CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

| 1. DATE OF REPORT 7-9-20 RAME OF COMMITTEE PAC |
|--|
| SHORT NAME OF COMMITTEE (IF APPLICABLE) |
| 3. ADDRESS AND PHONE Street or Rural Route City Gallatin To 37066 4/535/7850 |
| 4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE LOCAL PUBLIC OFFICE BOTH |
| 5.A. NAME OF POLITICAL TREASURER 5.B. DATE APPOINTED 12-21-19 |
| 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 |
| 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. |
| signature of political treasurer date |
| 9. WITNESS SIGNATURE This ignature of witness 7 10 20 20 date |
| 10. SUMMARY FILED PM |
| a. BALANCE ON HAND LAST REPORT |
| b. TOTAL RECEIPTS THIS PERIOD |
| c. TOTAL DISBURSEMENTS THIS PERIOD SUMNER COUNTY S |
| e. TOTAL LOANS OUTSTANDING |
| f. TOTAL OBLIGATIONS OUTSTANDING |



SUMMARY PAGE - PAC

| 11. NAME OF COMMITTEE (In Full) | 12. REPORT COVE | RING THE PERIOD |
|--|--------------------------|-----------------|
| Republican Womens Action PAC | FROM 4/1/20 | TO: 6 30 30 |
| RECEIPTS 13. CONTRIBUTIONS (other than loans and interest) | 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 by | oy category - e.g., prir | nting, postage, |
| gasoline) | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | e. |
| 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 | 2.) | \$ |
| 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) | \$ | <u>-</u> _ |
| 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 | l.b.) | \$\$ |
| 21.LOANS | - | d |
| LOANS OUTSTANDING (must be shown in item 10.e.) | | \$ <u></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 | tem 10.f.) | \$ <u>"</u> \$ |

SS-1136 (Rev. 11/04)

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

| 1. NAME OF COMMITTEE | ^ | 2. RE | PORT COVERING THE PERIOD |
|---|-------------------|--|--------------------------|
| Knowblian | Jomes | s Action PAC FROM | 14 1 20 TO:6 30 20 |
| 1 | | | Amount |
| TOTAL ITEMIZED CAMPAIGI | N CONTRIBU | FIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | |
| | | CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from an | Amount of Contribution |
| First Name | M.I. | Last Name/Organization Name | Amount of Convicuous |
| Address | | The second secon | |
| A4. | State | ZIp Code | Det (Outliete) |
| City |) SER | | Date of Contribution |
| Occupation | | Employer | |
| <u> </u> | | | |
| First Name | M.J. | Last Name/Organization Name | Amount of Contribution |
| Address | | | |
| | | | |
| City | State | Zip Code | Date of Contribution |
| Oursington | 1 | Employer | |
| Occupation | | CIII)OVG | |
| First Name | M.I. | Last Name/Organization Name | Amount of Contribution |
| Address | | | |
| 1 WALL DOG | | | |
| City | State | Zip Code | Date of Contribution |
| | | | |
| Occupation | | Employer | |
| First Name | M.I. | Last Name/Organization Name | Amount of Contribution |
| Address | | Section 1 Section 1 Section 2 Sectio | |
| / Williams | | Sept. A sept. Sept | |
| City | State | Zip Code | Date of Contribution |
| | | Factors | |
| 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 CONTRIBUTION | IS | ・ 新 と ・ | |
| (Carry forward to item 3. of next | | pages of this form are used.) | |
| (If this is the last page of contribu | tions, this amoun | t must be shown in item 13b. of summary.) | |
| | | | 1 |



