# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Multicandidate Committees (PACs) DATE OF REPORT NAME OF COMMITTEE 10/30/2018 2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone Hendersonville STATE PUBLIC OFFICE LOCAL PUBLIC OFFICE 5.A. NAME OF POLITICAL TREASURER 5.B. DATE APPOINTED SECOND THIRD FOURTH 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 2018 2018 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. 9. WITNESS SIGNATURE date 10. SUMMARY BALANCE ON HAND LAST REPORT ............... TOTAL RECEIPTS THIS PERIOD TOTAL DISBURSEMENTS THIS PERIOD BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)



TOTAL LOANS OUTSTANDING ...

TOTAL OBLIGATIONS OUTSTANDING .....

#### **SUMMARY PAGE - PAC**

11. NAME OF COMMITTEE (In Full)	12. REPORT COV	ERING THE PERIOR
Republican Womens Action Pac	FROM 10/1/18	TO: 10/30 / 18
RECEIPTS  13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	
b. Itemized Contributions (over \$100 from each source this period)		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	••••	<del></del> \$
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.)	***************************************	\$ <u>1000°</u> °
DISBURSEMENTS		
17. EXPENDITURES (other than loan payments)		
<ul> <li>a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed b gasoline)</li> </ul>	y category - e.g., prin	ting, postage,
Bank Charges \$ 600	<del></del>	
\$		
\$		
<b>\$</b>	·	
<b>\$</b>		
<b>\$</b>	··· <u>·</u>	
Total of Expenditures (\$100 or less each payee)	s (.00	
b. Itemized Expenditures (Over \$100 each payee this period)	¥	<b>-</b>
c. Independent Expenditures		_
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)		. 1006°°
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.)		
21. LOANS		
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)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item		
SS-1136 (Rev. 11/04)		

### ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1NAME OF COMMITTEE			A DEPOST OF FRUIT THE
Republica	a 1110	mens Action Pac	2. REPORT COVERING THE PERIO
- republica		May Schon lec	FROM: 10/110 TO: 10/30/18
3. TOTAL ITEMIZED CAN	PAIGN CONTRIBL	TIONS FROM PRECEDING PAGE (enter \$0 if fin	Amount
4. COMPLETE THE APPRO	PRIATE ITEMS FOR E	ACH ITEMIZED CONTRIBUTION (contributions totaling	tritemized page) (000
FirstName	M.J.	Lost Norma (Companiestics Norma	
144		Sumner County Republica	2 M 0122
Address			100000
City	State	Zip Code	<del></del>
			Date of Contribution
Occupation		Employer	
FirstName	M.I.	Last Name/Organization Name	Amount of Contribution
Address			
0.1	······································		
City	State	Zip Code	Date of Contribution
Occupation	l		
Оссираноп		Employer	
FirstName	M.I.	Last Name/Organization Name	Amount of Contribution
Address		•	Alloures Contractes
Address			
City	State	Zip Code	
	ļ		Date of Contribution
Occupation		Employer	
Finally			
First Name	W.I.	Last Name/Organization Name	Amount of Contribution
Address		·	
City	State	Zip Code	
<b>y</b>		Zip Code	Date of Contribution
Occupation		Empkoyer	
irst Name	M.I.	Last Name/Organization Name	Amount of Contribution
vddress			
			ĺ
City	State	Zip Code	Date of Contribution
Occupation		Employer	
irst Name	M.I.	Last Name/Organization Name	
<u> </u>	174.1.	Castrial Congarization Name	Amount of Contribution
ddress			
ity	State	Zip Code	
			Date of Contribution
ccupation		Employer	
TOTAL ITEMIZED CONTRIBUT	IONS		
		and at this form	1
(Carry forward to item 3. of r	rext page it additional p	ages of this form are used.) nust be shown in item 13b. of summary.)	100000
pri and to the most page of coll		noor be shown in near 150. Of summidry.)	

### ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE		<u> </u>		2. REPORT COV	ERING THE PERIOD
Kepublic	an Mome	ins Ac	HON Pac	FROM: WILLIAM	
TOTAL ITEMIZED EXPL     COMPLETE THE APPRO	ENDITURES FROM F	RECEDING PAG	GE (enter \$0 if first itemized page)		Amount 60
penditure is an in-kind conti the purpose of expenditure	ribution to a candidate, big	ease remember to in	PENDITURE (expenditures totaling more than \$10 clude the purpose of the expenditure (e.g. postage,	10 to any payee during the printing) along with the c	he period). If the ex- andidate's name in
First Name	Middle Na	ime	Ourpose of Expenditure		Amount of Expenditure
Last Name/Business Name Conquest	ommunic	ztions G	Phone calls for Exp TU Summer Ct Commissioners	- ម	1000000
Address			Commissioners	•	Date of Expenditure
City	State	Zip Code			10/11/18
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				ļ
Address		<del></del>			Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					Date of Expenditure
City	State	Zip Code			
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address				ļ	Date of Expenditure
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	·	*-			
Address		-		i	Date of Expenditure
City	State	Zip Code			
First Name	Middle Nam	6	Purpose of Expenditure	4	mount of Expenditure
Last Name/Business Name					
Address				Þ	ate of Expenditure
City		Zip Code			
5. TOTAL ITEMIZED EXPEN (Carry forward to item 3. of	next page if additional pa				100000
SS-1119-E (Rev. 1/00)	mpayn expenditures, INIS	amount must be sh	nown in item 17b. of summary.)		

### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COV	ERING PERIOD
	<u> </u>			FROM:	TO:
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS FRO	M PRECEDING PA	GE (enter \$0 if first itemized page	ie)	Amount
4. COMPLETE THE APPROP	PRIATE ITEMS FOR EAC	H ITEMIZED IN-KI	GE (enter \$0 if first itemized pag ND CONTRIBUTION (in-kind contrit	outions totaling more than \$100 from	n any contributor during the period)
First Name	Middle Name		Description of In-Kind Contribution	Description of In-Kind Contribution	
Last Name/Organization Name			<del> </del>		
Address					
					Date of In-Kind Contribution
City	State	Zip Code	į.		Date of it Profit Continues
Occupation		•			
Employer					
FirstName	Middle Name	-	Description of In-Kind Contributio	n	Value of In-Kind Contribution
Last Name/Organization Name	<u> </u>		<b></b> ∤		
Address					
					Pate of the Control of the Control
City	State	Zip Code			Date of In-Kind Contribution
Occupation		I			
Employer					
FirstName	Middle Name	-	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	I	··-			
Address					
		<del></del>			Date of In-Kind Contribution
City	State	Zip Code			
Occupation 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					
Employer					
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5. TOTAL ITEMIZED IN-KIN	D CONTRIBUTIONS		1		
(Carry forward to item	3 of next page if additiona	I pges of this form ar	e used.)		
(if this is the last page	or in-kind contributions, th	is amount must be s	hown in item 20.b. of summary.)		1
SS-1125 (Rev. 2/06)			<del></del>	Page of	PDA44E0

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC 1. NAME OF COMMITTEE 2. REPORT COVERING THE PERIOD FROM: TO: Amount TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 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 Zip Code Supported First Name Middle Name urpose 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 urpose 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 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 5 (a) Itemized Independent Expenditures ......\$ (b) Uniternized Independent Expenditures ..... (c) Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be showin in item 17c. of summary page.)

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	Rev. 1/00

#### **ITEMIZED STATEMENT OF LOANS - PAC**

1. NAME OF COMMITTEE					2. REPORT COV	ERING THE PERIOD
					FROM:	То:
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	rst Name Middle Name					<u> </u>
Last Name/Business Name						ļ
Address						
City	State	Zip Code	Date of Loan			<del></del>
First Name	Middle Na	ame				<del></del>
Last Name/Business Name						i
Address						<u> </u> 
City	State	Zip Code	Date of Loan			<u> </u>
First Name						
ristname	Middle Na	me ,		-		
Last Name/Business Name	<u>-</u> -					
Address						
		ļ				
City	State	Zip Code	Date of Loan		<u> </u>	<del></del>
First Name	Middle Nar	ne				
Last Name/Business Name						
		,				
Address						
City	State	Zip Code			<u> </u>	
	3000	Zip Code	Date of Loan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
irst Name	Middle Nam	ne		<del></del> :		
ast Name/Business Name				:		
ddress	-					
ite	<u> </u>					
ity	State	Zip Code	Date of Loan		<del></del> -	
. TOTALS  Total from "Outstanding Balance - (End of F	eriod)* column r	nust also be shown				
item 21 on summary page.)	,			į		,

## ITEMIZED STATEMENT OF OBLIGATIONS - PAC

NAME OF COMMITTEE					2 PEROPTO	VERING THE PERIOR
					FROM:	
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	TO: Outstanding Balance (End of Period)
First Name	Middle					
Last Name/Business Name		<u> </u>				
Address						
City	State	Zip Code			-	
Description of Obligation	<u></u>	<u> </u>		·		<u> </u>
First Name	Middle I	Name				
Last Name/Business Name						
Address	<del></del>					
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name	<del></del>		ľ			
Address						
City	State	Zip Code				
Description of Obligation	<u>_</u>	<u> </u>				<u> </u>
First Name						
	Middle Name			-	-	
.ast Name/Business Name						
Address						
City	State	Zip Code		ļ		
description of Obligation		<u> </u>				
irst Name	Middle Na	me				
ast Name/Business Name						
ddress	<del></del> -					İ
ity	State	Zip Code				
escription of Obligation						
<del>-</del>						
TOTALS	Davis de!					
otal from "Outstanding Balance - (End of I item 22.b on summary page.)	-erioa) column mus	t also be shown				

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