CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT October 30, 2022 Republican Women's Action Tac
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE)
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone
4. TYPE OF CANDIDATES SUPPORTED
STATE PUBLIC OFFICE LOCAL PUBLIC OFFICE BOTH
5.A. NAME OF POLITICAL TREASURER 5.B. DATE APPOINTED 11-20-21
6. CATEGORY OR REPORT (Check one)
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
7.A.BEGINNING DATE OF REPORTING PERIOD 7.B.ENDING DATE OF REPORTING PERIOD
8. (Check one)
A. 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 solemly 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.)
B. 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 solemly 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.
Sharon Vennudy. 11-30-2022 signature of political treasurer date
9. WITNESS SIGNATURE Was 1. Kury signature of witness 1.30-2022
10. SUMMARY
a. BALANCE ON HAND LAST REPORT\$ 128.3/
b. TOTAL RECEIPTS THIS PERIOD\$
c. TOTAL DISBURSEMENTS THIS PERIOD\$
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)
e. TOTAL LOANS OUTSTANDING \$\$
f. TOTAL OBLIGATIONS OUTSTANDING \$
ELECTION OUT
SS-1122(Rev. 2/06)

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)		PORT COVE	RINGT	HE PERIOD
Republican Women's Action PAC	FROM	11-1-22	TO: /	11-24-2
13. CONTRIBUTIONS (other than loans and interest)		١.٥		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	8	_	
b. Itemized Contributions (over \$100 from each source this period)	\$	×	_	.
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	•		\$	<u> </u>
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 gasoline)	y catego	ry - e.g., prin	ting, po	stage,
\$				
\$				
\$				
\$	1,1	•		
\$				
\$				
Total of Expenditures (\$100 or less each payee)		2	_	
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)				~ 1
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.	.b.)		\$	
21. LOANS				\sim
LOANS OUTSTANDING (must be shown in item 10.e.)	•••••		\$	
22. OBLIGATIONS				
a. Unitemized Obligations Outstanding (\$100 or less each)	\$			
b. Itemized Obligations Outstanding (Over \$100 each)	\$		_	70
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i it	em 10.f.)		\$	9
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ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE	17	men's Action Pac 2. REPORT COV FROM: 1/-1-22	ERING THE PERIOD		
Kepubl.can	W	mens Itetion the FROMIL-1-12	7 0 10		
3. TOTAL ITEMIZED CAMPAIGN COI	NTRIBUT	ONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount		
4. COMPLETE THE APPROPRIATE ITEM	SFOREA	CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor	during the period)		
First Name	M.I.	Sum N = County Republican Women	Amount of Contribution		
Address P. O. Box 33			/		
Hendersonville	State	37077	Date of Contribution		
Occupation		Employer			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution		
Address			· ·		
03.					
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			Date of Contribution		
Оссираноп		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			pare or contribution		
Страция		Employer			
5.TOTAL ITEMIZED CONTRIBUTIONS			Chine Awales e.a.		
(Carry forward to item 3. of next page if a	idditional n	igges of this form are used.)	#,		
(If this is the last page of contributions, thi			7/		

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE	t	0-113	DAA	2. REPORT COVERING THE PERIOD
Republican Warm	ens	HCTION	raco	FROM: 1-1-22 TO: 11-24-22
3 TOTAL ITEMIZED EXPENDITIBLES	EDOMB	DECEDING DACE (a)	to to it it is in it is in it.	Amount
TOTAL ITEMIZED EXPENDITURES COMPLETE THE APPROPRIATE ITEMS	FOD EA	CH ITEMIZED EXPEND	ITELIBE (average tracking many than \$100 to	
penditure is an in-kind contribution to a cand	didate, ple	ease remember to include	the purpose of the expenditure (e.g. postage, pri	o any payee during the period). If the ex- inting) along with the candidate's name in
the purpose of experialture section.				manay along marato oarolada o mario in
First Name Middle Name			Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			+	
Address		•		Date of Expenditure
City	la.	T= 2 .	_	
Ony	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				and the Experiment
Last Name/Business Name				
Address			4	
			1	Date of Expenditure
City	State	Zip Code	1	
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			-	
Address			7	Date of Expenditure
O2.				
City	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Funny diver
			i upose of Experience	Amount of Expenditure
Last Name/Business Name			-	
Address			7	Date of Expenditure
City	0: :	T		
City	State	Zip Code		
First Name	Middle Nar	me	Purpose of Expenditure	Managed of Figure 45
	100000000000000000000000000000000000000	***	a special of Experience	Amount of Expenditure
Last Name/Business Name			†	
		West and the second sec	_	
Address			#	Date of Expenditure
City	State	Zip Code	4	
•	Outo	Lip Gode		
First Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
COST NOTICE DUSINESS NATING				
Address			†	Date of Expenditure
				4000000
City	State	Zip Code		
E TOTAL ITEMIZED EVEN DITUE				
5. TOTAL ITEMIZED EXPENDITURES	ldisia I			LA.
(Carry forward to item 3, of next page if ac (If this is the last page of campaign expend	iditional p	ages of this form are used	1.)	
CS 1410 E (Day 1/00)	muico, tili	amount must be snown	in item 170, or summary.)	11 01

