# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1	DATE OF REPORT	La MANEGE	CANDIDATE				
	10/11/2022	2.a. NAME OF	CANDIDATEORC		6 Genera	15-1	TI
2.b.	IF COMMITTEE, NAME OF CANDIDATE	1.910	Temple	ton to	3. ELECTION D		ons Unda
12	CAMPAIGN ADDRESS AND PHONE	rpletor	1		An	4.2	022
	Street or Rural Route	City		State	Zip Code (	Phon	Α.
17	76 W. Frankling St.	Grallyth	7	W	37066	/	504-360
4.b.	CANDIDATE'S HOME ADDRESS of different Street or Rural Route	nt than 4.a.) City		State	Zip Code		
29	55 Leath Chaple Rd	. Betho	age To	N 3	2022	615-49	-2-258
	OFFICE SOUGHT (include district number, i		6. NAME OF	- 6	REASURER (may	be candidate	2)
7.	CATEGORY OR REPORT (Check one)	<u> </u>	CynH	Na 1	emplet	on	
	FIRST SECOND THIRD	FOURTH	PRE-			25/200	
8.a. E	QUARTER QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD		PRIMARY	GENERAL	MID-YEAR SUPPLEMENT		R-END EMENTAL
7	2/26/2022		8.b. ENDING D	30 /	2 02 0		
9. (CI	neck one)		' /	00 /	2022		
a	. This campaign is exempt from detaile	d disclosure because	se contributions (in	cluding in-kind	d) received total \$1	,000 or less A	AND expendi-
	t ijes et ises ist tils jepo	rung penoa. (Comp	piete items 12d., 1.	ze. and 12f.)			
	This campaign is required to file a det and/or expenditures total more than \$	ailed financial disclo 1,000 for this report	osure because con ting period.	tributions (inc	luding in-kind) reco	eived total mo	re than \$1,000
1	I/we do solemnly swear or affirm that the intercurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we spenefit of the condidate or for any other none signature of candidate	wear or affirm that	no campaign control defined by the red	ibutions have eral internal re	candidate committ	e and that this ee by the Car or the persona	s report is an impaign I financial
11. W	Signature of witness	Mate /2	Q.	A J ,	Real	<u>/9</u>	/11/22 date
12. SU	IMMARY				0, -		
a.	BALANCE ON HAND LAST REPORT		***************************************	\$	1477.5	59	
b.	TOTAL RECEIPTS THIS PERIOD			\$	1101.4	5	
c.	TOTAL DISBURSEMENTS THIS PERIOD			\$	10 FO3.	16	
d.	BALANCE ON HAND (12.a. plus 12.b. min	us 12.c.)	LED			\$ <u>38.</u>	5.58
е.	TOTAL LOANS OUTSTANDING	0.34				s_N/4	4
f.	TOTAL OBLIGATIONS OUTSTANDING	ALIBAT	UFR CO			1)	A
ATA.		SUM!	ON COMMISSIO	N			

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 7/76/10 TO: 9/20/20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FROM: 7/26/22 TO: 4/30/22
a. Unitemized Contributions (\$100 or less from each source this period)	2 J/4
7,57 1574	
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	^ -
16. LOANS RECEIVED THIS REPORTING PERIOD	1 41
17. INTEREST RECEIVED THIS REPORTING PERIOD	11
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ [101.45
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g.  Fuel  Bank Fees  \$ 50.  Votes Gravity  \$ \$100  \$  \$  Total of Expenditures (\$100 or less each payee)	77 
b. Itemized Expenditures (Over \$100 each payee this period)	1
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	NA NA
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	
22. IN-KIND CONTRIBUTIONS	\$ 10,117,70
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$	11/2
b. Itemized in-kind contributions (over \$100 from each source this period)\$	1 (1
	- 1 1
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) 23. OBLIGATIONS	\$ / / 10
	11/1
a. Uniternized Obligations Outstanding (\$100 or less each)\$	/
b. Itemized Obligations Outstanding (Over \$100 each)\$	11 2 1
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12	.f.)\$/U/ b\\

