



AMENDED
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 10-18-23 2.a. Candidate or Committee Name: Temilka D. Gipsen
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____
 4. Campaign Address: 8071 Chrysalis Cove
 City: Cordova State: TN Zip Code: 38016 Phone: 901 949-9721
 5. Candidate Home Address: 8071 Chrysalis Cove
 City: Cordova State: TN Zip Code: 38016 Phone: 901-949-9721
 Candidate Email Address: vote+gipsen@gmail.com temilka@gmail.com
 6. Office Sought: (include district number, if applicable) Circuit Court Clerk
 7. Name of Political Treasurer (may be candidate): Temilka D. Gipsen
 Political Treasurer Email Address: temilka@gmail.com

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 1-16-2023 End Date: 6-30-2023

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.

<u>Temilka Gipsen</u>	<u>10-18-2023</u>	<u>Temilka Gipsen</u>	<u>10-18-2023</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Taylor Gipsen</u>	<u>10-24-23</u>	<u>Taylor Gipsen</u>	<u>10-24-23</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>444.29</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>444.29</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>0</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Jemilca T) Gipsen
2. Reporting Period: Start Date: 1-16-23 End Date: 6-30-23
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 444.29

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Friends of Paul Young OR
First Name: Paul Middle Name: _____ Last Name: Young
Address: 1461 Aaron Brenner Dr. Suite 300 City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: Campaign Donation
Amount of Expenditure: \$ 156.56 Date of Expenditure: \$ 1-16-23

Business or Organization Name: Committee to Elect Brian Hammis OR
First Name: Brian Middle Name: _____ Last Name: Hammis
Address: PO Box 111186 City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Campaign Donation
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 1-31-2023

Business or Organization Name: First Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1750 N Germantown Parkway City: Cardova State: TN Zip Code: 38016
Purpose of Expenditure: Total Bank Fees
Amount of Expenditure: \$ 37.73 Date of Expenditure: \$ 6/1/2023

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 444.29
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)