CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

			
1. DATE OF REPORT	NAME OF COMMITTEE	0-1 60	C
2.A. SHORT NAME OF COMMITTEE (IF API	PLICABLE	EXMITCHON 111	
,			
ADDRESS AND PHONE Street or Rural Route	Oit.	7-0-1	
Street of Knist Knite	City	State Zip Code	Phone
1 TYPE OF CANDIDATES SUPPORTED	tre belktn	TM 37066	6153517850
4. TIPE OF CANDIDATES SUFFCICIED	STATE PUBLIC OFFICE	LOCAL PUBLIC OFFICE	вотн 💢
5.A. NAME OF POLITICAL TREASURER		5.B.	DATE APPOINTED
Angela Sadler			12-21-19
6. CATEGORY OR REPORT (Check one)			
FIRST SECOND THIR	L.J. L.XI D FOURTH PRE-	PRE- MID-YEAF	L R YEAR-END
QUARTER QUARTER QUART 7.A.BEGINNING DATE OF REPORTING PERIOD		GENERAL SUPPLEMEN	
l <u> </u>	/ .B.ENUH	NG DATE OF REPORTING PERIOD	
8. (Check one)	1	137 30	
		1 1	
A. This committee is exempt from de expenditures total \$1,000 or less is true and that the committee has and 10f must also be completed.)	for this reporting period. I do solemly complied with all applicable provisio	swear or affirm that the information	n contained in this statement
B. This committee is required to file a	a detailed financial disclosure becaus	e contributions (including in-kind) r	secived total more than
\$1,000 and/or expenditures total r	nore than \$1,000 for this reporting pe	riod. I do solemly swear or affirm t	that the information contained
in this statement is true and that the required to be reported by political	he following page(s) are a complete a I campaign committees by the Campa	and accurate accounting of all contr gion Financial Disclosure Act	ibutions and expenditures
		2 /1	
		///	2 - 0 - 0
	Hongula)	adle	7-29-20
	signature of	political treasurer	date
9. WITNESS SIGNATURE			
9. WITHESS SIGNATURE		ě	
	$A_{\alpha} \sim A_{\alpha} \rightarrow$	\ \chi_{\chi} \ \ (
	11/1/WXMXXX	YMI	_ 7.29.2020
	signatu	re of witness	date
10. SUMMARY		3)	
TO. SOMMERCI		31	
a. BALANCE ON HAND LAST REPORT	FILES	s <u>121</u>	•
b. TOTAL RECEIPTS THIS PERIOD	AM FILED	PMs	
c. TOTAL DISBURSEMENTS THIS PERIO	2020	\$	— <u>3</u> !
d. BALANCE ON HAND (10.a. plus 10.i	o. minus 10. SUMNER COUNTY		s 121
e. TOTAL LOANS OUTSTANDING	SAMMISSIC	N	s Ø
			~
f. TOTAL OBLIGATIONS OUTSTAND	NG		s \$

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIC		
Republican Women's Action PAC	FROM_	TO: alaalaa	
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)	l i	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.)		\$ <u>Ø</u>	
DISBURSEMENTS			
17. EXPENDITURES (other than loan payments)			
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline)	category - e.g., prin	ting, postage,	
\$ \$			
\$			
\$			
\$			
\$	 -		
\$			
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)	œ		
b. Itemized in-kind contributions (over \$100 from each source this period)		i	
	_,		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) 21. LOANS		···• /	
		• <i>i</i> X	
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)		1	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item		./	
SS-1136 (Rev. 11/04)	,	<i>F</i>	

