyn	Templeton	for Sumne	er County Cle	rk	746
2. Reporting Period: Start Date:						
3. Complete the appropriate iten					\$100).	
Complete the following for the source	of each loan receiv	ved and/or outs	tanding during	the period.		
Business or Organization Name:						OR
First Name:	Middle N	lame:		Last Name:		
Address:		City:		State:	Zip Code:	
Outstanding Loan Balance (Begin	ning)	\$				
Loans Received		\$				
Loan Payments		\$		_		
Outstanding Loan (End)		\$				
Loan Received For: Primar	y Election	General Elec	tion Ru	inoff (Local Electi	ons Only)	
Date of Loan:						
List all endorsers or guarantors for abo	ove loan (If more s	pace is needed,	please attach a	dditional pages.)		
Business or Organization Name:					,	OR
First Name:						
Address:		City:		State:	Zip Code:	157 116
Amount Guaranteed Outstanding	g: \$					
Business or Organization Name						OR
First Name:	Middle	Name:		Last Name	:	
Address:		_City:		State:	Zip Code:	
Amount Guaranteed Outstanding	g: \$					
Business or Organization Name						OR
First Name:						
Address:						
Amount Guaranteed Outstanding	g: \$					
Business or Organization Name	•		Access to the			OF
First Name:						
Address:						
Amount Guaranteed Outstanding						
Totals for all loans (Complete this p Total loans received and loan payments s						
Balance (Beginning)		\$	0			
Loans Received						
Loan Payments		\$				
Outstanding Loan (End)			0			

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Carolyn 2. Reporting Period: Start Date: 01-16-2025	End Date: 06-30-2025	ounty cler	K	
3. Complete the appropriate items for each obligation		— ne end of the re	eporting period	I.
Business Name: Middle Name: _	Obligation:			
Last Name:				
Address:	Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	*	\$	\$	\$
Business Name:	Description of Obligation:			
First Name: Middle Name: _				
Last Name:			T-	T
Address:	balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	5	\$	\$	\$
State: Zip Code:				
Business Name: Middle Name:	Obligation:			
Last Name:				
Address:	Outstanding	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City:	\$	\$	\$	\$
State: Zip Code:				
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:				
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City:	\$	\$	\$	\$
State: Zip Code:				
TOTALS (Carry forward to the next page if additional pages form are used if this is the last page of obligations.)		Debt Incurred	Payments This Period	Outstanding Balance (Period End)
form are used. If this is the last page of obligations, Total from "Outstanding Balance - (Period End)" colu		\$ 0	5 0	\$ 0

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