CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committee

		P. 5000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	or single-Candid	late Committees	
	1.	DATE OF REPORT	2.a. NAME OF CANDID	MESSON	
	1	6-8-9J			
	2.b	. IF COMMITTEE, NAME OF CAN	MARY	Elien Gen	1100
	1	" " OOM TEL, NAME OF CAN	DIDATE J'		CTION DATE D
	<u></u>		1	J* 5	CHON DATE
	4.a	. CAMPAIGN ADDRESS AND PHO	NIE -	1 }~	がいいられ ボッシャンフ
	1	Street or Rural Route	i:		TOOK
	1	1100 Lock-1	City	State Zip Co	ode Dhann
	 	1100 COCK -	4RD GALLAT	/	
	4.b.	CANDIDATE'S HOME ADDRESS Street or Rural Pouts	(if different than 4 a)	<u> </u>	066 (45)4778562
	ļ	or or report todate	City ·		
	L	1100 Lock 4	PA COURT	State Zip Co	i iiiiii ii
	5.	OFFICE SOUGHT Grands	RD GALLAT	in IN 37	066 615477856
	n	OFFICE SOUGHT (include district	number, if applicable) 6.	NAME OF POLITICAL TREASL	713 717030
	0	will commissi	mere Dist 9 M	A O L C A	
	7.	CATEGORY OR REPORT (Check of	ne)	ARY Ellen G	muna
	•				
		FIRST SECOND	THIRD FOURTH PR		
	-	QUARTER QUARTER C	NIADTED		AID-YEAR YEAR-END
ļ	0.4.	BEGINNING DATE OF REPORTING P		ARY GENERAL SUF ENDING DATE OF REPORTING P	
ļ		April D3 "	1000	CHOSING DATE OF REPORTING PE	RIOD
1	9. (C	hecklone)	Udd	JUNE BAY	<i>O</i> Aa a
J		·			20acc
ĺ	á	a. 🔲 This campaign is exempt fm	m detailed disclar		ed total \$1,000 or less AND expendi-
- 1		tures total \$1,000 or less for	this reporting period. (Complete iter	butions (including in-kind) receiv	ed total \$1,000 or took AND
İ		J	Complete iter	ms 12d., 12e. and 12f.)	TO THE STAND EXPENDI-
- 1		This campaign is required to	file a detailed financial disclosure be		
-		vand/or expenditures total mo	ne than \$1,000 for this reporting peri	cause contributions (including in	kind) received total more than \$1,000
t				.	
-	10.	live do solemnik euros			
		accurate accounting of campaign of	lat the information contained in this	campaign financial disclosure	port is true and that this report is an
Ţ	$\overline{}$	Financial Disclosure Act. Additions	at the information contained in this ontributions and expenditures require ity. I/we swear or affirm that no camp	ed to be reported by the candidate	port is true and that this report is an
Ш		enefit of the candidate or for any o	ontributions and expenditures require ily, I/we swear or affirm that no camp ther nonpolitical purpose as defined	paign contributions have been ex	mended for the manager
-1(la qui S	nonpolitical purpose as defined	by the federal internal revenue of	ode.
1		naus Elles De	WWO M O AA		. ()
		7	rung 7-8-22	Mayers	lendening 2-8.22
		signature of candidate	date		whening 18.27
L				signature of political to	easure/ / date
1.	11. W	/TNESS SIGNATURE			0
		CCC	1		
		Johan G. G.		70 0 -	
-		Down of down	mg 7-8-22		
1		algnature of witness	data	Jam of Chu	<u>~~</u> `1-6-27
 			uate	signature of withe	ee .
14	2 611	MMARY			date
١,	2. 30	IANAN-ALA		60	\
	a.	BALANCE ON HAND! ACT DED	<u></u>	(Neg	9 53
l		THOS ON THIND SAST KENO	RT		NI -
l	6	•		•	
l	Ď.	TOTAL RECEIPTS THIS PERIOD	, 	. 12	VV 00
		i		\$ <u>14</u>	00
	C.	TOTAL DISBURSEMENTS THIS PE	RIOD	<u></u>	<u> 135</u>
			***************************************	<u> </u>	
	d.	BALANCE ON HAND (12 a plus	(0 tot		88
—		Ties. plus	2.b. minus 12.c.)		IUD = 1
	_) I T &
	e.	TOTAL LOANS OUTSTANDING	AM	PM	N.11-20 E3
					\$ 243N ==
	f.	TOTAL ORI (CATIONS -1	JUL 0 8 2022		
	••	TOTAL OBLIGATIONS OUTSTANDI	NG		J 4 21 63
					\$ TOO XX
A	3		SUMNER COUNTY		
V		SS-1109 (Rev. 2/06)	ELECTION COMMISSI	ON	
		ŀ		Pag	1 of
				_	TALKA 1159

