

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1-20-23 2.a. Candidate or Committee Name	e: MARY E. GENUNG
2.b. If Committee, Name of Candidate: W/A	3. Election Date:
4. Campaign Address: 1100 LOCK 4 ROAL	٥
City: GALIATIN State: TV	Zip Code: 37066 Phone: 615.477 8562
5. Candidate Home Address: 1100 Lock 4 RC	
	Zip Code: 37066 Phone: 415-477-856
Candidate Email Address: Vote manyanun	asumo El Qamail . COM
6. Office Sought: (include district number, if applicable)	
7. Name of Political Treasurer (may be candidate):	
Political Treasurer Email Address: Vote MARYgen	ungsumner@ampl.com
8. Category or Report: (check one)	5
☐ First Quarter ☐ Second Quarter ☐ Third Quarter	Fourth Quarter Primary Pre-General
Mid-Vear Supplemental My 5-15-1	
7 / / 263//	End Date: JANUARY 15, 2025 ELECTION COUNT
9. Reporting Period: Start Date: July 1, 2024	End Date: When 2025
10. Detailed Disclosure: (Check one)	ause contributions (including in-kind) received total \$1,000
Inis campaign is exempt from detailed disclosures bec	ause contributions (including in-kind) received total \$1,000 eporting period. (Complete items 12.d., 120, and 12.f.)
This campaign is required to file a detailed financial distoral more than \$1,000 and/or expenditures total more	sclosure because contributions (including in-kind) received e than \$1,000 for this reporting period.
by the candidate committee by the Campaign Financia campaign contributions have been expended for the propose as defined by the federal internal recommendation.	gn contributions and expenditures required to be reported I Disclosure Act. Additionally, I/we swear or affirm that no ersonal financial benefit of the candidate or for any other
	2002
Withess Signature Date	Witness Signature Date
12. Summary:	Witness Signature Date
a. Balance On Hand Last Report	5 - 998 42 ×
b. Total Receipts This Period	
c. Total Disbursements This Period	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	11.3
e. Total Loans Outstanding	100
f. Total Obligations Outstanding	
SS-1109 (Rev. 8/2023)	Page L of 7

SUMMARY PAGE - CANDIDATE

13. Na	me of Candidate or Committee: MARY E. CENUNG
14. Re	porting Period: Start Date: July 1, 2024 End Date: January 15, 2025
15. Re	ceipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$
C.	Loans Received This Reporting Period
d.	Interest Received This Reporting Period
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Dis	bursements:
a.	Total Expenditures (other than loan payments)
b.	Loan Repayments Made This Period
c.	Total Obligation Payments Made This Period
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)
17. In-l	Kind Contributions:
a.	Unitemized In-Kind Contributions Received This Period
b.	Itemized In-Kind Contributions Received This Period\$
C.	Total In-Kind Contributions Received This Period
18. Obl	lgations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)

Page 2 of 7

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	ame: MARY & GENUNG		
2. Reporting Period: Start D	ate: July 1, 2024 End Date: JANUARY	15,2025	
3. Total campaign contribution	ons from preceding page (enter \$0 if first page)	\$ 4	
		/	
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Nar	me:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:		OR
First Name:	Middle Name:	Last Name:	
	City:		
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Pusiness or Organization Nar	18		
First Name	ne:Middle Name:	Last Name:	_ OR
Address:			
	Employer:		
	Primary Election General Election		
	Date of Contribution:		
Business or Organization Nar	ne:		OR
	Middle Name:		
	City:		
	Employer:		
	☐ Primary Election ☐ General Election		
	Date of Contribution:		
	page if additional pages of this form are used. If the summary on first page.)	this is the last page of contributions,	this

Page 3 of 7

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	MARY E GENUNG			
2. Reporting Period: Start Date: Jul	41.2624 End Date:	TANKARU 5, 207	25	
3. Total in-kind contributions from pr	, ,	, .		
COMPLETE THE APPROPRIATE ITEMS I dollars (\$100) from any contributor during the	FOR EACH IN-KIND CONTRI		outions totaling more than on	e hundred
Business or Organization Name:				OR
First Name:				
Address:				
Occupation:				
In-Kind Contribution Received For: In-Kind Contribution Value: \$ Description of In-Kind Contribution:	☐ Primary Election ☐ _ In-Kind Contribution Da	General Election	Runoff (Local Election	ons Only)
		/		
Business or Organization Name: First Name:	Middle Name:	Las	t Name:	OR
Address:	City:	Star	te: Zip Code:	
	/			
In-Kind Contribution Received For:	_ /			
In-Kind Contribution Value: \$				
Description of In-Kind Contribution:				
Business or Organization Name:				OR
	Middle Name:			
Address:				
Occupation:				
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$				
Description of In-Kind Contribution:				
Business or Organization Name:				
First Name:				
Address:				
Occupation:				
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$	_ In-Kind Contribution Da	te: Aggr	egate This Election: \$	
Description of In-Kind Contribution:				
Total In-Kind Contributions: \$ (Carry forward to the next page if add contributions, this amount must be sh				