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE		N T. DV	2. REPORT COVERING THE PERIOD	
Kepblican W	012000	" Holion MC	FROM: 7 1)20 TO: 7 37/20	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE IT	EMS FOR EA	ACH ITEMIZED CONTRIBUTION (contributions totaling more that	an \$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	<u></u>	Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address	t			
City	State	Zip Code	Date of Contribution	
Occupation	<u> </u>	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	
First Name Address	M.I.	Last Name/Organization Name	Amount of Contribution	
	M.I. State	Last Name/Organization Name Zip Code	Amount of Contribution Date of Contribution	
Address				
Address City		Zip Code		
Address City Occupation First Name	State	Zip Code Employer	Date of Contribution	
Address City Occupation	State	Zip Code Employer	Date of Contribution	
Address City Occupation First Name Address	State	Zip Code Employer Last Name/Organization Name	Date of Contribution Amount of Contribution	
Address City Occupation First Name Address City	State	Zip Code Employer Last Name/Organization Name	Date of Contribution Amount of Contribution	
Address City Occupation First Name Address City Occupation	State M.I.	Zip Code Employer Last Name/Organization Name Zip Code Employer	Date of Contribution Amount of Contribution Date of Contribution	
Address City Occupation First Name Address City Occupation First Name	State M.I.	Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name	Date of Contribution Amount of Contribution Date of Contribution	
Address City Occupation First Name Address City Occupation First Name Address	State M.I. State	Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name	Date of Contribution Amount of Contribution Date of Contribution Amount of Contribution	
Address City Occupation First Name Address City Occupation First Name Address City City	State M.I. State	Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name	Date of Contribution Amount of Contribution Date of Contribution Amount of Contribution	
Address City Occupation First Name Address City Occupation First Name Address City Occupation 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next pages	State M.I. State M.I. State	Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name	Date of Contribution Amount of Contribution Date of Contribution Amount of Contribution	

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. MANIE OF COMMITTEE	57-8 m 3	Action	PR	2. REPORT COVERING THE PERIOD
TOTAL ITEMIZED EXPENDITURES I COMPLETE THE APPROPRIATE ITEMS penditure is an in-kind contribution to a cand	FOR EAC	HITEMIZED EXPENDIT	er \$0 if first itemized page) URE (expenditures totaling more than \$100 ne purpose of the expenditure (e.g. postage, pr	Amount Amount to any payee during the period). If the ex-
the purpose of expenditure section. First Name	Middle Nar		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		,	1	
Address		1,1 0		Date of Expenditure
City	State	Zip Code		
First Name	Middle Na		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				Date of Expenditure
City	State	Zip Code	1	
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			-	
Address			_	Date of Expenditure
	T	In a		Pate of Expenditure
Сту	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	<u> </u>		1 .	
Address	 .			Date of Expenditure
City	State	Zip Code		
First Name	Videlo Na		D(5	
	Middle Nar		Purpose of Expenditure	Arhount of Expenditure
Last Name/Business Name				
Address				Date of Expenditure
City	State	Zip Code		
First Name	Aiddle Nan	ne	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address		· · · · · · · · · · · · · · · · · · ·		Date of Expenditure
City	State	Zip Code	·	
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if ac (If this is the last page of campaign expended) SS-1119-E (Rev. 1/00) 				Ø

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE ,	```	N 1	DV -	2. REPORT COVER	RING PERIOD
tipublican	Morri	ns Hot	ron THC	FROM:	TO: 7/27/20
3. TOTAL ITEMIZED IN-KIND CONTR	IBUTIONS FROM	I PRECEDING PAGI	E (enter \$0 if first itemized page)	, ,	Amount ¹
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH	I ITEMIZED IN-KIND	CONTRIBUTION (in-kind contribution	s totaling more than \$100 from a	ny contributor during the period)
First Name	Niddle Name		Description of In-Kind Contribution	\	alue of tn-Kind Contribution
Last Name/Organization Name		· · · · · · · · · · · · · · · · · · ·	\dashv		
Address					
Address					Data (b.16.10. c)
City	State	Zip Code			Date of In-Kind Contribution
Occupation					
Employer					
First Name	Hiddle Name		Description of In-Kind Contribution		aiue of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			Date of In-Kind Contribution
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution	\	/alue of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code	_		Date of In-Kind Contribution
Occupation	1		7		
Employer			_		
First Name	Niddie Name		Description of In-Kind Contribution	V	alue of In-Kind Contribution
Last Name/Organization Name	l		_		
Address					
					Date of In-Kind Contribution
City	State	Zip Code			
Occupation					
Employer		are gra			
E TOTAL ITERATED IN MIND OF	TOID IT O				
5. TOTAL ITEMIZED IN-KIND CON			t the second		
(Carry forward to item 3 of ne: (If this is the last page of in-kir	xt page if additionand contributions of	al pges of this form are his amount must be st	e used.) nown in item 20.b. of summary.)		
,	and a decinary to				
SS-1125 (Pay 2/06)					L <i>Y</i>