RDA 1159

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COI	MMTTE				······································		2 RFF	ORT CO	VERING	THE PERIOD
MARY EILE	7 6	Enc	100	7			FROM:		TO	6-30.22
3. COMPLETE THE APPROPRIATI	EITEMS	FOR EAC	н ітемі.	ZED LOAN	(loans totaling more	than \$100 from an	y source durin	ng the period	٠ <u>٢</u> (P-30-22
Complete the Following for the Source of	1,							-		
First Name	Middle Na	те		Outstanding	Loan Balance	Loans	Loan		Outstandi	ng Loan Balance
MARY	18/	(En		(Beginning	of Period)	Received	Payment	is i	(Enc	of Period)
Last Name/Organization Name				24.	30-	-0-	-0	-	2	4306
1100 Cock 4	Ro	AD		Loan Recei		General Election		te of Loan		
City GALLATIN	W	Zip Code 370	366		(Local Elections Only)		á	<u> </u>	4-	7-22
Lis	st All Endo	orsers or Gu	arantors f	or Above Loa	an (If more space is	needed please	attach a pa	ge)		
First Name Mrt RU		Middle Na	me ley	<u> </u>	First Name				iddle Name	÷
Last Name/Organization Name					Last Name/Organization Name					
Address 1100 Lock	41	SD			Address				····	
6HIATIN		State 7	37	066	City			Sta	ate	Zip Code
Amount Guaranteed Outstanding 2	4 3,	Ŋ <u>63</u>	-		Amount Guaranteed	Outstanding		<u>-</u> _!		ļ
First Name		Middle Na	ne		First Name			Mic	ddle Name	
Last Name/Organization Name		-l- <u></u> ,,_	 /		Last Name/Organiza	lion Name				
Address			-		Address					
City		State	Zip Co	de	City			Sta	ite	Zip Code
Amount Guaranteed Outstanding			'	·	Amount Guaranteed	Outstanding				
First Name		Middle Nan	le		First Name			Mit	ddle Name	
Last Name/Organization Name		<u> </u>			Last Name/Organizat	ion Name				
Address			 ,		Address	·				
City		State	Zip Cod	le	City			Sta	de i	Zip Code
Amount Guaranteed Outstanding	_				Amount Guaranteed C	outstanding			1	
First Name	11	Middle Nam			Claud Manager			هي برسانيد		
		MANUAL MAIN	3		First Name			Mildd	le Name	
Last Name/Organization Name	- 1				ast Name/Organizatio	on Name	·			
Address					Address				·-··········	
City		State	Zip Code	• (City			State	, T	Zip Code
Amount Guaranteed Outstanding			1. <u> </u>	A	unount Guaranteed Or	ulstanding	· · · · · ·			
4. Totals for all Loans (complete on last (Total loans received should also be shown in Hei (Total loan payments should also be shown in Ite (Total outstanding loan balance should also be sho	m 16. on su m 20. on su	16. on summary page.)			Outstanding Loan Bala (Beginning of Period		_	Loan Payments		nding Loan Balance and of Period)
SS-1132 (Rev. 4/02)			- 3-7			Page 2	of	7	امز	RDA 1159