Page 4 of 7

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

2. Reporting Period: Start Date: Ju	141,2024	ENUNG End Date: <u>JANU</u>	ARY	5, 2025		
3. Total campaign expenditures from						
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please removed candidate's name in the purpose of the expe	ember to include th	ENDITURE. All expen the purpose of the expen	ditures m diture (e.g.	ust be itemized ., postage, printii	. If the expenditure ng, etc.) along with	is an in- the
Business or Organization Name:						OF
First Name:	Middle Na	ime:		Last Name:		
Address:	Cit	ty:		State:	Zip Code:	
Purpose of Expenditure:						
Amount of Expenditure: \$	Da	ate of Expenditure:	\$ /			
Business or Organization Name:		/	/			OF
First Name:		/				
Address:		. /				
Purpose of Expenditure:	1	N				
Amount of Expenditure: \$	Da	ate of Expenditure:	\$			- 1 7
Business or Organization Name:						OF
First Name:		me:	Trans.			
Address:	Middle No	v:		State.	7in Code:	
Purpose of Expenditure:	/	.,.		State	Zip code	14
Amount of Expenditure: \$		ate of Expenditure:	\$		<u> </u>	
Business or Organization Name:						OF
First Name:	/	me:		Last Name		
Address:		y:				
Purpose of Expenditure:	- Cit	у	Seeme T.	State	Zip code	
Amount of Expenditure: \$	Da	ate of Expenditure:	\$		n -	
Business or Organization Nove						
Business or Organization Name:						
First Name:	Middle Na	me:	18.23	Last Name:		
Address:						
Purpose of Expenditure: Amount of Expenditure: \$						
	Da	ite oi expenditure:	2		<u> </u>	

Page of 7

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name:	ARYE GENUNG		
2. Reporting Period: Start Date: Ju	14 / 2024 End Date: JANUA	Ry 15, 2025	
3. Complete the appropriate items for	or each loan totaling more than o	ne hundred dollars (\$100).	
Complete the following for the source of ea	ch loan received and/or outstanding d	uring the period.	
Business or Organization Name:	ARY Egenung		
First Name: MARY	_ Middle Name: ✓ € .	Last Name: Genung	
Address: 1100 Lock 4 RD	City: CALLATIA	State: TN Zip Code: 370	66
Outstanding Loan Balance (Beginning	ı) \$		
Loans Received	\$		
Loan Payments	\$	8/	
Outstanding Loan (End)	5 2430	Txx	
Loan Received For: Primary Ele	ction General Election	Runoff (Local Elections Only)	
Date of Loan:			
List all endorsers or guarantors for above le	oan (If more space is needed, please att.	ach additional pages.)	
Business or Organization Name:			OR
First Name:	Middle Name:	Last Name:	
		State: Zip Code:	
Amount Guaranteed Outstanding: \$_			
Business or Organization Name:			OF
		Last Name:	
,		State: Zip Code:	
Amount Guaranteed Outstanding: \$_			
Business or Organization Name: _			OF
First Name:			
Address:	City:	State: Zip Code:	
Amount Guaranteed Outstanding: \$_			
Business or Organization Name:	,		OF
First Name:	/	Last Name:	
Address:	City:	State: Zip Code:	
Amount Guaranteed Outstanding: \$_			
Totals for all loans (Complete this page for	or each outstanding loan during the perio	d. Complete this section only on last page of lo	ans
Total loans received and loan payments should	d be shown on summary page. Outstandir	ng loan balance should be shown on front page.	.)
Balance (Beginning)			
Loans Received	\$\$		
Loan Payments	\$		
Outstanding Loan (End)	\$ <u></u>		M-
SS-1132 (Rev. 1/2023)	/	Page 6 of	T

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: MARYE GET		r 1.00	_	
2. Reporting Period: Start Date: 1/2074 End Date: 3. Complete the appropriate items for each obligation owed to		,		1.
Business Name: Middle Name: Last Name:	Description of Obligation:	le cha of the f	eporting period	
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name: First Name: Middle Name: Last Name:	Description of Obligation:		1.50	
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name: Middle Name: Last Name:	Description of Obligation:			
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
State zip code.		N. A.		
Business Name: Middle Name:	Description of Obligation:			
Last Name: Address: City:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
	and district			4.14.14
TOTALS (Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column	Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period/End)
Triod Ella, Coldilli	13	13	1.3	13/1/

\$

SS-1127 (Rev. 1/2023)

must also be shown on the summary on first page.)