

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 6-8-22		2.a. NAME OF CANDIDATE OR COMMITTEE MARY ELLEN GENUING	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE August 4th, 2022	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 1100 LOCK-4 RD GALLATIN TN 37066 (615)4778562			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 1100 LOCK 4 RD GALLATIN TN 37066 6154778562			
5. OFFICE SOUGHT (include district number, if applicable) County Commissioner Dist 9		6. NAME OF POLITICAL TREASURER (may be candidate) MARY ELLEN GENUING	
7. CATEGORY OF REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD April 23, 2022		8.b. ENDING DATE OF REPORTING PERIOD JUNE 30th, 2022	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> 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.			
<u><i>Mary Ellen Genuing</i></u> 7-8-22 signature of candidate date		<u><i>Mary Ellen Genuing</i></u> 7-8-22 signature of political treasurer date	
11. WITNESS SIGNATURE			
<u><i>John G Genuing</i></u> 7-8-22 signature of witness date		<u><i>John G Genuing</i></u> 7-8-22 signature of witness date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		(neg) 53 \$ -801	
b. TOTAL RECEIPTS THIS PERIOD		\$ 1200⁰⁰	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 541³⁵	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ -142⁸⁸	
e. TOTAL LOANS OUTSTANDING		FILED AM PM \$ 2430⁶³	
f. TOTAL OBLIGATIONS OUTSTANDING		JUL 08 2022 \$ 2430⁶³ xx	



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARY ELLEN GENUNG				2. REPORT COVERING THE PERIOD FROM: 4-23-22 TO: 6-30-22				
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 MARY		Middle Name ELLEN		Outstanding Loan Balance (Beginning of Period) 2430⁶³	Loans Received -0-	Loan Payments -0-	Outstanding Loan Balance (End of Period) 2430⁶³	
Last Name/Organization Name GENUNG				Address 1100 LOCK 4 ROAD				
City GALLATIN		State TN	Zip Code 37066	Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			Date of Loan 4-7-22	
List All Endorsers or Guarantors for Above Loan (if more space is needed please attach a page)								
First Name MARY		Middle Name ELLEN		First Name		Middle Name		
Last Name/Organization Name GENUNG				Last Name/Organization Name				
Address 1100 LOCK 4 RD				Address				
City GALLATIN		State TN	Zip Code 37066	City		State	Zip Code	
Amount Guaranteed Outstanding 2430⁶³				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
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.) (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.)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period) 2430⁶³	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARY ELLEN GENUING		2. REPORT COVERING THE PERIOD FROM 4/23 TO: 6-30-22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount -0-
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name Johnny	Middle Name G.	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution \$ 500⁰⁰
Last Name/Organization Name GARRETT			
Address PO BOX 941			
City Goodlettsville	State TN	Zip Code 37070	Date of Contribution 6-8-22
Occupation HOUSE REP TENNESSEE		Aggregate This Election	
Employer SELF-ATTORNEY			
First Name William	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution \$ 500⁰⁰
Last Name/Organization Name Lambeeth			
Address P.O. Box 812			
City Portland	State TN	Zip Code 37148	Date of Contribution 6-12-22
Occupation House Rep. STATE TENN		Aggregate This Election	
Employer self			
First Name INDIVIDUALS XAL	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 100⁰⁰ 100
Last Name/Organization Name			
Address			
City	State	Zip Code 37075	Date of Contribution 6-18-22
Occupation		Aggregate This Election	
Employer			
First Name INDIVIDUAL	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 100⁰⁰
Last Name/Organization Name			
Address			
City	State	Zip Code	Date of Contribution 6-17-22
Occupation		Aggregate This Election	
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			1200⁰⁰

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
MARY ELLEN GUNUNG				FROM: APRIL 23 TO: JUNE 30, 22			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name			2430 ⁶³	- 0 -	- 0 -	2430 ⁶³
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
LOAN							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
/							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
/							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
/							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
/							
4. TOTALS							
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							2430 ⁶³

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARY ELLEN GENUNG			2. REPORT COVERING THE PERIOD FROM 4-23 TO: 6-30-22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount - 0 -	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name VISTA PRINT	Middle Name	Purpose of Expenditure Printing		Amount of Expenditure \$ new 20 301 15 240
Last Name/Business Name				
Address 275 WYMAN ST				
City Waltham	State MA	Zip Code 02451		
First Name ALEGRA	Middle Name	Purpose of Expenditure Print CARDS		Amount of Expenditure \$ 301²⁰
Last Name/Business Name MARKETING				
Address P.O Box 121146				
City Nashville	State TN	Zip Code 37066		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	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.)				\$ 541³⁵

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARY ELLEN GENUINO		2. REPORT COVERING THE PERIOD FROM: 4-22-22 TO: 6-30-22	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0 -
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	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
City		Zip Code	
Occupation		Employer	
		Description of In-Kind Contribution	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
City		Zip Code	
Occupation		Employer	
		Description of In-Kind Contribution	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
City		Zip Code	
Occupation		Employer	
		Description of In-Kind Contribution	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
City		Zip Code	
Occupation		Employer	
		Description of In-Kind Contribution	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
City		Zip Code	
Occupation		Employer	
		Description of In-Kind Contribution	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
City		Zip Code	
Occupation		Employer	
		Description of In-Kind Contribution	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)			Amount 0 -

