



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

|   |   |
|---|---|
| 1. DATE OF REPORT<br><b>October 30, 2022</b>  | 2. NAME OF COMMITTEE<br><b>Republican Women's Action Pac</b>    |
| 2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE)<br><b>NA</b>   |   |
| 3. ADDRESS AND PHONE<br>Street or Rural Route      City      State      Zip Code      Phone<br><b>Po Box 33      Hendersonville TN      37077      602-549-5054</b>   |   |
| 4. TYPE OF CANDIDATES SUPPORTED<br>STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input type="checkbox"/> BOTH <input checked="" type="checkbox"/>   |   |
| 5.A. NAME OF POLITICAL TREASURER<br><b>Sharon Kennedy</b>   | 5.B. DATE APPOINTED<br><b>11-20-21</b>                          |
| 6. CATEGORY OR REPORT (Check one)<br><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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL   |   |
| 7.A. BEGINNING DATE OF REPORTING PERIOD<br><b>October 1, 2022</b>   | 7.B. ENDING DATE OF REPORTING PERIOD<br><b>October, 29 2022</b> |
| 8. (Check one)<br>A. <input checked="" type="checkbox"/> This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.)<br><br>B. <input type="checkbox"/> This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act. |   |
| <br>signature of political treasurer  |   |
| <b>11-30-2022</b><br>date   |   |
| 9. WITNESS SIGNATURE  |   |
| <br>signature of witness  |   |
| <b>11-30-2022</b><br>date   |   |
| 10. SUMMARY   |   |
| a. BALANCE ON HAND LAST REPORT .....  | \$ <u>128.31</u>  |
| b. TOTAL RECEIPTS THIS PERIOD .....   | \$ <u>1.00</u>  |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....  | \$ <u>2</u>   |
| d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....   | \$ <u>129.31</u>  |
| e. TOTAL LOANS OUTSTANDING .....  | \$ <u>2</u>   |
| f. TOTAL OBLIGATIONS OUTSTANDING .....  | \$ <u>2</u>   |

**FILED** PM  
**AM**  
**OCT 31 2022**  
**SUMNER COUNTY**  
**ELECTION COMMISSION**



## SUMMARY PAGE - PAC

|                                      |                                |                     |
|--------------------------------------|--------------------------------|---------------------|
| 11. NAME OF COMMITTEE (In Full)      | 12. REPORT COVERING THE PERIOD |                     |
| <i>Republican Women's Action PAC</i> | FROM <i>11-1-22</i>            | TO: <i>11-29-22</i> |

### RECEIPTS

13. 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 13.a. and 13.b.) ..... \$ 1

14. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ \_\_\_\_\_

15. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ \_\_\_\_\_

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) ..... \$ 1

### DISBURSEMENTS

17. EXPENDITURES (other than loan payments)

a. Unitemized 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) ..... \$ \_\_\_\_\_

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

c. Independent Expenditures ..... \$ \_\_\_\_\_

d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) ..... \$ \_\_\_\_\_

18. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ \_\_\_\_\_

19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) ..... \$ \_\_\_\_\_

### 20. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... \$ \_\_\_\_\_

b. Itemized in-kind contributions (over \$100 from each source this period) ..... \$ \_\_\_\_\_