#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE	Teles Tou	1111111	2. REPORT COVE	
	19161 101	goleson	FROM: 7/26/2	TO: 9/30/22 Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU				
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZED CONTRIBUTION (	contributions totaling more than \$  Contribution Received For:	100 from any contributo	Amount of Contribution
(yles	Middle Name		4	Amount of Contribution
	eton	Primary Election	General Election	\$1101.45
Address 255 Leath an	upel Rd.	Runoff (Local Election:	s Only)	711-1115
City Bethonse	State Zip Code 37022	Date of Contribution		Aggregate This Election
Occupation Afform	110	8/4/	20	\$12,581.59
Employer Self		0/4/		412/001.01
First Name	Middle Name	Contribution Received For:	,	Amount of Contribution
Last Name/Organization Name	4	Primary Election	General Election	722
Address		Runoff (Local Elections	o Only)	
City	State Zip Code	Date of Contribution		Aggregate This Election
Occupation				
Employer	#/			
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	
* ***********************************				
Address		Runoff (Local Elections	Only)	
City	State Zip Code	Pate of Contribution		Aggregate This Election
Occupation				
Employer				
First Name	NEW Marie	Contribution On the View		
	Media Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	
Address		Runoff (Local Elections	Only)	
City	State Zip Code	Date of Contribution		Aggregate This Election
Occupation		,	, //	
Employer				
<ol> <li>TOTAL ITEMIZED CONTRIBUTIONS         (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be     </li> </ol>			ý	51101.45
FOA			7	

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# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE -	7 /			/
		lyler	Templeton	2. REPORT COV	FRING THE PERIOD
					Amount
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH	TEMIZED IN KIND OF	PAGE (enter \$0 if first itemized pag	je) //	
First Name			ONTRIBUTION (in-kind contributions totaling		contributor during the period)
	I Mi	ddle Name	In-Kind Contribution Receive	General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elector	///	
Address			Date of In-Kind Contribution	ng O(liy)	Aggregate this Election
City	Sta	te Zip Code	Description of In-King Contribution		- 55 - 55 to the Electron
Occupation	Employer				
First Name	Mid	dieweme	In-Kine Contribution Received	d For:	Value of In-Kind Contribution
Last Name/Organization Name		_//		General Election	Value of MPRING COMMODIS
Address		_//	Runoff (Local Election	s Only)	
			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		1		
First Name			/ //		
	Middl	e Name	In Rind Contribution Received Rrimary Election	For: General Election	Value of In-Kind Contribution
ast Name/Organization Name			Runoff (Local Elections		
ddress	/	///	Date of In-Kind contribution	Uniy)	Aggregate this Election
ity	State	Zip Code	Description of In-Kind Contribution		rigging the Election
ccupation	mployer				
rst Name	/// Middle	Name	In-Kind Contribution Received	or:	Aller of Land and Aller of Land
st Name/Organization Name	/			General Election	Value of In-Kind Contribution
ldress ///			Runoff (Local Elections	(yho	
			Date of In-Kind Contribution	A	ggregate this Election
//	State	Zip Code	Description of In-Kind Contribution	1	
cupation Em	ployer				
Nome					
Name //	Middle Na	ame	In-Kind Contribution Received F		lue of In-Kind Contribution
Name/Organization Name			Runoff (Local Elections Or	eneral Election	\\
ess			Date of In-Kind Contribution		pregate this Election
//	State	Zip Code	Description of In-Kind Contribution	Mgs	3-Cycles Election
pation Empl	oyer		- Control of the cont		
TOTAL ITEMIZED IN-KIND CONTRIE	RITIONS				
Carry forward to item 3, of next page if additional	names of this form	are used.)			
If this is the last page of in-kind contributions, this SS-1128 (Rev. 2/06)	s amount must be si	hown in item 22b. of summa			
(100, 200)			Page	f_ of _ 7	RDA 1159

