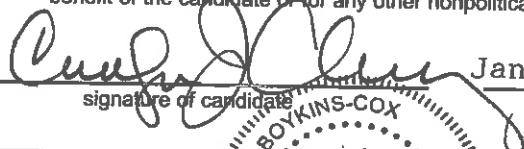

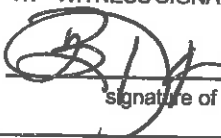
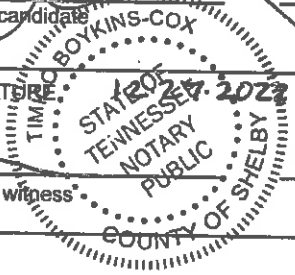

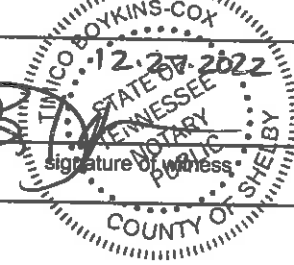


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT January 16, 2020	2.a. NAME OF CANDIDATE OR COMMITTEE CAROL CHUMNEY FOR SHELBY COUNTY MAYOR										
2.b. IF COMMITTEE, NAME OF CANDIDATE Carolyn J. Chumney	3. ELECTION DATE May 7, 2002										
4.a. CAMPAIGN ADDRESS AND PHONE <table style="width:100%; border:none;"> <tr> <td style="border:none;">Street or Rural Route</td> <td style="border:none;">City</td> <td style="border:none;">State</td> <td style="border:none;">Zip Code</td> <td style="border:none;">Phone</td> </tr> <tr> <td style="border:none;">3728 Charleston Square Drive,</td> <td style="border:none;">Memphis, TN.</td> <td style="border:none;">38122</td> <td style="border:none;">901-634-6540</td> <td style="border:none;"></td> </tr> </table>		Street or Rural Route	City	State	Zip Code	Phone	3728 Charleston Square Drive,	Memphis, TN.	38122	901-634-6540	
Street or Rural Route	City	State	Zip Code	Phone							
3728 Charleston Square Drive,	Memphis, TN.	38122	901-634-6540								
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) <table style="width:100%; border:none;"> <tr> <td style="border:none;">Street or Rural Route</td> <td style="border:none;">City</td> <td style="border:none;">State</td> <td style="border:none;">Zip Code</td> <td style="border:none;">Phone</td> </tr> <tr> <td colspan="5" style="border:none;">(Same as Above)</td> </tr> </table>		Street or Rural Route	City	State	Zip Code	Phone	(Same as Above)				
Street or Rural Route	City	State	Zip Code	Phone							
(Same as Above)											
5. OFFICE SOUGHT (include district number, if applicable) Mayor of Shelby County	6. NAME OF POLITICAL TREASURER (may be candidate) Sara H. Chumney										
7. CATEGORY OR REPORT (Check one) <table style="width:100%; border:none;"> <tr> <td style="border:none;"><input type="checkbox"/> FIRST QUARTER</td> <td style="border:none;"><input type="checkbox"/> SECOND QUARTER</td> <td style="border:none;"><input type="checkbox"/> THIRD QUARTER</td> <td style="border:none;"><input type="checkbox"/> FOURTH QUARTER</td> <td style="border:none;"><input type="checkbox"/> PRE-PRIMARY</td> <td style="border:none;"><input type="checkbox"/> PRE-GENERAL</td> <td style="border:none;"><input type="checkbox"/> MID-YEAR SUPPLEMENTAL</td> <td style="border:none;"><input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL</td> </tr> </table>		<input type="checkbox"/> FIRST QUARTER	<input 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 checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL		
<input type="checkbox"/> FIRST QUARTER	<input 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 checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD July 1, 2019	8.b. ENDING DATE OF REPORTING PERIOD January 15, 2020										
9. (Check one) <p>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.)</p> <p>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.</p>											
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	Jan. 24, 2020 date										
 signature of political treasurer	Jan. 24, 2020 date										
11. WITNESS SIGNATURE  signature of witness	 1.24.2020 date										
 signature of witness	 1.24.2020 date										
12. SUMMARY											
a. BALANCE ON HAND LAST REPORT	\$ 0										
b. TOTAL RECEIPTS THIS PERIOD	\$ 0										
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 0										
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 0										
e. TOTAL LOANS OUTSTANDING	\$ 85,947.01										
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0										



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) CAROL CHUMNEY FOR SHELBY COUNTY MAYOR	14. REPORT COVERING THE PERIOD FROM: 7/1/19 TO: 1/15/20
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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, gasoline)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 0

b. Itemized Expenditures (Over \$100 each payee this period) \$ 0

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) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ 0



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAROL CHUMNEY FOR SHELBY COUNTY MAYOR				2. REPORT COVERING THE PERIOD FROM: 7/1/19 TO: 1/15/20					
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 Carolyn		Middle Name Jean		Outstanding Loan Balance (Beginning of Period) 85,947.01		Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 85,947.01	
Last Name/Organization Name CHUMNEY				Address 3728 Charleston Square Drive		Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 2002	
City Memphis		State TN	Zip Code 38122						
List All Endorsers or Guarantors for Above Loan (if more space is needed please attach a page)									
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					
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) 85,947.01		Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 85,947.01	