ITEMIZED STATEMENT OF EXPENDITURES - PAC

| 1. NAME OF COMMITTEE , ~ | | |) ^ - | 2. REPORT COVER | RING THE PERIOD |
|---|--------------|------------------------------------|---|----------------------------|----------------------|
| Republican Wom | (ns | Action P | Y+C | FROM: 4/1/20 | TO:6/30/20 |
| . TOTAL ITEMIZED EVDENDITUDED | | PEOEDINO DA OE / | #O (EE4 (4) | ' ' | Amount ~ |
| TOTAL ITEMIZED EXPENDITURES I COMPLETE THE APPROPRIATE ITEMS | | | | to any navao durina tha | pariod If the av |
| penditure is an in-kind contribution to a cand the purpose of expenditure section. | didate, ple | ase remember to include th | e purpose of the expenditure (e.g. postage, pri | inting) along with the car | ndidate's name in |
| First Name | Middle Nan | ne | Purpose of Expenditure | Arh | ount of Expenditure |
| Last Name/Business Name | l | | | | |
| Address | · · · | | | Ī | Date of Expenditure |
| City | State | Zip Code | | | |
| First Name | Middle Na | · · | Purpose of Expenditure | Air | ount of Expenditure |
| Last Name/Business Name | L | | | | |
| | | | · | į | |
| Address | | | | Ď | ate of Expenditure |
| City | State | Zip Code | | | |
| First Name | Middle Na | me | Purpose of Expenditure | An | nount of Expenditure |
| Last Name/Business Name | <u> </u> | | | | , |
| Address | | | | 5 | ate of Expenditure |
| City | State | Zip Code | | | |
| First Name | Middle Na | me | Purpose of Expenditure | Am | ount of Expenditure |
| Last Name/Business Name | | | | | |
| Address | | | | þ | ate of Expenditure |
| City | State | Zip Code | | | |
| First Name | Middle Na | me | Purpose of Expenditure | Arh | ount of Expenditure |
| Last Name/Business Name | l | र विशेष्ट्रीति । विशेष्ट्रीति । | | | |
| Address | | - 20 | | Ē | ate of Expenditure |
| City | State | Zip Code | | | |
| First Name | /liddle Nan | ne | Purpose of Expenditure | Arho | ount of Expenditure |
| Last Name/Business Name | | | | | |
| Address | | | | <u> </u> | ate of Expenditure |
| City | State | Zip Code | | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if a | | | | | Ŋ |
| (If this is the last page of campaign expendence) SS-1119-E (Rev. 1/00) | ditures, thi | s amount must be shown in | n item 17b. of summary.) | of | PDA 1150 |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

| NAME OF COMMITTEE | 2 | , (|) N - | 2. REPORT COVER | |
|----------------------------------|--|--|---------------------------------------|------------------------------------|----------------------------------|
| Kepublian ! | Domens H | ction t | HC | FROM. | 10: 6/30/20 |
| \ 3. TOTAL ITEMIZED IN-KIND | CONTRIBUTIONS FROM PR | RECEDING PAGE | (enter \$0 if first itemized page) | , , | Amount |
| 4. COMPLETE THE APPROPR | RIATE ITEMS FOR EACH IT | EMIZED IN-KIND | CONTRIBUTION (in-kind contribution | s totaling more than \$100 from an | y contributor during the period) |
| First Name | Middle Name | - 1 | Description of In-Kind Contribution | V | lue of In-Kind Contribution |
| Last Name/Organization Name | | | - ' | | |
| Last Hairie Organization Hairie | | | | | |
| Address | | | | | |
| City | State | Zip Code | _ | | Date of In-Kind Contribution |
| Occupation | <u>. </u> | | - | | |
| Employer | | | - | | |
| | | | | | |
| First Name | Middle Name | | Description of In-Kind Contribution | V | alue of in-Kind Contribution |
| Last Name/Organization Name | | | 7 | | |
| Address | | | 4 | | |
| | | | | | Date of In-Kind Contribution |
| City | State | Zip Code | | | |
| Occupation | | | _ | | |
| Employer | | | | | |
| First Name | Middle Name | 1 | Description of In-Kind Contribution | ٧ | alue of In-Kind Contribution |
| Last Name/Organization Name | <u> </u> | n () Augustinis | | | |
| Lost to the organization returns | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Address | | | | | |
| City | State | Zip Code | _ | | Date of In-Kind Contribution |
| Occupation | | <u> </u> | + | | |
| Employer | | | - | | |
| | | | | | |
| First Name | Niddle Name | | Description of In-Kind Contribution | V | alue of In-Kind Contribution |
| Last Name/Organization Name | | | _ | | |
| | | | | | |
| Address | | | | | |
| City | State | Zip Code | - | | Date of In-Kind Contribution |
| Occupation | | | + | | |
| Employer | | | _ | | |
| | | | | | |
| 5. TOTAL ITEMIZED IN-KII | ND CONTRIBUTIONS | | | | |
| | | and of this farm | organismos (m. 1915) Support V | | |
| (If this is the last pag | m 3 of next page if additional p e of in-kind contributions, this | ges or mis jonn are amount must be sh | own in item 20.b. of summary.) | | |
| | | • | | | K |
| SS-1125 (Rev. 2/06) | | | | Page of | RDA 1159 |

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC NAME OF COMMITTEE 2. REPORT COVERING THE PERIOD PAC <u>ان</u>:OT FROM: 4 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 payer 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 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 \square 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 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 🔲 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 State Zip Code Supported First Name liddle Name Furpose:of Expenditure mount 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 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 (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.) SS-1139 Rev. 1/00