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	Tyler Ter	ypleton 2. REPORT COV	ERING THE PERIOD by TO: 4/30)22			
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT			Amount 80			
		(expenditures totaling more than \$100 to any payee during the	1 4			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Face 500	,k	Ads	\$1902.83			
Address		J Ma2	18/102.07			
City	State Zip Code					
First Name John	Middle Name Port 1,2 k	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Q ee d		Political Consulting	\$3600			
Address 538 Oven date D	) c .	10114 cal Consulting	4			
City NachuMe	State Zip Code 37013					
First Name Alex	Middle Name	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Kisschr	res	Dula h	800			
Address 15 Hisam Sq		Digital Consulting	9030			
City New Brunsaich	State Zip Code 08901	U				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name	L	Δ	A 290 40			
Address		Ads	19/10.12			
City	State Zip Code					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name  Politics Rev	wheel	Sales / Political	200000			
Address		Spoke/Political Texting	\$258.57			
City	State Zip Code	Texting				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure			
ast Name/Business Name DS P. II	fical	Ads	\$2819.87			
uddress		1/08	P2011.09			
Sity	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.)						
D.						

## **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

MMITTEE	ler "	Temple	ton	FROM:	TO: 4/30/2	
ITEMS FOR EACH	HITEMIZED L	OAN (loans totaling mo	ore than \$100 from any sou	arce during the period	11/10/2	
Middle Name			Loans		utstanding Loan Balance	
			The control of the co	ayline ja	(End of Period)	
****				Date of Loan		
State Zip Code	1					
AlvEndorsers or Gua			// //	ch a nana)		
		First Name	////		e Name	
1111		Last Name/Operan	ization Name			
-///						
		Address				
State	Zip Code	My		State	Zip Code	
	1	Amount Guarantee	d Outstanding			
Middle Name	X	First Name		Middle	Name	
	////	Last Name/Organiz	ration Name			
	$/\!\!/$	Andress				
State //	Zip Code	City		State	Zip Code	
			Outstanding	Otale	Zip Code	
// A Mindred Name		111	,			
Middle Name		First Name	mode Halle			
		Last Name/Organiza	ation Name	-		
		Address	1			
State	Zip Code	City		State	Zip Code	
		Amount Guaranteed	Outstanding			
Middle Name		First Name		Middle N	ame	
		Last Name/Organizat	on Name			
		Address				
State 2	Zip Code	City			Zip Code	
			utstanding	Mark	Lip Code	
ge of itemized losse		0.11				
16. on summary page.)	N			Loan ( Payments	Outstanding Loan Balance (End of Period)	
ront 12.6. On front page	2.)		Page of	7	RDA 1159	
	State Zip Code  Middle Name  State Zip Code  Middle Name  Middle Name  Middle Name  State  State  Middle Name  State  State  State	State Zip Code    Middle Name   Duts (Be   Code   C	fithe Loan    Middle Name	EITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any soul fithe Loan  Middle Name    Coutstanding Loan Balance (Beginning of Period)   Cans Received	If the Loan Middle Name    Dutstanding Loan Balance   Loans   Received   Paymens	

### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE Tyle Ten			leton	2. REPORT COVERING THE PERIOD			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED				FROM: 7/26/82 TO: 9/30/22			
COMPLETE THE APPROPRIATE     OBLIGATION (obligations totaling person/vendor at the end of the recommendation)	more than \$100 owed to		Outstanding Balance (Beginning of Period)	Debt Incurred ' This Period	Payments This Period	Outstanding Balance (End Period)	
First Name	Middle Name					XIII	
Last Name/Business Name							
Address							
	10.15						
City	State Zip	Code					
Description of Obligation							
First Name	Nionie Name						
Last Name/Business Name							
Address	— <del>     </del>						
	1000						
City	State Zip	1999					
Description of Obligation							
First Name	Middle Name	111					
Last Name/Business Name			<b>X</b> /				
Address							
City	State Zip/	tope /					
Description of Obligation					- Hallioce Income		
First Name	Michigan Name		1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		WORK WEST AND		
.ast Name/Business Name			N			1	
						1	
Address							
City	State Zip Co	ode					
Description of Obligation	/			1114			
		******					
First Name	Middle Name						
ast Name/Business Name		37.73					
ddress						. 1	
City //	State Zip Co	de			M.		
escription of Obligation					N		
						10	
. TOTALS (Total from Outstanding Balance - (End of F	Period) column must also be	shown					
in item 23b. on summary page.)						,	
SS-1127 (Rev. 4/02)				Page Z of	7	RDA 1159	