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) ..... \$ 0

### 21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) ..... \$ 0

### 22. OBLIGATIONS

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

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

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) ..... \$ 0



## ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

|   |                    |  |                               |                                       |
|---|--------------------|--|-------------------------------|---------------------------------------|
| 1. NAME OF COMMITTEE<br><i>Republican Women's Action PAC</i>  |                    |  | 2. REPORT COVERING THE PERIOD |                                       |
|   |                    |  | FROM: <i>11-1-22</i>          | TO: <i>11-29-22</i>                   |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |  |                               | Amount<br><i>\$ 1</i>                 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)                                      |                    |  |                               |                                       |
| First Name  | M.I.               | Last Name/Organization Name<br><i>Sumner County Republican Women</i> |                               | Amount of Contribution<br><i>\$ 1</i> |
| Address<br><i>P.O. Box 33</i>   |                    |  |                               |                                       |
| City<br><i>Hendersonville</i>   | State<br><i>TN</i> | Zip Code<br><i>37077</i>   |                               | Date of Contribution                  |
| Occupation  |                    | Employer   |                               |                                       |
| First Name  | M.I.               | Last Name/Organization Name  |                               | Amount of Contribution                |
| Address   |                    |  |                               |                                       |
| City  | State              | Zip Code   |                               | Date of Contribution                  |
| Occupation  |                    | Employer   |                               |                                       |
| First Name  | M.I.               | Last Name/Organization Name  |                               | Amount of Contribution                |
| Address   |                    |  |                               |                                       |
| City  | State              | Zip Code   |                               | Date of Contribution                  |
| Occupation  |                    | Employer   |                               |                                       |
| First Name  | M.I.               | Last Name/Organization Name  |                               | Amount of Contribution                |
| Address   |                    |  |                               |                                       |
| City  | State              | Zip Code   |                               | Date of Contribution                  |
| Occupation  |                    | Employer   |                               |                                       |
| First Name  | M.I.               | Last Name/Organization Name  |                               | Amount of Contribution                |
| Address   |                    |  |                               |                                       |
| City  | State              | Zip Code   |                               | Date of Contribution                  |
| Occupation  |                    | Employer   |                               |                                       |
| First Name  | M.I.               | Last Name/Organization Name  |                               | Amount of Contribution                |
| Address   |                    |  |                               |                                       |
| City  | State              | Zip Code   |                               | Date of Contribution                  |
| Occupation  |                    | Employer   |                               |                                       |
| 5. TOTAL ITEMIZED CONTRIBUTIONS   |                    |  |                               | Amount<br><i>\$ 1</i>                 |
| (Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of contributions, this amount must be shown in item 13b. of summary.) |                    |  |                               |                                       |



# ITEMIZED STATEMENT OF EXPENDITURES - PAC

|   |             |   |                       |
|---|-------------|---|-----------------------|
| 1. NAME OF COMMITTEE<br><i>Republican Women's Action PAC</i>  |             | 2. REPORT COVERING THE PERIOD<br>FROM: <i>11-1-22</i> TO: <i>11-29-22</i> |                       |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |             |   | Amount<br><i>0</i>    |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section. |             |   |                       |
| First Name  | Middle Name | Purpose of Expenditure  | Amount of Expenditure |
| Last Name/Business Name   |             |   |                       |
| Address   |             |   |                       |
| City  | State       |   |                       |
| Date of Expenditure   |             |   |                       |
| First Name  | Middle Name | Purpose of Expenditure  | Amount of Expenditure |
| Last Name/Business Name   |             |   |                       |
| Address   |             |   |                       |
| City  | State       |   |                       |
| Date of Expenditure   |             |   |                       |
| First Name  | Middle Name | Purpose of Expenditure  | Amount of Expenditure |
| Last Name/Business Name   |             |   |                       |
| Address   |             |   |                       |
| City  | State       |   |                       |
| Date of Expenditure   |             |   |                       |
| First Name  | Middle Name | Purpose of Expenditure  | Amount of Expenditure |
| Last Name/Business Name   |             |   |                       |
| Address   |             |   |                       |
| City  | State       |   |                       |
| Date of Expenditure   |             |   |                       |
| First Name  | Middle Name | Purpose of Expenditure  | Amount of Expenditure |
| Last Name/Business Name   |             |   |                       |
| Address   |             |   |                       |
| City  | State       |   |                       |
| Date of Expenditure   |             |   |                       |
| First Name  | Middle Name | Purpose of Expenditure  | Amount of Expenditure |
| Last Name/Business Name   |             |   |                       |
| Address   |             |   |                       |
| City  | State       |   |                       |
| Date of Expenditure   |             |   |                       |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)   |             |   | <i>0</i>              |

