

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10/8/2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>MARY GENUNG</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	
3. ELECTION DATE <u>August</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>1100 LOCKYRD GALLATIN TN 37066 6154778862</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone	
5. OFFICE SOUGHT (include district number, if applicable) <u>County Commission</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>MARY GENUNG</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" 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 <u>July 26, 2022</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>September 30, 2022</u>
9. (Check one) a. <input checked="" type="checkbox"/> 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. <input 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>Mary Ellen Sexerg</u> 10-8-22 signature of candidate date	<u>Mary Ellen Sexerg</u> 10-8-22 signature of political treasurer date
11. WITNESS SIGNATURE <u>John G Genung</u> 10-8-22 signature of witness date	<u>John G Genung</u> 10-8-22 signature of witness date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>-998⁴²</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>-0-</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>-0-</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>-998⁴²</u>
FILED OCT 11 2022 AM PM	
e. TOTAL LOANS OUTSTANDING	\$ <u>2430⁶³</u> XX
SUMNER COUNTY ELECTION COMMISSION	
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>-0-</u>



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
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					
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							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS							-0-
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM: <u>7-26</u>	TO: <u>9-30-22</u>
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <u>0-</u>
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:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
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.)					<u>0-</u>

NONE

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>MARY Ellen Conrugh</i>			2. REPORT COVERING THE PERIOD FROM: <i>7-26</i> TO: <i>9-30-22</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>N/A</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		<i>NONE</i>			
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name		<i>NONE</i>			
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name		<i>NONE</i>			
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name		<i>NONE</i>			
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name		<i>NONE</i>			
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name		<i>NONE</i>			
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name		<i>NONE</i>			
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.)					<i>0 -</i>