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	_	1100	2	REPORT COVERING	NG THE PERIOD TO: 6.30.22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTION	Amount				
TOTAL TEMIZED CAMPAIGN CONTRIBUTE COMPLETE THE APPROPRIATE ITEMS FOR EAR					
	liddle Name		Contribution Received For		Amount of Contribution
Last Name/Organization Name	<u>G,</u>		☐ Primary Election	General Election	
GARAET			_		\$ 5000
Address PO BOX 941			Runoff (Local Election	ns Only)	.300
Cood letts villE	TN :	37070	Date of Contribution	^ ^	Aggregate This Election
HOUSE RED TENNE	ESS 6	EE	6-8.	ماما	
SEIF-ATTORN					
First Name	Middle Name		Contribution Received I	For:	Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	
AddresP A BOY SID			Runoff (Local Election	ons Only)	#500°°
1.0.001	State T	Zin Code –	Date of Contribution		Aggregate This Election
Poetlano	TN	37148		. 4	- 32. 22-12 5.105.011
1 House REp. S	HATE	TENN	6-12	1.22	
SEIF					
First Name	die Name		Contribution Received	For:	Amount of Contribution
Lodividuals X Last Name/Organization Name	9		Primary Election	eneral Election	100
Address	1.27		Runoff (Local Election	ons Only)	
	State	Zip Code	Date of Contribution		Aggregate This Election
City	3.	1675	ł	` `	33 0
Occupation			b-18.7	メイ	
Employer	,		1		
	Middle Name		Contribution Received Fo	or;	Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	
Controllor gameono monto			1	• •	100-
Address			Runoff (Local Electi	ons Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			le-17	-22	
Employer					
C. TOTAL ITEMIZED CONTRIBUTIONS			I		
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must	s of this form are t be shown in ite	used.) em 15b. of summary.)			12000
In this is the last page of containant of the attreatit floor					

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMN	ITTEE				2. REPORT COVERING THE PERIOD				
3 COMPLETE THE APPROPRIATE	MPLETE THE APPROPRIATE TEMS FOR EACH ITEMZED				FROM APRIL	23 TO JUNE 30, 22			
OBLIGATION (obligations totaling in person/vendor at the end of the rep	gore than	-\$100 a	CH ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name MARY		Middle N	lame (E)						
Last Name/Business Name EDUN 6				243063			243063		
Address 1100 LOCK City	5. T			24 30 -	-0 -	-0 -	2430		
GALIATIN Description of Obligation		光	Zip Code 37066						
First Name	 - -	1823. 1			1				
		Middle N	ame						
Last Name/Business Name									
Address	1				İ				
City		State	Zip Code			· .			
Description of Obligation		 -	· <u> </u>						
First Name		Middle Na	me						
Last Name/Business Name									
Address						,			
City		State	Zip Code	Í					
Description of Obligation			·· ··················· .	··-					
First Name	N	Alddle Nar	ne						
Last Name/Business Name	<u> </u>	·							
Address		· - · · · ·							
City	8	tate	Zip Code						
Description of Obligation	!		<u> </u>						
First Name	М	iddie Nam	e		·····				
Last Name/Business Name									
Address		 -							
City	Sta	ate	Zip Code						
Description of Obligation							,		
, TOTALS	li .								
(Total from Outstanding Balance - (End of Per in Item 23b. on summary page.)	iod) colum	ın must a	ilso be shown				243063		
SS-1127 (Rev. 4/02)			 ,,,,,	<u></u>	Page 4 of	7	RDA 1159		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARY EllEN	6	mun'	i.	FROM 4-23	10:6:30・22			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) Amount								
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
VISTA PRINT	Middle Nam	ie	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			Printi	n9	H. 110h / -20-			
Add 75 Wyman	3£				#301 15			
Cit Waltham	State MA	Zip Code 02451	·		240.			
First Name	Middle Nan	ne	Purpose of Expenditure	·• • • • • • • • • • • • • • • • • • •	Amount of Expenditure			
Last Name/Business Name NA EKETING	<u> </u>		Point	CARDS	# 20			
Address P.O Box 12	1141		·	CALDO	301-			
"Nashville	State	Zip Code 37066						
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u> </u>							
Address		.=						
City	State	Zip Code						
	Middle Nam	-	Purpose of Expenditure		Amount of Expenditure			
First Name Last Name/Business Name	Wildule Nail				Associated Expenditure			
			•					
Address		·						
City	State	Zip Code						
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u> </u>							
Address			·					
city	State	Zip Code						
First Name	Middle Nam	l	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zìp Code						
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages (If this is the last page of expenditures, this amount mus.)	of this form a	re used.) ilem 19b. of summary.)			#54135			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	OMMITTEE	6	enur	29 ²	REPORT COVERI FROM: 4-13 22	TO: 6-30-22			
3. TOTAL ITEMIZED IN-KIND CONT				_)	Amount —			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)									
First Name	Mic	ddle Name		In-Kind Contribution Receive	ed For: I General Electi o n	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)						
Address			Date of In-Kind Contribution Aggregate this Election						
City	S	State	Zip Code	Description of In-Kind Contribution					
Occupation •	Employer	•							
First Name		iddle Name		In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name	1		····· <u>-</u> ,	Runoff (Local Election					
Address		•		Date of in-Kind Contribution	no omy	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution		<u> </u>			
Occupation	<u> </u>			1					
, :									
First Name	И	iddle Nam	e /	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution		······································			
Occupation	Employer								
First Name	<u> </u>	liddle Nam	e	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Value of In-Kind					
Last Name/Organization Name	/			Runoff (Local Elections Only)					
Address	/	n		Date of In-Kind Contribution					
City		State	Zip Code	Description of In-Kind Contribution)				
Occupation	Employer		L	-					
First Name	T	Middle Name	:	In-Kind Contribution Rece		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)						
Address			····	Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		· · · · · · · · · · · · · · · · · · ·	•					
TOTAL ITEMIZED IN-KIND COM (Carry forward to item 3. of next page if act (If this is the last page of in-kind contribut)	dditional pages of	this form an		w)		-0-			
SS-1128 (Rev. 2/06)	iona, una amodit	111091115 9110	on a nem zev, or sumind	Pa	ge 6 of 7	RDA 1159			

