

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 01-22-24 2.a. Candidate or Committee Name: Carolyn Templeton for Sumner County Cle
2.b. If Committee, Name of Candidate: Carolyn Templeton 3. Election Date: 08-04-22
4. Campaign Address: 2081 Rodman Blvd.
City:Gallatin State:TN Zip Code:37066 Phone:615-452-6920
5. Candidate Home Address: 2081 Rodman Blvd.
City:GallatinState:TN Zip Code:37066 Phone:615-452-4063
Candidate Email Address:carolyn.templeton@att.net
6. Office Sought: (include district number, if applicable)County_Clerk
7. Name of Political Treasurer (may be candidate): Carolyn Templeton
Political Treasurer Email Address: carolyn.templeton@att.net
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
☐ Mid-Year Supplemental
9. Reporting Period: Start Date: 07-01-23 End Date: 01-15-24
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.
Carolin Domolita 01-22-24 Carolin Demolita 01-22-24
Candidate Signature Date Political Treasurer Signature Date
Lating M. Ren 01-22-24 Datheren Pred 01-22-24
Witness Signature Date Witness Signature Date
12. Summary:
a. Balance On Hand Last Report
b. Total Receipts This Period
c. Total Disbursements This Period
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 8,036.09
e. Total Loans Outstanding\$\$
f. Total Obligations Outstanding\$\$

ELECTION COMMISSION

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SUMMARY PAGE - CANDIDATE

13. Nan	ne of Candidate or Committee: Carolyn Templeton for Sumn	er Count	y Clerk
14. Rep	oorting Period: Start Date: 07-01-23 End Date: 01-15	-24	
15. Rec	eipts:		
a.	Unitemized Contributions (\$100 or less from each source this period)		
b.	Itemized Contributions (over \$100 from each source this period)		
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.b.)	\$.0
16. Disk	oursements:		
a.	Total Expenditures (other than loan payments)	\$	3,010.00
b.	Loan Repayments Made This Period	\$	0
c.	Total Obligation Payments Made This Period	\$	
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)	\$	3,010.00
17. ln-K	iind 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. Obli	igations:		
a.	Total Obligations Outstanding (must be shown in item 12.f.)	\$	0

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	Name: Carolyn Templeton for Sum	mer County Clerk	
2. Reporting Period: Start D	Date:07-01-23 End Date:01-15-2	4	
3. Total campaign contribution	ons from preceding page (enter \$0 if first page)	\$0	
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:		
	City:		
	Employer:		
	☐ Primary Election ☐ General Election		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:		OR
	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 Nar	me:		OR
First Name:	Middle Name:	Last Name:	
	City:		
	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Total Contributions: \$	0		
(Carry forward to the next p	page if additional pages of this form are used. If	this is the last page of contributions,	this
amount must be shown in	the summary on first page.)		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

Candidate or Committee Name:	Carolyn Templeto	on for Sumner County Clerk
2. Reporting Period: Start Date: 07-	-01-23 End Date: _	01-15-24
		st page) \$0
COMPLETE THE APPROPRIATE ITEMS F dollars (\$100) from any contributor during the		BUTION. In-kind contributions totaling more than one hundred
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer: _	
In-Kind Contribution Value: \$	In-Kind Contribution Dat	General Election Runoff (Local Elections Only) te: Aggregate This Election: \$
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer: _	
		General Election Runoff (Local Elections Only)
		te: Aggregate This Election: \$
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer: _	
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	General Election Runoff (Local Elections Only) te: Aggregate This Election: \$
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer: _	
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	General Election Runoff (Local Elections Only) te: Aggregate This Election: \$
Description of In-Kind Contribution:		
Total In-Kind Contributions: \$(Carry forward to the next page if add contributions, this amount must be st	litional pages of this form ar	re used. If this is the last page of in-kind

SS-1128 (Rev. 1/2023)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:Carolyn '	Templeton for Sumner Co	unty Clerk	
2. Reporting Period: Start Date: 07-01-23	End Date: 01-15-24		
3. Total campaign expenditures from preceding pa	age (enter \$0 if first page) \$	3,010.00	
COMPLETE THE APPROPRIATE ITEMS FOR EACH EX kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section.	(PENDITURE. All expenditures mue the purpose of the expenditure (e.g.,	ast be itemized. If the expenditure is an postage, printing, etc.) along with the	in-
Business or Organization Name:			OR
First Name: Middle	Name:	Last Name:	
Address:	City:	State: Zip Code:	
Purpose of Expenditure: Sponsorship			
Amount of Expenditure: \$ 1,000.00	Date of Expenditure:04-01	-23	
Business or Organization Name:Gallatin (Quarterback Club		OR
First Name: Middle			
Address:			
Purpose of Expenditure:			
Amount of Expenditure: \$600.00	Date of Expenditure: 07-	14-23	
Business or Organization Name: Recovery	Court of Sumner County		OR
First Name: Middle			
Address: 225 E. Main St.			
Purpose of Expenditure: Donation			
Amount of Expenditure: \$ 1,000.00	Date of Expenditure:07-	06-23	
Business or Organization Name: First	t Horizon Bank		OR
First Name: Middle			
Address: 3518 Gallatin Pk.			
Purpose of Expenditure: Processing Charg			
Amount of Expenditure: \$10.00	Date of Expenditure:June	23 - October 23	
Business or Organization Name:Rotary (Club of Hendersonville		OR
First Name: Middle I			
Address: P. O. Box 473			
Purpose of Expenditure: Sponsorship			
Amount of Expenditure: \$100.00	Date of Expenditure:10-05	-23	
Total Expenditures: \$ 2,710.00			
(Carry forward to the next page if additional pages amount must be shown in the summary on first pa		he last page of expenditures, this	S