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

|   |             |                                     |   |                               |          |
|---|-------------|-------------------------------------|---|-------------------------------|----------|
| 1. NAME OF COMMITTEE<br><i>Republican Women's Action PAC</i>  |             |                                     | 2. REPORT COVERING PERIOD<br>FROM: <i>11-22</i> TO: <i>11/29-27</i> |                               |          |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)  |             |                                     |   | Amount<br><i>0</i>            |          |
| 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 | Description of In-Kind Contribution |   | Value of In-Kind Contribution |          |
| Last Name/Organization Name   |             |                                     |   | Date of In-Kind Contribution  |          |
| Address   |             |                                     |   |                               |          |
| City  | State       |                                     |   |                               | Zip Code |
| Occupation  |             |                                     |   |                               |          |
| Employer  |             |                                     |   |                               |          |
| First Name  | Middle Name | Description of In-Kind Contribution |   | Value of In-Kind Contribution |          |
| Last Name/Organization Name   |             |                                     |   | Date of In-Kind Contribution  |          |
| Address   |             |                                     |   |                               |          |
| City  | State       |                                     |   |                               | Zip Code |
| Occupation  |             |                                     |   |                               |          |
| Employer  |             |                                     |   |                               |          |
| First Name  | Middle Name | Description of In-Kind Contribution |   | Value of In-Kind Contribution |          |
| Last Name/Organization Name   |             |                                     |   | Date of In-Kind Contribution  |          |
| Address   |             |                                     |   |                               |          |
| City  | State       |                                     |   |                               | Zip Code |
| Occupation  |             |                                     |   |                               |          |
| Employer  |             |                                     |   |                               |          |
| First Name  | Middle Name | Description of In-Kind Contribution |   | Value of In-Kind Contribution |          |
| Last Name/Organization Name   |             |                                     |   | Date of In-Kind Contribution  |          |
| Address   |             |                                     |   |                               |          |
| City  | State       |                                     |   |                               | Zip Code |
| Occupation  |             |                                     |   |                               |          |
| Employer  |             |                                     |   |                               |          |
| 5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS   |             |                                     |   |                               |          |
| (Carry forward to item 3 of next page if additional pages of this form are used.)<br>(If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.) |             |                                     |   |                               |          |



# ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE  
*Republican Women's Action PAC*

2. REPORT COVERING THE PERIOD  
 FROM: *11/1/22* TO: *11/29/22*  
 Amount: *0*

3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). Please remember to include the purpose of the expenditure (e.g. postage, printing) and the name of the candidate supported or opposed.

| First Name              | Middle Name       | Purpose of Expenditure   | Amount of Expenditure |
|-------------------------|-------------------|--|-----------------------|
| Last Name/Business Name |                   | Candidate Supported or Opposed & Office Sought<br>Opposed <input type="checkbox"/><br>Supported <input type="checkbox"/> | Date of Expenditure   |
| Address                 |                   |  |                       |
| City                    | State    Zip Code |  |                       |
| Last Name/Business Name |                   | Candidate Supported or Opposed & Office Sought<br>Opposed <input type="checkbox"/><br>Supported <input type="checkbox"/> | Date of Expenditure   |
| Address                 |                   |  |                       |
| City                    | State    Zip Code |  |                       |
| Last Name/Business Name |                   | Candidate Supported or Opposed & Office Sought<br>Opposed <input type="checkbox"/><br>Supported <input type="checkbox"/> | Date of Expenditure   |
| Address                 |                   |  |                       |
| City                    | State    Zip Code |  |                       |
| Last Name/Business Name |                   | Candidate Supported or Opposed & Office Sought<br>Opposed <input type="checkbox"/><br>Supported <input type="checkbox"/> | Date of Expenditure   |
| Address                 |                   |  |                       |
| City                    | State    Zip Code |  |                       |
| Last Name/Business Name |                   | Candidate Supported or Opposed & Office Sought<br>Opposed <input type="checkbox"/><br>Supported <input type="checkbox"/> | Date of Expenditure   |
| Address                 |                   |  |                       |
| City                    | State    Zip Code |  |                       |
| Last Name/Business Name |                   | Candidate Supported or Opposed & Office Sought<br>Opposed <input type="checkbox"/><br>Supported <input type="checkbox"/> | Date of Expenditure   |
| Address                 |                   |  |                       |
| City                    | State    Zip Code |  |                       |
| Last Name/Business Name |                   | Candidate Supported or Opposed & Office Sought<br>Opposed <input type="checkbox"/><br>Supported <input type="checkbox"/> | Date of Expenditure   |
| Address                 |                   |  |                       |
| City                    | State    Zip Code |  |                       |
| Last Name/Business Name |                   | Candidate Supported or Opposed & Office Sought<br>Opposed <input type="checkbox"/><br>Supported <input type="checkbox"/> | Date of Expenditure   |
| Address                 |                   |  |                       |
| City                    | State    Zip Code |  |                       |

