# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

ror Single-Candidate Committees
DATE OF REPORT     2.a. NAME OF CANDIDATE OR COMMITTEE
7/26/22 MARY ELLEN CENUNG.
2.b. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION DATE  4. 3.  4. 3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route  City  Phone  Phone  City  State  Zip Code  Phone  Phone
1100 LOCK 4 RD GATIATIN IN 97066 613 41-16
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone
57 OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate)
Courty MMS MARY ELLEN GENUNG
7. CATEGORY OR REPORT (Check one)
8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD
July 1st, 2000 July 25th, 2002
9. (Check one)
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)
b. 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.
10. 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.
signature of candidate date signature of political treasurer date
11. WITNESS SIGNATURE
John G Genney 7/26/22 John G Genney 7/26/2 signature of witness date
12. SUMMARY
a. BALANCE ON HAND LAST REPORT\$ - 148
b. TOTAL RECEIPTS THIS PERIOD
c. TOTAL DISBURSEMENTS THIS PERIOD
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)
e. TOTALLOANS OUTSTANDING AM PM \$ 2430 \$
JUL 2 8 2022  f. TOTAL OBLIGATIONS OUTSTANDING \$

(1)

#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
MARY EIIEN GENUNG	FROM:7-1-22 TO: 7/25-22
RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)	00
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>50°,00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>0</u> -
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$6_
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u># 50 = </u>
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, gasoline)
ALLEGRA MARKETINA \$ 905	<u>\$</u>
They win kering	
•	
•	
· · · · · · · · · · · · · · · · · · ·	
P	
	- 54/m/
Total of Expenditures (\$100 or less each payee)	\$ 705 XX
b. Itemized Expenditures (Over \$100 each payee this period)	s 905°4xx
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>-\delta - \delta -</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>905°7x</u> x
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	s <u>-0-</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>-0-</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b	<u>.)                                    </u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	. 2.63
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 2450 xx 63
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iten	

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

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD					
MARY EllEN 6	FROM: 7-1-22						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT					Amount 50 .00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMI	ZED CONTRIBUTION		\$100 from any contributor			
First Name	Middle Nar	nę	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name	l		Primary Election	Primary Election General Election			
Address			Runoff (Local Election				
City	State Zip Code		Date of Contribution	Aggregate This Election			
Occupation							
Employer	·, · ·						
First Name	Middle Na	me	Contribution Received For	···	Amount of Contribution		
Last Name/Organization Name	1		Primary Election	General Election			
Address	7		Runoff (Local Electio	ns Only)			
City	State	Zip Code	Date of Contribution	Date of Contribution			
Occupation							
Employer							
First Name	Middle Na	me	Contribution Received For	Contribution Received For:			
Last Name/Örganization Name	ast Name/Organization Name			General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	· · · · · · · · · · · · · · · · · · ·						
Employer							
First Name	Middle Na	ime	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name		<u> </u>	Primary Election	General Election			
Address			Runoff (Local Electio				
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
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					\$ 5000		

Page <u>3</u> of 7

### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	ING THE PERIOD								
MARY EllEN GENUNG FROM: 1-1.3						10:7-25-27			
3. TOTAL ITEMIZED IN-KIND CON		(enter \$0 if first itemized page	<del>:</del> )	Amount — o —					
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 Middle Name			In-Kind Contribution Received For:  Primary Election General Election  Value of In-Kind Contri						
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				1					
First Name		Middle Nar	ne	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	City State Zip Code			Description of In-Kind Contribution					
Occupation	Employer	<u> </u>							
	,								
First Name Middle Name				In-Kind Contribution Receive Primary Election	ed For:  General Election	Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election					
Address				Date of In-Kind Contribution	In-Kind Contribution A				
State Zip Code				Description of In-Kind Contribution		<del></del>			
Occupation Employer									
First Name	Middle Name			In-Kind Contribution Received Primary Election	ed For:  General Election	Value of In-Kind Contribution			
Last Name/Organization Name		<u>'</u>		Runoff (Local Election					
Address	<del></del>			Date of In-Kind Contribution	Aggregate this Election				
City State Zip Code			Description of In-Kind Contribution						
Occupation	Employer	_L	.1	1					
		,							
First Name		Middle Nan	ne	In-Kind Contribution Receiv	red For:  General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election						
Address			Date of In-Kind Contribution		Aggregate this Election				
City State Zip Code			Description of In-Kind Contribution	<del></del>	<u>.</u>				
Occupation	Employer	1 .	.l						
C TOTAL ITELUTED BUILDING OF	NTDID!!T	NIO.							
5. TOTAL ITEMIZED IN-KIND CC (Carry forward to item 3. of next page if a (If this is the last page of in-kind contribu	idditional pages	of this form a		nr)		-8-			
(If this is the last page of in-kind contribu	nons, una amot	ant must de Sf	iomi in reni zzu. Vi Surimai	1-1					