SUMMARY PAGE - CANDIDATE

	<u>)</u>			
13. NAME OF CANDIDATE OR C	11 ' '		REPORT COVERI	
MARY EI	IEN GENUNG	FROI	M: 4-23-22 TO	:6-30-22
RECEIPTS / 15. CONTRIBUTIONS (other than	loans and interest)		- 6	
a. Unitemized Contributions (100 or less from each source this period)	\$	200-	
b. Itemized Contributions (over	\$100 from each source this period)	\$	100000	a 0
1	(bther than loans and interest)(add 15.a. and 15.b.)			1200-
	PORTING PERIOD		,	-0-
17. INTEREST RECEIVED THIS	REPORTING PERIOD	••••••	\$	-6-
	, 16., and 17.) (must be shown in item 12.b.)		\$	1200-
DISBURSEMENTS				
19. EXPENDITURES (other than	loan payments)			
a. Expenditures (\$100 or less e	ach payee this period) (must be listed by category - e.	.g., pri	nting, postage, gas	soline)
Printing	\$ 246	15		
Printing	\$ 3 0/	20		
J	\$			
	\$			
	\$			
<u> </u>	\$			
	\$			
	\$			
	\$			
Total of Expenditures (\$100 or	ess each payee)	\$	-0 -	:
b. Itemized Expenditures (Over	100 each payee this period)	\$	541 35	سرد
c. TOTAL EXPENDITURES (oth	er than loan repayments)(add 19.a. and 19.b.)	•• ••••	\$	54135
20. LOAN REPAYMENTS MADE	HIS PERIOD	*******	\$	1
21. TOTAL DISBURSEMENTS (a	dd 19.c. and 20.) (must be shown in item 12.c.)	*********	\$	<i>541</i> 2 ≥
22.IN-KIND CONTRIBUT	IONS			
a. Unitemized in-kind contributio	s (\$100 or less from each source this period)	\$	-0-	
b. Itemized in-kind contributions	(over \$100 from each source this period)	\$	-0-	
c. TOTAL IN-KIND CONTRIBUT	ONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$	-0-
23.OBLIGATIONS	Tid.			
a. Unitemized Obligations Outsta	ing (Over \$100 each)	. \$	-0-	,3
b. Itemized Obligations Outstand	ing (Over \$100 each)	. \$	4 940 0	63
c. TOTAL OBLIGATIONS OUTS	ANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	\$	2430
SS-1133 (Rev. 4/02)			Page	7 01 7