CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1 DATE OF DEPONT	,			
1. DATE OF REPORT 10/8/2020	h -	DIDATE OR COMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE	MARY	GENUN	9	
			3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE			Hay all	
Street or Rural Route	City	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if differ	ent then (a)	MATIN TN	51066	615477858
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number	, if applicable) 6	. NAME OF POLITICAL T	REASURER (may be car	ndidate)
County Com	2155100	MARY 6	enung	
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTE		PRE- PRE-	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING PATE OF REPORTING PERIOD JULY 26, 202	()	b. ENDING DATE OF REPOR	RTING PERIOD	
9. (Check one)	2	DEPOTEMA	DER 30, C	2022
a. This campaign is exempt from detail tures total \$1,000 or less for this rep	lled disclosure because coorting period. (Complete	ontributions (including in-kind e items 12d., 12e. and 12f.)	d) received total \$1,000 o	r less AND expendi-
This campaign is required to file a d and/or expenditures total more than	etailed financial disclosur \$1,000 for this reporting	e because contributions (inc period.	luding in-kind) received to	otal more than \$1,000
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate	cons and expenditures re- e swear or affirm that no conpolitical purpose as defi	quired to be reported by the campaign contributions have ined by the federal internal re	candidate committee by been expended for the pevenue code.	the Campaign ersonal financial
11. WITNESS SIGNATURE				
John G Chrumg	10-8-22 date	Sum C	Curry of withess	10-8-72 date
12. SUMMARY			- 0 0 0 00	
a. BALANCE ON HAND LAST REPORT		\$	-498	
b. TOTAL RECEIPTS THIS PERIOD		\$	_0-	
c. TOTAL DISBURSEMENTS THIS PERIOD		·····\$	-0-	1/0
d. BALANCE ON HAND (12.a. plus 12.b. r	AM minus 12.c.)	PM 22	\$	-998 42
e. TOTAL LOANS OUTSTANDING	0011120	TY	s <u> </u>	2430 GX
f. TOTAL OBLIGATIONS OUTSTANDING	ELECTION COMMIS		s —	-0-



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE			0 050007.00		
			2. REPORT COVERING THE PERIOD FROM: TO:			
COMPLETE THE APPROPRIATION OBLIGATION (obligations totaling person/vendor at the end of the recommendation)	more than \$100	CH ITEMIZED owed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle	Name		/		
Last Name/Business Name						
Address			_			
City	State	Zip Code	- /	1		
Description of Obligation						
First Name	Middle I	Name				
Last Name/Business Name			_ /			
Address		1	/			
City	State	Zip Code	1			14
Description of Obligation	Otate	Zip codey 4	10			
o de la congator		/	H			
First Name	Middle N	ame				
Last Name/Business Name			-			
Address			1			3
City	State	Zip Code	1			
Description of Obligation						L
First Name	Middle Na	ame				
Last Name/Business Name	1/		-			
Address	/		1			
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Na	me				
ast Name/Business Name			-	* 1		
Address						
City	State	Zip Code				
Description of Obligation						
. TOTALS				T		
(Total from Outstanding Balance - (End of I in item 23b. on summary page.)	Period) column mus	also be shown				-0-

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE		2 REPOR	RT COVERING THE PERIOD
			FROM: 7	-26 TO: 9- 30 - 20
3. TOTAL ITEMIZED IN-KIND CO	ONTRIBUTIONS FRO	M PRECEDING DA	AGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITE	MIZED IN-KIND CON	TRIBUTION (in-kind contributions totaling more than \$100	-0,-
First Name	Middle			
Lest Name 10 i. di au	Operation of Section 1		In-Kind Contribution Received For: Primary Election General Election	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		Aggregate this Election
Occupation	Employer	Zip Code	Description of In-Kind Contribution	
Societation	cmpoyer		a /	
First Name				
	Middle N	ame	In-Kind Contribution Received For: Primary Election General Ele	Value of In-Kind Contribution
Last Name/Organization Name				ction
Address			Date of In-Kind Contribution	
City				Aggregate this Election
	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer		3 . /	
			4/	
First Name	Middle Na	ime []	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name	-	110	Primary Election General Elec	tion
Address		10 /	Runoff (Local Elections Only)	
			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name	Middle Na	me	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			☐ Primary Election ☐ General Elec	tion
			☐ Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
rst Name	Middle Nam	е	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			☐ Primary Election ☐ General Elect	ion
			Runoff (Local Elections Only)	
ddress			Date of In-Kind Contribution	Aggregate this Election
ty	State	Zip Code	Description of In-Kind Contribution	
ccupation	Employer		\dashv	
				. 1
TOTAL ITEMIZED IN-KIND CON				
(Carry forward to item 3. of next page if add (If this is the last page of in-kind contribution	nuonal pages of this form an ns, this amount must be sho	e used.) wn in item 22b. of summ	arv.)	-0-
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COL	MMITTEE	2. REP	ORT COVERING THE PERIOD
	Ellen Canung	FROM:	7-26 10:9-30.2.
3. TOTAL ITEMIZED CAMPAIGN E	EXPENDITURES FROM PRECEDING	PAGE (enter \$0 if first itemized page)	Amount N/A
	EMS FOR EACH ITEMIZED EXPENDITURE	RE (expenditures totaling more than \$100 to any paye	e during the period)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			,
City	State Zip Code		/
	Clare Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		- //	
Address		NONE	
is continuous and		NY	
City	State Zip Code	7/10/	
First Name		The state of the s	
	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name		7/	
Address		7	
City	State Zip Code	A	
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name			
ddress		_	
tity	State Zip Code		
rst Name	Middle Name	D	
	Wildow Name	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name			
ddress		7	
ty	State Zip Code	-	
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name			
ddress		-	
ty	State Zip Code	_	
	State Zip Code		
. TOTAL ITEMIZED EXPENDITUR (Carry forward to item 3. of next page if addit (If this is the last page of expenditures, this a			2-

