# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Multicandidate Committees (PACs)

DATE OF REPORT	20 NAME OF COMMITTEE
10-12-20	Republican Womens Ation PAC
2.A. SHORT NAME OF COMMITTEE (IF APPLI	CABI/E)
3. ADDRESS AND PHONE	
Street or Rural Route	City State Zip Code Phone
4. TYPE OF CANDIDATES SUPPORTED	GE/16tin TM 37066 6153517850
	STATE PUBLIC OFFICE LOCAL PUBLIC OFFICE BOTH
5.A. NAME OF POLITICAL TREASURER	5.B. DATE APPOINTED
6: CATEGORY OR REPORT (Check one)  FIRST SECOND TAIRD  QUARTER QUARTER QUARTER	FOURTH PRE- PRE- MID-YEAR YEAR-END QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
7.A.BEGINNING DATE OF REPORTING PERIOD	7.B.ENDING DATE OF REPORTING PERIOD
7 - 28 - 20 8. (Check one)	9-30-20
expenditures total \$1,000 or less for the istrue and that the committee has contained and 10f must also be completed.)  B. This committee is required to file and \$1,000 and/or expenditures total more in this statement is true and that the frequired to be reported by political call.	et disclosures because contributions (including in-kind) received total \$1,000 or less AND this reporting period. I do solemly swear or affirm that the information contained in this statement implied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. etailed financial disclosure because contributions (including in-kind) received total more than the than \$1,000 for this reporting period. I do solemly swear or affirm that the information contained following page(s) are a complete and accurate accounting of all contributions and expenditures impaign committees by the Campaign Financial Disclosure Act.
9. WITNESS SIGNATURE	Shair Payne 10-12-2030 signature of witness date
10. SUMMARY	2.1
a. BALANCE ON HAND LAST REPORT	FILED 3]
b. TOTAL RECEIPTS THIS PERIOD	AM PM \$
c. TOTAL DISBURSEMENTS THIS PERIOD	OCT 1 3 2020 s 31
d. BALANCE ON HAND (10.a. plus 10.b. m	
e. TOTAL LOANS OUTSTANDING	\$ <b>\( \sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}</b>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ Ø

### **SUMMARY PAGE - PAC**

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
Republican Women's Action PAC	FROM 7-28-20 TO: 9-30-20
RECEIPTS  13. CONTRIBUTIONS (other than loans and interest)	
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 gasoline)	category - e.g., printing, postage,
\$	
\$	
\$ \$ \$	<del></del>
\$	<del></del>
	<del></del>
<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.)	\$ <u>Ø</u>
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>V</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	s
22. OBLIGATIONS	•
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 COMMITTEE		$\sim$	2. REPORT COV	ERING THE PERIOD
Republican Women	<del>the</del>	etion PAC	FROMEY 28	10:9-20-20
3. TOTAL ITEMIZED CAMPAIGN C	ONTRIBU	TIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	ige)	Amount
		ACH 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	<u>l. ,</u>			
City	State	Zip Code		Date of Contribution
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address	<del></del>	-ul - <u></u>		
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	<u>l</u>	Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address	<del></del>			
City	State	Zip Code		Date of Contribution
Occupation		Employer		
irst Name	M.J.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
Occupation	<u> </u>	Employer		
irst Name	M.I.	Last Name/Organization Name		Amount of Contribution
ddress	<u></u>			
ity	State	Zip Code		Date of Contribution
occupation	_l	Employer		
TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if (If this is the last page of contributions, the	additional p	ages of this form are used.)		
	ino ambant i	ndat be snown in tient 130. Of SOUIWS14.)	1	<i>[7]</i>

#### ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE 2. REPORT COVE				ERING THE PERIOD	
Republican Womens Action PAC FROM: 7-28				TO:9-30-20	
TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS	FOREA	CH ITEMIZED EXPE	NDITURE (expenditures totaling more than \$100 ude the purpose of the expenditure (e.g. postage, pr	to any payee during the	ne period). If the ex-
the purpose of expenditure section.	oloate, pit	ease remember to incit	ude the purpose of the expenditure (e.g. postage, pi	Inting) along with the c	andidate's name in
First Name	Middle Na	ame	Purpose of Expenditure	· · ·	Amount of Expenditure
Last Name/Business Name					
Address					Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1				
Address					Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address				Date of Expenditure	
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	L				
Address					Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	I <u>.</u>				
Address			, <del>, , , , , , , , , , , , , , , , , , </del>		Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					Date of Expenditure
City	State	Zip Code			,
<ol> <li>TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if an</li> </ol>	dditional p	ages of this form are u	ised.)		
(If this is the last page of campaign expend SS-1119-E (Rev. 1/00)	ditures, thi	s amount must be sho	own in item 17b. of summary.) Page _	of	RDA 1159

### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE	\ 0	١٨ ٥	2. REPORT COVER		
Republican Women's Action PAC				FROM: 7-28	TO: 9-30-20
3. TOTAL ITEMIZED IN-KIND CONTRIBU	JTIONS FROM F	RECEDING PAGE (	(enter \$0 if first itemized page)		Amount
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH I	TEMIZED IN-KIND (	CONTRIBUTION (in-kind contributions	totaling more than \$100 from a	ny contributor during the period)
FirstName	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	<u>.l</u>		-		
Address					
Address					
City	State	Zip Code			Date of In-Kind Contribution
Occupation	<u></u>		•		
Employer	·				
FirstName	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
			Society of the Final Continues of		Value of the Value Costa (Color)
Last Name/Organization Name					
Address					
City	State	7 in Code			Date of In-Kind Contribution
Occupation	State	Zip Code			
Employer		···	<u></u>		
- Inpoya					
FirstName	rst Name Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	1				
Address		···			
					Date of In-Kind Contribution
City	State	Zip Code			Sub of in Tage Continuent
Occupation					
Employer					
Tollian.	1	-			
First Name	Middie Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	• • • • • • • • • • • • • • • • • • • •				
Address					
					Date of In-Kind Contribution
City	State	Zip Code			
Occupation					
Employer					
	<del></del>				
5. TOTAL ITEMIZED IN-KIND CONTRI	BUTIONS	'			
(Carry forward to item 3 of next pa	ge if additional o	ges of this form are us	sed.)		,
(If this is the last page of in-kind or	ontributions, this a	amount must be show	n in item 20.5. of summary.)		20
SS-1125 (Rev. 2/06)		·	n	770 cf	
ESERGA			Pa Pa	ageof	RDA 1159

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC MAME OF COMMITTEE 2. REPORT COVERING THE PERIOD eoublicar FROM: フータダ TO: 9-30-2 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 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 Opposed City State Zip Code Supported First Name Middle Name urpose 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 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 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 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 Middle Name Purpose 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 ..... Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be showin in item 17c. of summary page.)

RDA 1159

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#### **ITEMIZED STATEMENT OF LOANS - PAC**

1. MAME OF COMMITTEE			١ ۵		2. REPORT COVERING THE PERIOD		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMZED					FROM: 7-28-20 TO: 9-30-2		
COMPLETE THE APPROPRI LOAN (loans totaling more than \$1 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		·····					
Last Name Dusiness Name							
Address							
City	State	Zip Code	Date of Loan		<u> </u>	<del>                                     </del>	
First Name	Middle N	llame	<u> </u>		<u> </u>	1	
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name	Middle N	ame					
Last Name/Business Name	<del></del>		ł				
Address	· · · · · · · · · · · · · · · · · · ·						
City	State	Zip Code	Date of Loan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	
First Name	Middle N	ame			<del>                                     </del>		
	1710000	one :					
ast Name/Business Name		****					
Address							
N		•		,			
City	State	Zip Code	Date of Loan		·		
irst Name	Middle Na	ame					
.ast Name/Business Name							
and retries desiries a retrie							
Address	·						
City Control C	State	Zip Code	Date of Loan	· · · · · · · · · · · · · · · · · · ·			
LIOTALS	L				<del>-</del>	· · · · · · · · · · · · · · · · · · ·	
I. TOTALS  Total from "Outstanding Balance - (End.) item 21 on summary page.)	d of Period)" column	must also be shown	0	0	Ø	Ø	
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# ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE					2. REPORT COVERING THE PERIOD		
2 complete the Appropriate	<u> </u>		FROM.7-28-20 TO:9-30-20				
3. COMPLETE THE APPROPRIATE IT OBLIGATION (obligations totaling more 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		<del></del>			
Last Name/Business Name							
Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
City	State	Zip Code					
Description of Obligation				<del></del>			
To the							
First Name	Middle	Name					
Łast Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation		<u> </u>		····		<del></del>	
First Name	Middle I	Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation		<u> </u>		· · · · · · · · · · · · · · · · · · ·		·	
First Name	Middle N	arne					
Last Name/Business Name			ļ.				
Address							
City	State	Zip Code	ĺ				
Description of Obligation		1					
irst Name	Middle Na	ame		<u> </u>		_	
ast Name/Business Name							
ddress	<del></del>						
ity	State	Zip Code					
escription of Obligation							
-							
. TOTALS Total from "Outstanding Balance - (End of Period	" column mu	st also be shown	74	<i>+</i> √	4/		
item 22.b on summary page.)  SS-1126 (Rev. 1/00)			9	9	<u> </u>	Ø	