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	ING THE PERIOD				
MARY Ellen G	TO: 7 - 25 · 22				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FRO	M PRECEDING PAGE	(enter \$0 if first itemized pa	ge)	905 54
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED EXPENDITURE (e:	xpenditures totaling more than \$100	to any payee during the per	iod)
First Name HI/E 9 R A Last Name/Business Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				,	
Address DO BOX 121146		Printing	mailine	C 01554	
DO BOX 12/146 WASHVILLE TN	137212	<i>J'</i>	700-		
First Name	Middle Na		Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name	.1				
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1 , ,				
Address					
City	State	Zip Code			
First Name	пе	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		<del></del>			
Address			1		
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	l				
Address					
City	State	Zip 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 must					#90554

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

NAME OF CANDIDATE OR COMMITTEE							OM.		NG THE PERIOD TO:
MARY EITEN GENUNG 7-1-22 7-25: 22 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan		:	•			•			
First Name Middle Name Outstanding Lo					Loans Received	Loan Outstanding Loan Balance Payments (End of Period)			
MARY Last Name/Organization Name (Beginning of									
GENUNG				30° -00- 243068					1430=
Address Loan Received					<b>☑</b> General	Election	Date of Loa	ìn	
CALLATIN State Zip Code 3706  Runoff						·-···			
		rs for Abo	ove Loar	an (If more space is needed please attach a page)					
First Name  MARU	Middle Name	$\sim$		First Name				Middle	wame
Last Name (Organization Name				Last Name/Org	ganization Nan	ne			
Address 100 Lock 4 RA	>			Address City					
CALLATIN	6A//AT/N TN 10/066							State	Zip Code
Amount Guaranteed Outstanding 68				Amount Guaranteed Outstanding					
First Name	First Name Middle Name			First Name Middle Name					
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					-
City	State Zip Code			City	ity			State	Zip Code
Amount Guaranteed Outstanding	·	-		Amount Guara	nteed Outstan	ding			
First Name	Middle Name		/	First Name				Middle	Name
Last Name/Organization Name	·			Last Name/Or	ganization Nar	me			
Address				Address					
City	State Z	ip Code		City		-/		State	Zip Code
Amount Guaranteed Outstanding	<del></del>			Amount Guara	nleed Outstan	ding			
First Name Middle Name				First Name Middle Name					
Last Name/Organization Name				Last Name/Organization Name					
Address	/			Address			/		
City	State Z	ip Code	City				State	Zip Code	
Amount Guaranteed Outstanding	·	•		Amount Guaranteed Outstanding					<b>.</b>
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)				Outstanding L (Beginning		Loans Received	Loa Payn		Outstanding Loan Balance (End of Period)
(Total loans received should also be shown in item 16. on summary page.)  (Total loan payments should also be shown in item 20. on summary page.)  (Total outstanding loan balance should also be shown in item 12.e. on front page.)					50 68	- O -	1	) -	2430

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

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
MARY EITEN	65	1419		FROM: 7 - / -	22 TO:	<u>7-25-22</u>	
COMPLETE THE APPROPRIATE ITEMS F     OBLIGATION (obligations totaling more that     person/vendor at the end of the reporting portion)	OR EAC! 1 \$100 ow	HITEMIZED 🗸	Outstanding Balance (Beginning of Perjod)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
FIRST NAME ARY EllEN	Middle Na	ame					
Last Name/Business Name			2430-63			_	
Address 1100 LOCK 4 RC	AA		2430-	,	-6-	2430	
City GALIATIN	State	37066		-0-	- 0	2 700	
Description of Obligation							
MARU	Middle Na	ime					
Last Name/Business Name  EEYUN 9							
1100 LOCK 4 RO	AD		54	54	54	λ -	
CALLATIN	//	37066	905	905-	705	-0-	
Description of Obligation  RINTING/MARK	ΈΤΙ	NG - AIIE	GRA				
First Name	Middle Na	nne					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Na	me			·		
Last Name/Business Name	<u> </u>						
Address							
City	State	Zip Code					
Description of Obligation	<u> </u>			, · · ·	·· <u>·</u> ···		
First Name	Middle Na	me					
Last Name/Business Name	I						
Address				 			
City	State	Zip Code					
Description of Obligation	····		<u></u>	N .			
TOTALS     (Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn mus	it also be shown	243063	905	90554	9430 <sup>63</sup>	

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