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

 Candidate or Committee Name: <u>Caroly</u> 	Templeton for Sumner C	ounty Clerk		
2. Reporting Period: Start Date:07-01-23	End Date: 01-15-24			
3. Total campaign expenditures from preceding	page (enter \$0 if first page) \$	2,710.00		
COMPLETE THE APPROPRIATE ITEMS FOR EACH kind contribution to a candidate, please remember to inclean candidate's name in the purpose of the expenditure section	ide the purpose of the expenditure (e.g			
Business or Organization Name: Portlan	nd Community Education F	oundation		OR
First Name: Middl	e Name:	_ Last Name:		
Address: P. O. Box 812	City:Portland	State: TN	Zip Code: _	37148
Purpose of Expenditure: <u>Donation</u>				<u> </u>
Amount of Expenditure: \$200.00	Date of Expenditure:11-	02-23		
Business or Organization Name: Shack	cle Island Volunteer Fir	e Departmen	t	OR
First Name: Midd	e Name:	_ Last Name:		List Ti
Address:3199 Long Hollow Pk.	City:Hendersonville	State: TN	Zip Code: _	37075
Purpose of Expenditure: Donation				
Amount of Expenditure: \$100.00	Date of Expenditure:10	-28-23		
Business or Organization Name:				OR
First Name: Midd	e Name:			
Address:	City:	State:	Zip Code: _	
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure:		-1111	
Business or Organization Name:				OR
First Name: Midd	e Name:	_ Last Name:		14 0 1 160
Address:	City:	State:	Zip Code: _	
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure:		_	
Business or Organization Name:				OR
First Name: Midd	e Name:	_ Last Name:		
Address:	City:	State:	Zip Code: _	
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure:			
Total Expenditures: \$3,010.00 (Carry forward to the next page if additional page amount must be shown in the summary on first		s the last page o	of expenditu	ıres, this

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: _ 2. Reporting Period: Start Date: _ 3. Complete the appropriate items	07-01-23	End Date: 01	-15-24		
Complete the following for the source of	each loan receiv	ed and/or outstandin	g during the period.		OR
Business or Organization Name: First Name:					
Address:	Middle N	City:	State:	Zin Code:	
Outstanding Loan Balance (Beginni				Zip code.	
Loans Received					
Loan Payments					
Outstanding Loan (End)					
Loan Received For: Primary I Date of Loan:	Election			Elections Only)	
List all endorsers or guarantors for above					
Business or Organization Name:					
First Name:					
Address:				Zip Code:	
Amount Guaranteed Outstanding:	\$				
Business or Organization Name:					
First Name:					
Address:		City:	State:	Zip Code	:
Amount Guaranteed Outstanding:	\$				
Business or Organization Name:					OR
First Name:			Last 1	Name:	
Address:			State:	Zip Code	:
Amount Guaranteed Outstanding:					
Business or Organization Name:					OF
First Name:	Middle	Name:	Last I	Name:	
Address:		City:	State:	Zip Code	2.
Amount Guaranteed Outstanding:					
Totals for all loans (Complete this pac Total loans received and loan payments sh	ge for each outsta lould be shown or	anding loan during the n summary page. Outst	period. Complete this so anding loan balance sho	ection only on last pould be shown on fr	page of loans. ont page.)
Balance (Beginning)		\$	0		
Loans Received					
Loan Payments		\$	0		
Outstanding Loan (End)					

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Carolyn Temp1		County C.	Lerk	
 Reporting Period: Start Date: 07-01-23 End Date Complete the appropriate items for each obligation owed to 		— e end of the re	eporting period	
Business Name: Middle Name:	Description of Obligation:			
Last Name: Address: City:	Outstanding Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	¢	\$	\$	\$
Business Name: Middle Name: Last Name:	Obligation.			
Address:	Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	ċ	\$	\$	\$
Business Name: Middle Name: Middle Name: Address:	- Ochsodier	Debt	Payments	Outstanding
City:	I Balance (Perion	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name: Middle Name: Last Name:	Description of Obligation:			
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: Zip Code:	\$	\$	\$	\$
(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	Outstanding Balance (Period End)
Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)	\$	\$	\$	\$