CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2. NAME OF COMMITTEE		
7-15-21	REPUBLICAN WOOL	nEN'S ACTION	AAC
2.A. SHORT NAME OF COMMITTEE (IF APPLI	CABLE)		
3. ADDRESS AND PHONE			
Street or Rural Route		ate Zip Code	Phone
805 PLANTATION BLU 4. TYPE OF CANDIDATES SUPPORTED	D GALLATIN TN	37066 613	5-972-4120
4. TYPE OF CANDIDATES SUPPORTED	STATE PUBLIC OFFICE LC	OCAL PUBLIC OFFICE	вотн 🖂
		30/12 / 302/3 GT / 102 [V]	55111
5.A. NAME OF POLITICAL TREASURER		5 B DA	TE APPOINTED
SHARON KENNED	1		5-2/
6. CATEGORY OR REPORT (Check one)	7	J-1	J &~ /
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY G	PRE- MID-YEAR GENERAL SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7.A.BEGINNING DATE OF REPORTING PERIOD		ATE OF REPORTING PERIOD	SOFFEENENTAL
1-1-21		6-30-21	
8. (Check one)		<u> </u>	
	d - d - d' - d		000 I AND
A. This committee is exempt from detail	this reporting period. I do solemly swea	nctuding in-kind) received total \$1 ar or affirm that the information co	,000 or less AND ntained in this statement
	omplied with all applicable provisions of		
and 10f must also be completed.)			
B. This committee is required to file a c	etailed financial disclosure because con	tributions (including in-kind) receiv	ved total more than
\$1,000 and/or expenditures total mo	re than \$1,000 for this reporting period.	I do solemly swear or affirm that	the information contained
	following page(s) are a complete and ac ampaign committees by the Campaign F		ons and expenditures
required to be reported by political of	() /	mandar Bladiobard 7 of	
	$1/\sqrt{\chi}$	0	
	Sharon Jenny	OK:	1-15-202
	signature of politic	al treasurer	date
9. WITNESS SIGNATURE	\sim		
/			
	have My	_	7-15-2021
\ \	signature of	whese	date
	J signature of		
10. SUMMARY	/		
		14/3/	
a. BALANCE ON HAND LAST REPORT	EILED	s 121.31	-
		M . O	
b. TOTAL RECEIPTS THIS PERIOD			-
c. TOTAL DISBURSEMENTS THIS PERIOD	JUL 15 2021	, 0	
	CHANGE	-	
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.05LECTION COMMISSION	4	\$ <u>121.31</u>
e. TOTAL LOANS OUTSTANDING			\$ <u>O</u>
			<u> </u>
f. TOTAL OBLIGATIONS OUTSTANDIN	G		\$

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE F	PERIOD
REPUBLICAN WOMEN'S ACTION PAC	FROM 1-1-21 TO: 6-3	0-21
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u> </u>	
b. Itemized Contributions (over \$100 from each source this period)	\$ <i>O</i>	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	s	
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <i>O</i>	
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <i>O</i>	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>O</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., printing, postage	,
\$ \$		
		
\$ <i>O</i>		
*		
	<u> </u>	
<u> </u>		
Total of Expenditures (\$100 or less each payee)	\$	
b. Itemized Expenditures (Over \$100 each payee this period)	_	
c. Independent Expenditures	\$ <u> </u>	
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)	\$ <u>O</u>	
18. LOAN REPAYMENTS MADE THIS PERIOD	s <u>O</u>	
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)	s _ <i>C</i>)
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)s <u>O</u>	
21.LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>O</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 iter		

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Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

NAME OF COMMITTEE			2. REPORT COVE	ERING THE PERIOD
			FROM:	TO:
A TOTAL ITEMPED CAMBAIGN C	01/T0/D1			Amount
		TIONS FROM PRECEDING PAGE (enter \$0 if first itemized pa ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100		d
First Name	M.I.	Last Name/Organization Name	nom any contributor	
I decidence	Pr.a.	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	<u> </u>			<u> </u>
City	State	Zip Code		Date of Contribution
Occupation		Employer		1
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
				Date of Contabbles
Occupation		Employer		
First Name	М.І.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Oily	State	Σψ code		Date of Contribution
Occupation		Employer		1
	1			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
Occupation	L	Employer		Į
Сстаравол		anthoyer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address	I			
City	State	Zip Code		Date of Contribution
				Date of Contribution
Occupation		Employer		
				<u> </u>
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3, of next page (If this is the last page of contributions		pages of this form are used.) must be shown in item 13b. of summary.)		
(in this is the last page of contributions,	,	II onom in non root of burnings.		1

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD	
				FROM:	TO:
					Amount
 TOTAL ITEMIZED EXPENDITURES F 					
4. COMPLETE THE APPROPRIATE ITEMS	FOR EAC	CH ITEMIZED EXPENDIT	URE (expenditures totaling more than \$100	to any payee during th	e period). If the ex-
penditure is an in-kind contribution to a cand the purpose of expenditure section.	idate, plea	ase remember to include th	ne purpose of the expenditure (e.g. postage, pri	inting) along with the ca	andidate's name in
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
	······································				, , , , , , , , , , , , , , , , , , , ,
Last Name/Business Name					
Address			-		Date of Expenditure
					,
City	State	Zip Code	1		
			2		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		
Address					Date of Expenditure
		· · · · · · · · · · · · · · · · · · ·			
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
· Mar Adrie	modic (to)		a special and		Amount of Expenditure
Last Name/Business Name			†		
		· · · · · · · · · · · · · · · · · · ·			
Address					Date of Expenditure
City	State	Zip Code	-		
,	,				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Į.					
Last Name/Business Name					
Address			4	Data of Every division	
Aduless					Date of Expenditure
City	State	Zip Code	†		
/					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
			1		
Last Name/Business Name					
Address			+		Date of Expenditure
City	State	Zip Code	1		
Certify the second seco					
First Name	Middle Nar	me	Purpose of Expenditure	į	Amount of Expenditure
Last Name/Business Name	l				
				;	
Address					Date of Expenditure
City	Chric	Zio Coda	4		
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES	' 	<u> </u>	<u> </u>		
(Carry forward to item 3. of next page if a	dditional p	ages of this form are used	.)		
(If this is the last page of campaign expen-					