ITEMIZED STATEMENT OF LOANS - PAC

| NAME OF COMMITTEE | | · | 2. REPORT COVE | RING THE PERIOD | | |
|---|---------------------|----------------------------|-----------------------|-------------------------|-----------------|---------------------|
| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED | | | HC 1966 | | FROM: 4/1/20 | TO: 6/30/20 |
| 3. COMPLETE THE APPROPRIATE ITEMS | S FOR EA | ACH ITEMIZED | Outstanding Balance | Loans | Loan Paylnerits | Outstanding Balance |
| LOAN (loans totaling more than \$100 owed to the reporting period) | any pers | son/business at the end of | (Beginning of Period) | Received This Period | This | (End |
| | | | or Feriou) | mis Penda | Period | of Period) |
| First Name | Middle Na | ame | - | | - | |
| Į | | | | | | |
| Last Name/Business Name | J | | | | | |
| | | | | | | |
| Address | | | | | | |
| | | | | | | |
| City | Truck | 17.01 | | | | |
| l ony | State | Zip Code | Date of Loan | | | |
| | | | | | | |
| First Name | Middle Na | ime | | | | ···· |
| · | | | | | | |
| Last Name/Business Name | - | | | | | |
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| Address | | | | | | |
| Audiess | | | | | | |
| | | | | | | |
| City | State | Zip Code | Date of Loan | | | |
| | | | | | | |
| First Name | Middle Na | me | | | | |
| | | | | | | |
| Last Name/Business Name | <u> </u> | | 41 | | } | |
| Luci Harris (Desiries) Harris | | | | | | |
| Add | | | | | | |
| Address | | | 1 | |] | |
| | | i | | | | |
| City | State | Zip Code | Date of Loan | | | |
| | | ! | 2010 01 2001) | | | |
| First Name | .i Viddle Na | L | | · · | | |
| THOU PARTIE | widdle iva. | me | | | | |
| Last Name/Business Name | <u> </u> | | | | | |
| Last Name/Business Name | | | | | | |
| | | | | | | |
| Address | | | | | | |
| | | | | | | |
| City | State | Zip Code | Date of Loan | | <u></u> | |
| | | | Date of Loan | | | ļ |
| First Name | lea.a ·· | <u> </u> | | | | |
| г нэстүйши | <i>l</i> iiddle Nar | ne | 1 | | T | |
| | <u> </u> | | · · | | | J |
| Last Name/Business Name | | ! | | | | } |
| A second | | -14 FARTE | į | | į | |
| Address | | | | | | |
| | | | ļ | i | | |
| City | State | Zip Code | Data -61 | | ļ | |
| , | | | Date of Loan | | | l |
| | | | | | | - 1 |
| 4. TOTALS | | | | | | |
| (Total from "Outstanding Balance - (End of Period in item 21 on summary page.) |)* column | must also be shown | | ļ | | 78 |
| m nem 21 on summary page.) | | | | | | |

SS-1135 (Rev. 1/00)

Page of

RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - PAC

| 1_NAME OF COMMITTEE | | | 2. REPORT COVERING THE PERIOD | | | |
|---|---|---------------------------------|-------------------------------|---|---------------|-------------|
| Republican Wom | | Action Pr | \ C. | | FROM: 4/1/20 | TO: 6 30 20 |
| 3. COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than 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 Na | | | | | |
| Last Name/Business Name | <u> </u> | | | | | |
| Address | . | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | <u> </u> | dig to a set | 3.1 3.25 14 | | <u> </u> | |
| | | | | | | |
| First Name | Middle Na | ime | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | <u> </u> |
| City | State | Zip Code | 1 | | | |
| Description of Obligation | | <u> </u> | <u> </u> | | <u> </u> | <u> </u> |
| First Name | Middle Na | ıme | <u></u> | | | |
| Last Name/Business Name | <u> </u> | | _ | | | |
| | | | | | 1 | |
| Address | State | Zip Code | | Į | | |
| City | State | ZIP Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle N | ame | | | | |
| Last Name/Business Name | | | - | | | |
| Address | | | | | | |
| City | State | Zip Code | - | | | |
| Description of Obligation | | 1 | | I | | <u> </u> |
| First Name | pan-1 | 2000 | | T | | 1 |
| First Name | diddle N | dirie | | | | |
| Last Name/Business Name | 3 | <u> </u> | | | | |
| Address | | | | | | |
| City | State | Zlp Code | | | ! | |
| Description of Obligation | ! | <u> </u> | | • | · <u>·</u> ·· | |
| 4. TOTALS | | | | | 1 | |
| (Total from "Outstanding Balance - (End of Period in item 22.b on summary page.) |)" column m | ust also be shown | | | | 0 |