5 (a) Itemized Independent Expenditures ..... \$ \_\_\_\_\_

(b) Unitemized Independent Expenditures ..... \$ \_\_\_\_\_

(c) Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be shown in item 17c. of summary page.) \$ \_\_\_\_\_

## ITEMIZED STATEMENT OF LOANS - PAC

| 1. NAME OF COMMITTEE   |             |          |  | 2. REPORT COVERING THE PERIOD             |                            |                           |                                     |
|--|-------------|----------|--|---|----------------------------|---------------------------|-------------------------------------|
| <i>Republican Women's Action PAC</i>   |             |          |  | FROM: <i>11/1/22</i>                      |                            | TO: <i>11/29/22</i>       |                                     |
| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period) |             |          |  | Outstanding Balance (Beginning of Period) | Loans Received This Period | Loan Payments This Period | Outstanding Balance (End of Period) |
| First Name   | Middle Name |          |  |   |                            |                           |                                     |
| Last Name/Business Name  |             |          |  |   |                            |                           |                                     |
| Address  |             |          |  |   |                            |                           |                                     |
| City   | State       | Zip Code |  |   |                            |                           |                                     |
| Date of Loan   |             |          |  |   |                            |                           |                                     |
| First Name   | Middle Name |          |  |   |                            |                           |                                     |
| Last Name/Business Name  |             |          |  |   |                            |                           |                                     |
| Address  |             |          |  |   |                            |                           |                                     |
| City   | State       | Zip Code |  |   |                            |                           |                                     |
| Date of Loan   |             |          |  |   |                            |                           |                                     |
| First Name   | Middle Name |          |  |   |                            |                           |                                     |
| Last Name/Business Name  |             |          |  |   |                            |                           |                                     |
| Address  |             |          |  |   |                            |                           |                                     |
| City   | State       | Zip Code |  |   |                            |                           |                                     |
| Date of Loan   |             |          |  |   |                            |                           |                                     |
| First Name   | Middle Name |          |  |   |                            |                           |                                     |
| Last Name/Business Name  |             |          |  |   |                            |                           |                                     |
| Address  |             |          |  |   |                            |                           |                                     |
| City   | State       | Zip Code |  |   |                            |                           |                                     |
| Date of Loan   |             |          |  |   |                            |                           |                                     |
| First Name   | Middle Name |          |  |   |                            |                           |                                     |
| Last Name/Business Name  |             |          |  |   |                            |                           |                                     |
| Address  |             |          |  |   |                            |                           |                                     |
| City   | State       | Zip Code |  |   |                            |                           |                                     |
| Date of Loan   |             |          |  |   |                            |                           |                                     |
| First Name   | Middle Name |          |  |   |                            |                           |                                     |
| Last Name/Business Name  |             |          |  |   |                            |                           |                                     |
| Address  |             |          |  |   |                            |                           |                                     |
| City   | State       | Zip Code |  |   |                            |                           |                                     |
| Date of Loan   |             |          |  |   |                            |                           |                                     |
| <b>4. TOTALS</b><br><small>(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)</small>            |             |          |  |   |                            |                           | <i>ⓧ</i>                            |

## ITEMIZED STATEMENT OF OBLIGATIONS - PAC

| 1. NAME OF COMMITTEE   |             |          |  | 2. REPORT COVERING THE PERIOD             |                           |                      |                                     |  |
|--|-------------|----------|--|---|---------------------------|----------------------|-------------------------------------|--|
| <i>Republican Women's Action PAC</i>   |             |          |  | FROM: <i>1/1/22</i>                       |                           | TO: <i>1/29/22</i>   |                                     |  |
| 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  |             |          |  |   |                           |                      |                                     |  |
| (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)   |             |          |  |   |                           |                      |                                     |  |