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE	2. REPORT COVERING PERIOD					
republican	FROM://- 22	TO:11/29-27				
3. TOTAL ITEMIZED IN-KIND CONTRIB	ITIONS EDOM	DDECEDING DAGE	/t 00 :55 t''		Amount	
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH	TEMIZED IN-KIND	CONTRIBUTION (in-kind contributions	s totaling more than \$100 from a	any contributor during the period)	
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name			1			
Address			-			
City	Т.				Date of In-Kind Contribution	
Occupation	State	Zip Code			Sub St II T tird Softiabulion	
Employer						
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name			-			
Address			1	*		
City	State Zip Code				Date of In-Kind Contribution	
Occupation			-			
Employer			1			
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name			-			
Address						
City	State	I = 0 ·			Date of In-Kind Contribution	
Occupation	State	Zip Code				
Employer						
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name						
Address						
City	State	Zip Code			Date of In-Kind Contribution	
Occupation	1					
Employer						
5. TOTAL ITEMIZED IN-KIND CONTR	IBUTIONS					
(Carry forward to item 3 of next pa	age if additional po	ges of this form are us	sed.)			
(If this is the last page of in-kind co	ontributions, this a	amount must be show	n in item 20.b. of summary.)			
SS-1125 (Rev. 2/06)				ge (5) of S		
1120 (116V. 2100)			Pa	no con of	DDA 1150	

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC NAME OF COMMITTEE epublican Women's Action PAC 2. REPORT COVERING THE PERIOD FROM: // TO: // TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) Amount/ 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 Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed City State Zip Code Supported First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed City Zip Code Supported | First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed City Zip Code Supported First Name Middle Name Ourpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed City State Zip Code Supported First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed City State Zip Code Supported First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed \square City State Zip Code Supported 5 (a) Itemized Independent Expenditures\$ Uniternized Independent Expenditures Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be showin in item 17c. of summary page.)

ITEMIZED STATEMENT OF LOANS - PAC

NAME OF COMMITTEE NAME OF COMMITTEE	Dan	mic Ant	in Pr	7	2. REPORTCOVI	ERING THE PERIOD
COMPLETE THE APPROPRIATE ITEM LOAN (loans totaling more than \$100 owed the reporting period)	AS FOR E	ACH ITEMIZED rson/business at the end of	Outstanding Balance (Beginning of Period)	Loans Received	FROM: Loan Payments This	TO: 1/29/2c Outstanding Balance (End
First Name	Middle Name		or renda)	This Period	Period	of Period)
Last Name/Business Name		14C				
00000000000000000000000000000000000000						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle N	lame.				
	Middle	ame				
Last Name/Business Name		n en e		-		
Address						
City	State	Zip Code				
		L. C.	Date of Loan		•	
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			-
First Name	Middle Na	me				
Last Name/Business Name						
Address						
Audiess						
City	State	Zip Code	Date of Loan			
First Name	Middle Na	me	_			
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
		140	Date of Loan			
4. TOTALS (Total from "Outstanding Balance - (End of Period in item 21 on summary page.))" column	must also be shown				8
and an administry page.					2	

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ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE. Republican Women's Act. 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED.			11 20	0	2. REPORT COVERING THE PERIOD		
	AS FOR E	-ACHITEMIZED	Outstanding Delaga-	Debt	FROM:11/1/22	TO: 1/29/2	
OBLIGATION (obligations totaling more than the end of the reporting period)	1 \$100 ov	ved to any person/vendor at	(Beginning of Period)	Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Name						
Last Name/Business Name		8	-				
Address			1				
City	State	Zip Code	-				
Description of Obligation							
First Name	1644	Y.					
Last Name/Business Name	Middle	name					
					a l		
Address							
City	State	Zip Code	1				
Description of Obligation			1				
First Name	Middle N	Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
irst Name	T		MARK (200)				
ast Name/Business Name	Middle N	ame		, ,			
ddress							
Sity	State	Zip Code					
Description of Obligation							
irst Name	Middle Na	ame					
ast Name/Business Name							
ddress							
ity	State	Zip Code					
escription of Obligation							
. TOTALS Total from "Outstanding Balance - (End of Period)" of them 22 h on purpose research.	olumn mu	st also be shown					
nem 22.0 on summary page.)		S. SIOO DO SHOWII			9 -	0	
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