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVER	RING PERIOD	
				FROM:	TO:	
2 TOTAL STERRITED IN IVIND CONTRIBUT	TIONO EDOM D	DECEDING BLOC			Amount	
TOTAL ITEMIZED IN-KIND CONTRIBU COMPLETE THE APPROPRIATE ITEM	S FOR EACH IT	EMIZED IN-KIND (enter 50 if first itemized page) CONTRIBUTION (in-kind contributions	totaling more than \$100 from an	ov contributor during the period)	
				stotaling more than \$100 horn at		
First Name	Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution		
Last Name/Organization Name	<u>l</u>		1			
Ü				/		
Address			1			
	1	1	_		Date of In-Kind Contribution	
City	State	Zip Code				
Occupation	•	**************************************	1 /			
Employer			1 /			
			/			
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name			4 /			
			1			
Address						
	T		_		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						
		F			Date of In-Kind Contribution	
City	State	Zip Code				
Occupation		•	_			
Employer	-/		-			
	1					
First Name	Middle Name	•	Description of In-Kind Contribution		Value of In-Kind Contribution	
/						
Last Name/Organization Name			-			
/						
Address						
City	State	Zip Code	4		Date of In-Kind Contribution	
<u>√</u>			_			
Occupation			_			
Employer /						
5. TOTAL ITEMIZED IN-KIND CONTR	IRLITIONS					
(Carry forward to item 3 of next p					1	
(If this is the last page of in-kind o	ontroutions, this	amount must be sho	own in item 20.0. of summary.)			
		<u> </u>				



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ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE 2. RE				2. REPORT COV	REPORT COVERING THE PERIOD	
				FROM:	TO:	
3. TOTAL ITEMIZED INDEPENDENT E	XPENDI	ITURES FROM PRECI	EDING PAGE (enter \$0 if first itemized	page)	Amount	
4. COMPLETE THE APPROPRIATE ITEMS	FOR EA	CH ITEMIZED INDEPEN	DENT EXPENDITURE (expenditures totaling ostage, printing) and the name of the candi	g more than \$100 to	any payee during the posed.	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			Candidate Supported or Opposed & Office Sought	Opposed 🔲	Date of Expenditure	
City	State	Zip Code		Supported		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	l					
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code		Supported 🗖		
First Name	Middle Na	me /	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address		Candidate Supported or Opposed & Office Sought	Opposed 🗀	Date of Expenditure		
City	State	Zip Code		Supported		
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>					
Address	/	·,	Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code		Supported		
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	1					
Address	-		Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code	1	Supported		
First Name	Middle Na	ame	Purpose of Expenditure	· ··	Amount of Expenditure	
Last Name/Business Name	<u> </u>		-			
Address			Candidate Supported or Opposed & Office Sought	Opposed 🗖	Date of Expenditure	
City	State	Zip Code	-	Supported		
5 (a) Itemized Independent Expenditures		1	\$			
(b) Uniternized Independent Expenditures			\$			
(c) Total Independent Expenditures (If this	is the las	at page of ind, expenditure	es, this amount must be showin in item 17c.	of summary page.)	\$	

ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD		
					FROM:	TO:
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 Na	me			<u>.</u>	
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ma	1			
r usuvanire	MAGGICITA	nie				
Last Name/Business Name						
Last (Nat) R/DUSI (USS) Nati Re						
Address			/			
Musess						
<u> </u>	I 04-4-	17:- 0-4-				
City	State	Zip Code	Date of Loan			
			/			
First Name	Middle Na	me				
	<u></u>]			
Last Name/Business Name						
Address]	
	,					
City	State	Zip Code	Date of Loan			
First Name	Middle Na	me				· - · · · · · · · · · · · · · · · · · ·
Last Name/Business Name			1			
/						
Address			1			
City	State	Zip Code	Date of Loan		<u> </u>	
			2010 01 20011			
First Name	Middle Na	l	 		T	
FRSCName	MIGGICIAC	in c				
	<u> </u>		- I			
Last Name/Business Name					•	
		4				
Address						
	Law	T-0-1-	<u> </u>		1	
City	State	Zip Code	Date of Loan			
4. TOTALS	-					
(Total from "Outstanding Balance - (End of Period	d)" columi	n must also be shown				
in item 21 on summary page.)					1	

ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD			
					FROM:	TO:
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	ļ					
Address	Address					
City	State	Zip Code	•			
Description of Obligation	1	<u> </u>		/		
First Name	Middle Na	ime				
Last Name/Business Name						
Address						
City	State	Zip Code	/			
Description of Obligation		/				
First Name	rst Name Middle Name					
Last Name/Business Name	*					
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Ma	ame				
Last Name/Business Name	1					
Address						
City	State	Zip Code				
Description of Obligation (_						
First Name	Middle Na	ame				
Last Name/Business Name	*					
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from "Outstanding Balance - (End of Period)"	column m	ust also be shown				
in item 22.b on summary page.)	-9-9-101111			<u>L</u>	1	