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC 1. NAME OF COMMITTEE 2. REPORT COVERING THE PERIOD FROM: 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 payed 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 liddle 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 🗀 State 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 liddle 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 liddle 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 **M**iddle Name Furpose of Expenditure Amount of Expenditure Last Name/Business Name Address Date of Expenditure Candidate Supported or Opposed & Office Sought Opposed City State Zip Code Supported 5 (a) Itemized Independent Expenditures 0 (b) Unitemized 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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ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE			D.O.		2. REPORT COVE	RING THE PERIOD
Leablican We	س و	ns Heton	, PHC		FROM: 51.129	TO: 7/27/20
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			Outstanding Balance	Loans	Loan Payments	Outstanding Balance
LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			(Beginning of Period)	Received This Period	This Period	(End of Period)
			di i dida;	11101 15100	renou	or renou)
First Name	Middle Na	me				
Last Name/Business Name	1					
Address		- ···	1			
City	State	Zip Code	Date of Loan		1	
			Date of Loan			
First Name	Middle Na	me				
Last Name/Business Name	•		1			
			-			
Address			in in			
, marios						
City	State	Zip Code	Date of Loan		. ,	
First Name	Middle Na	me	 			
Last Name/Business Name			1			
Address						
Adoress						
City	State	Zip Code	Date of Loan		<u> </u>	
First Name	Middle Na	1				
1 not valle	MIDDIE 140	iii c				
Last Name/Business Name	<u>.</u>					
Last Namerbusiness Name						
			[
Address						
City	State	Žip Code	Date of Loan		<u> </u>	
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First Name	Aiddle Nar	TO			·	
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			* -			
Last Name/Business Name]	
]		1	
Address		·····			1	ļ
] [İ
City	State	Zip Code	Date of Loan		<u> </u>	
			Date of Loan			
		L				
4. TOTALS						
(Total from *Outstanding Balance - (End of Period in item 21 on summary page.))" column	must also be shown	11	8	6	10
in item 21 on summary page.)			<u> </u>		<u>y</u>	

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ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. CNAME OF COMMITTEE					2. REPORT COVERING THE PERIOD		
	men:		HC.		FROM:7/1/20	TO: 7 27/30	
3. COMPLETE THE APPROPRIATE ITEM			Outstanding Balance	Debt	Payments	Outstanding Balance	
OBLIGATION (obligations totaling more than the end of the reporting period)	\$100 ow	ed to any person/vendor at	(Beginning of Period)	Incurred This Period	This Period	(End of Period)	
First Name	Middle N	lame				,	
]				
Last Name/Business Name							
Address			- ·				
City	State	Zip Code					
Description of Obligation		<u> </u>					
First Name	Middle i	Name					
Last Name/Business Name		· · · · · · · · · · · · · · · · · · ·	1 1				
]				
Address							
City	State	Zip Code					
	<u> </u>						
Description of Obligation							
First Name	Middle N	ame	<u> </u>				
Last Name/Business Name							
Address							
City	Louis	37-03]				
City	State	Zip Code					
Description of Obligation			<u> </u>		<u> </u>		
First Name	Middle N	ame					
Last Name/Business Name			·		ļ		
		<u></u>				ļ	
Address			:				
City	State	Zip Code					
Daniel of College	.l						
Description of Obligation							
First Name	Aiddle Na	ame					
Last Name/Business Name							
Address							
City	State	Tip Code					
~ny	Sinte	Zip Code	}				
Description of Obligation	.1	<u></u>					
4. TOTALS							
(Total from "Outstanding Balance - (End of Period)" in item 22.b on summary page.)	column mu	ust also be shown	Ø	α		6/	
SS-1126 (Rev. 1/00)			. 196 M. M. 1888 - 1999	Page	of .	RDA 1150	