

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT <u>1-27-22</u>	2. NAME OF COMMITTEE <u>REPUBLICAN WOMEN'S ACTION PAC</u>
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>805 PLANTATION BLVD GALLATIN TN 37066 615-972-4120</u>	
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input type="checkbox"/> BOTH <input checked="" type="checkbox"/>	
5.A. NAME OF POLITICAL TREASURER <u>SHARON KENNEDY</u>	5.B. DATE APPOINTED <u>NOV. 20 2021</u>
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" 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	
7.A. BEGINNING DATE OF REPORTING PERIOD <u>7-1-21</u>	7.B. ENDING DATE OF REPORTING PERIOD <u>1-15-22</u>
8. (Check one) 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.) 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. <div style="text-align: right; margin-right: 20%;"> <u>Sharon Kennedy</u> signature of political treasurer </div> <div style="text-align: right; margin-right: 20%;"> <u>1-31-22</u> date </div>	
9. WITNESS SIGNATURE <div style="text-align: right; margin-right: 20%;"> <u>[Signature]</u> signature of witness </div> <div style="text-align: right; margin-right: 20%;"> <u>1-31-22</u> date </div>	
10. SUMMARY	
FILED	
a. BALANCE ON HAND LAST REPORT	AM PM <u>121.31</u>
JAN 31 2022	
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>0</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>59.49</u>
SUMNER COUNTY ELECTION COMMISSION	
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>71.31</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)
REPUBLICAN WOMEN'S ACTION PAC

14. REPORT COVERING THE PERIOD
FROM: *7-1-21* TO: *1-15-22*

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)

MONTHLY BANK FEES \$ 59.49

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

Total of Expenditures (\$100 or less each payee) \$ 59.49

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

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 59.49

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 59.49

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 CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
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		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		
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				
(Carry forward to item 3. of next page if additional pages of this form are used.) (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 REPUBLICAN WOMEN'S ACTION PAC		2. REPORT COVERING THE PERIOD	
		FROM: 7-21	TO: 1-15-22
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 59.49
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 SIMMONS BANK		BANK FEES ON PAC BANK ACCOUNT	59.49
Address P.O. BOX 7009 PINE BLUFF AR			Date of Expenditure MONTHLY 8-31-2021 TO 12-31-2021
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
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 campaign expenditures, this amount must be shown in item 17b. of summary.)			59.49



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING PERIOD		
				FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
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.) (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				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
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			
Address		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
City	State Zip Code		

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

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

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

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

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

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
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			
				FROM:	TO:		
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					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							



ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF 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							
<small>(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)</small>							

