CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

DATE OF REPORT	2. NAME OF COMMITTEE			
1-29-2020	Kablican	Womens	Action	PAC
2.A. SHORT NAME OF COMMITTEE (IF APPLI	CABLE)	Joseph Marie Mari	HEHON	1110
3. ADDRESS AND PHONE				
Street or Rural Route	City	State Zip	Code	Phone
4. TYPE OF CANDIDATES SUPPORTED	re Galletin	$\sqrt{3}$	7066	615351785
THE OF CARDIDATES SUPPORTED	STATE PUBLIC OFFICE	LOCAL PUBLIC OF	FFICE [вотн 💢
5.A. NAME OF POLITICAL TREASURER			5.B. DATE	APPOINTED
Angela Sadler			12-2	
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 7.A.BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY 7.B.END	GENERAL S ING DATE OF REPORTIN	SUPPLEMENTAL IG PERIOD	SUPPLEMENTAL
July 1, 2019		very 31	_	
8. (Check one)			<u> </u>	
A. This committee is exempt from detaile expenditures total \$1,000 or tess for the strue and that the committee has completed.)	HIS TEDDRING DEFING. I AN SMIGHNIN	/ ENMAGE OF Offices that th	<u> </u>	1 1.1 (P. 1.)
This committee is required to file a de \$1,000 and/or expenditures total more in this statement is true and that the frequired to be reported by political cates.	e man \$1,000 for this reporting pe oflowing page(s) are a complete a	eriod. I do solemly swe	ar or affirm that the	information of the
	ton Gulc Sce signature of	Du political treasurer		1-31-20 date
9. WITNESS SIGNATURE				
	Melanie Web	Selection of witness		1-31-2020 date
10. SUMMARY			-1	
a. BALANCE ON HAND LAST REPORT	-11 ED	s	21.31	
b. TOTAL RECEIPTS THIS PERIOD	FILLE	\$	8	
c. TOTAL DISBURSEMENTS THIS PERIOD	JAN 31 20		Ø	2\
d. BALANCE ON HAND (10.a. plus 10.b. m	inus 10.c.)SUMNER COUN ELECTION COMN	ussion	\$	1212
e. TOTAL LOANS OUTSTANDING	ELECTION		\$	Ø
f. TOTAL OBLIGATIONS OUTSTANDING			\$_	Ø

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
Republican Womens Action PAC	FROM 7/1/19 TO: 1/15/20
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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.).	
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.)	
DISBURSEMENTS	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed b gasoline)	y category - e.g., printing, postage,
gasonie)	·
	
<u> </u>	
\$	
<u> </u>	
<u> </u>	<u> </u>
<u> </u>	
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.	
21.LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	s <u>Ø</u>
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	10.f.)\$
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ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTE	E	. 01. 000	2. REPORT COVERING THE PERIO
Republi	cen Wo	mon's Hotion PAC	FROM: 7 18 TO: 115 3
3. TOTAL ITEMIZED CA	AMPAIGN CONTRIBL	JTIONS FROM PRECEDING PAGE (enter \$0 if first	temized page)
4. COMPLETE THE APPR	OPRIATE ITEMS FOR E	ACH ITEMIZED CONTRIBUTION (contributions totaling mo	re 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	
irst Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
			Date of Contribution
Occupation		Employer	
irst Name	M.I.	Last Name/Organization Name	Amount of Contribution
ddress	<u></u>		
ity	State	Zip Code	
occupation			Date of Contribution
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irst Name	M.I.	Last Name/Organization Name	Amount of Contribution
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ity	State	Zip Code	
ccupation			Date of Contribution
ссарация		Employer	
rst Name	M.I.	Last Name/Organization Name	Amount of Contribution
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у	State	Zip Code	
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coupation		Employer	
st Name	M.I.	Last Name/Organization Name	Amount of Contribution
iress			
y	State	Zip Code	
			Date of Contribution
cupation		Employer	
OTAL (TEMIZED CONTRIB	UTIONS		
		ages of this form on used.)	
TOTAL ITEMIZED CONTRIBI (Carry forward to item 3. of (If this is the last page of c	next page if additional p	ages of this form are used.) nust be shown in item 13b. of summary.)	11

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RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE	Oan.	Warn	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	REPORT COVERING THE PERIC
3. TOTAL ITEMIZED EXPENDITUR	ES FROM	PRECEDING PAGE	GE (enter \$0 if first itemized page)	Amount
penditure is an in-kind contribution to a the purpose of expenditure section.	-MS FOR E. candidate, p	ACH ITEMIZED EX lease remember to i	PENDITURE (expenditures totaling more than \$100 to any notude the purpose of the expenditure (e.g. postage, printing)	payee during the period). If the exalong with the candidate's name in
irst Name	M iddle N	ame	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name				
dress				Date of Expenditure
у	State	Zip Code		
st Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure
t Name/Business Name	me/Business Name			
dress		.		Date of Expenditure
у	State	Zip Code		
rst Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name	— <u>l</u>	· · · · · · · · · · · · · · · · · · ·		
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t Name/Business Name				A louis of Expendence
iress	······································			
	State	Zip Code		Date of Expenditure
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Name/Business Name	ividole Name		Purpose of Expenditure	Amount of Expenditure
ess				
	State	Zip Code		Date of Expenditure
TOTAL ITEMS TO THE TOTAL TOTAL ITEMS				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page it (If this is the last page of campaign exp	f additional p enditures, thi	ages of this form are s amount must be el	e used.)	B
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ITEMIZED STATEMENT OF LOANS - PAC

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1. MAME OF COMMITTEE			^		2. REPORT COVE	RING THE PERIOD
Republican Women's Hoton PV			₹			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			Outstanding Balance	1		TO: 1 15 2
LOAN (loans totaling more than \$100 owed to any person/business at the end of			(Beginning	Loans Received	Loan Payments	Outstanding Balance
the reporting period)	oned to drift per	2011/0/2011/022 St file 61/0 Of	of Period)	This Period	This Period	(End
First Name	· · · · · · · · · · · · · · · · · · ·		31.1 31.007	171131 C1100	Pellou	of Period)
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Last Name/Business Name						
Address	,					
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City	State	Zip Code	Date of Loan		<u> </u>	
			Date of Loan			
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Last Name/Business Name			-			
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City	State	Zip Code	Date of Loan			
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Last Name/Business Name						
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City	State	Zip Code	Date of Loan		<u> </u>	
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Total from "Outstanding Balance - (End of i i item 21 on summary page.)	renoa)* column	must also be shown	1	İ		7
Page.)						\mathcal{L}