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE		- Allendaria	1	DEDODE		
	11			F	REPORT CO	VERING TO:	
MARY E1 3. COMPLETE THE APPROPRIATE	ITEMS FOR EAC	HITEMIZED L	OAN (loans totaling more than	\$100 from any sour) - 20.0	12/	1-30-2
Complete the Following for the Source of				The montally odd	ce during the period) 	
First Name MARY	Middle Name	Outst. (Bed		pans ceived P	Loan	Outstanding	Loan Balance
Last Name/Organization Name	21.01		1/12068	6	ayments	(End o	of Period)
Address	(Loan	Received For:	0-1	Date of Loan	27	50-
City	State / Zin Code		Primary Election Ge	neral Election	bate of Loan		
GALLATIN	IN 370		Runoff (Local Elections Only)				
Lis First Name	t All Endorsers or Gu	arantors for Abov	re Loan (If more space is ne	eded please attac	h a page)		
MARY	Middle Na	me V	First Name		М	liddle Name	
Last Name/Organization Name			Last Name/Organization	Name			
Address 100 COCK 4	RD		Address				
CALLATIN	g State	3700	City		St	ate	Zip Code
Amount Guaranteed Outstanding 430	XX		Amount Guaranteed Outs	landing			
First Name	Middle Nan	ne	First Name	First Name Middle Name			
Last Name/Organization Name			Last Name/Organization	Name			
Address			Address				
City	State	Zip Code	City		Sta	to Iz	-0-1
Amount Guaranteed Outstanding			Amount Guaranteed Outs		Old	le Z	ip Code
	- Annual Control		Amount Guaranteed Outsi	anding			
First Name	Middle Nam	е	First Name Middle Name				
Last Name/Organization Name			Last Name/Organization N	lame			
Address			Address				
City	State	Zip Code	City		Sta	ite I 2	Zip Code
Amount Guaranteed Outstanding	1		Amount Guaranteed Outsta	anding			
First Name	Middle Name		First Name		Midd	dle Name	
Last Name/Organization Name			Last Name/Organization Na	ame			
Address			Address				
City	State	Zip Code	City		State	Zij	p Code
Amount Guaranteed Outstanding			Amount Guaranteed Outsta	nding			
4. Totals for all Loans (complete on last p	age of itemized loa	ns)	Outstanding Loan Balance	T 1			
(Total loans received should also be shown in item (Total loan payments should also be shown in item	16. on summary page.)		(Beginning of Period)	Loans Received	Loan Payments	Outstand (Enc	ling Loan Balance d of Period)
(Total outstanding loan balance should also be should	wn in item 12.e. on front p	page.)	243000			20	13000

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVER	ING THE PERIOD		
MARY EITEN GENUNG	FROM: 7-26	TO: 9-30-22		
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)				
a. Unitemized Contributions (\$100 or less from each source this period)	\$0-			
b. Itemized Contributions (over \$100 from each source this period)	\$0			
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		, -0 -		
16. LOANS RECEIVED THIS REPORTING PERIOD		-0-		
17. INTEREST RECEIVED THIS REPORTING PERIOD		-0-		
18. TOTAL RECEIPTS (add 15.c. 16., and 17.) (must be shown in item 12.b.)		-0-		
DISBURSEMENTS				
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage, ga	soline)		
<u> </u>				
\$				
s				
10				
*				
	_			
Total of Expenditures (\$100 or less each payee)	\$ -6-			
b. Itemized Expenditures (Over \$100 each payee this period)	s -O -			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$	-0-		
20. LOAN REPAYMENTS MADE THIS PERIOD		-0-		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$	-0 -		
22.IN-KIND CONTRIBUTIONS				
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$0-			
b. Itemized in-kind contributions (over \$100 from each source this period)\$				
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	-8 - s	-0-		
23. OBLIGATIONS				
a. Unitemized Obligations Outstanding (\$100 or less each)	\$0-	8		
b. Itemized Obligations Outstanding (Over \$100 each)	s + Q + 30	, 68		
b. Itemized Obligations Outstanding (Over \$100 each) c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1)	2.f.)\$	2430 -		