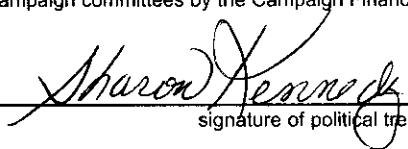
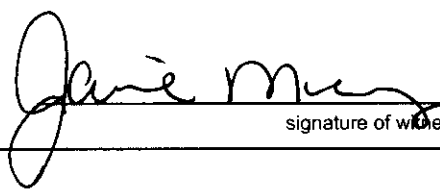


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Multicandidate Committees (PACs)

1. DATE OF REPORT <u>7-15-21</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</u> <u>37066</u> <u>615-972-4120</u>	
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input checked="" type="checkbox"/> BOTH <input type="checkbox"/>	
5.A. NAME OF POLITICAL TREASURER <u>SHARON KENNEDY</u>	5.B. DATE APPOINTED <u>5-15-21</u>
6. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input 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>1-1-21</u>	7.B. ENDING DATE OF REPORTING PERIOD <u>6-30-21</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.	
 signature of political treasurer	
<u>7-15-2021</u> date	
9. WITNESS SIGNATURE	
 signature of witness	
<u>7-15-2021</u> date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	<div style="text-align: center;"><b>FILED</b></div> \$ <u>121.31</u>
b. TOTAL RECEIPTS THIS PERIOD .....	<div style="text-align: center;">AM                      PM</div> \$ <u>0</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	<div style="text-align: center;"><b>JUL 15 2021</b></div> \$ <u>0</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	<div style="text-align: center;"><b>SUMNER COUNTY ELECTION COMMISSION</b></div> \$ <u>121.31</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



## SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <b>REPUBLICAN WOMEN'S ACTION PAC</b>	12. REPORT COVERING THE PERIOD FROM <u>1-21</u> TO: <u>6-30-21</u>
<b>RECEIPTS</b>	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u>0</u>
b. Itemized Contributions (over \$100 from each source this period) .....	\$ <u>0</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$ <u>0</u>
14. LOANS RECEIVED THIS REPORTING PERIOD .....	\$ <u>0</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ <u>0</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) .....	\$ <u>0</u>
<b>DISBURSEMENTS</b>	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
_____	\$ <u>0</u>
_____	\$ <u>0</u>
_____	\$ <u>0</u>
_____	\$ <u>0</u>
_____	\$ <u>0</u>
_____	\$ <u>0</u>
Total of Expenditures (\$100 or less each payee) .....	\$ <u>0</u>
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$ <u>0</u>
c. Independent Expenditures .....	\$ <u>0</u>
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) .....	\$ <u>0</u>
18. LOAN REPAYMENTS MADE THIS PERIOD .....	\$ <u>0</u>
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) .....	\$ <u>0</u>
<b>20. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period) .....	\$ <u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) .....	\$ <u>0</u>
<b>21. LOANS</b>	
LOANS OUTSTANDING (must be shown in item 10.e.) .....	\$ <u>0</u>
<b>22. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each) .....	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) .....	\$ <u>0</u>



## 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		
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				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
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				Date of Expenditure	
Address					
City	State	Zip Code			
First Name	Middle Name	Purpose of Expenditure			
Last Name/Business Name				Date of Expenditure	
Address					
City	State	Zip Code			
First Name	Middle Name	Purpose of Expenditure			
Last Name/Business Name				Date of Expenditure	
Address					
City	State	Zip Code			
First Name	Middle Name	Purpose of Expenditure			
Last Name/Business Name				Date of Expenditure	
Address					
City	State	Zip Code			
First Name	Middle Name	Purpose of Expenditure			
Last Name/Business Name				Date of Expenditure	
Address					
City	State	Zip Code			
First Name	Middle Name	Purpose of Expenditure			
Last Name/Business Name				Date of Expenditure	
Address					
City	State	Zip Code			
First Name	Middle Name	Purpose of Expenditure			
Last Name/Business Name				Date of Expenditure	
Address					
City	State	Zip Code			
First Name	Middle Name	Purpose of Expenditure			
Last Name/Business Name				Date of Expenditure	
Address					
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.)					



## 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				
Address				
City	State			Zip Code
Occupation				
Employer				
				Date of In-Kind Contribution
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State			Zip Code
Occupation				
Employer				
				Date of In-Kind Contribution
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State			Zip Code
Occupation				
Employer				
				Date of In-Kind Contribution
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State			Zip Code
Occupation				
Employer				
				Date of In-Kind Contribution
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	Date of Expenditure
City	State	Opposed <input type="checkbox"/>	
	Zip Code	Supported <input type="checkbox"/>	

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

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

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

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

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

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

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					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
<b>4. TOTALS</b> (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							
<b>4. TOTALS</b>							
<small>(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)</small>							

