CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

| 1. DATE OF REPORT | NAME OF COMMITTEE | · D1 PD | |
|---|---|--|--|
| 2.A. SHORT NAME OF COMMITTEE (IF APPLICAB | sepublican Won | nens McDon II | <u> </u> |
| 3. ADDRESS AND PHONE Street or Rural Route Ci | it , , , | State Zip Code | Phone |
| 4. TYPE OF CANDIDATES SUPPORTED | OFLICTA IN | 31066 bis | <u>3517850 </u> |
| S ⁻ | TATE PUBLIC OFFICE | LOCAL PUBLIC OFFICE | вотн 📑 |
| 5.A. NAME OF POLITICAL TREASURER | | 5.B. DATI | EAPPOINTED |
| 6. CATES ORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER | FOURTH PRE- QUARTER PRIMARY | PRE- MID-YEAR GENERAL SUPPLEMENTAL | YEAR-END SUPPLEMENTAL |
| 7.A.BEGINNING DATE OF REPORTING PERIOD | 7.B.ENDING | DATE OF REPORTING PERIOD | |
| 8. (Check one) | <u> </u> | | |
| A. This committee is exempt from detailed of expenditures total \$1,000 or less for this is true and that the committee has compland 10f must also be completed.) | reporting period. I do solemly sy | vear or affirm that the information cont | ained in this statement |
| B. This committee is required to file a detail \$1,000 and/or expenditures total more the in this statement is true and that the follo required to be reported by political camp. | nan \$1,000 for this reporting perion owing page(s) are a complete and | od. I do solemly swear or affirm that the discourate accounting of all contribution | e information contained |
| Α | male Sau signature of po | Under the state of | 1-25-21 |
| 9. WITNESS SIGNATURE | Melvey | man of witness | 1-25.21 date |
| | | · · | |
| 10. SUMMARY | | 3 ! | ~ |
| a. BALANCE ON HAND LAST REPORT | | \$ 121 - | |
| b. TOTAL RECEIPTS THIS PERIOD | | \$\$ | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | ss | 21 |
| d. BALANCE ON HAND (10.a. plus 10.b. minu | SUMMER COUNTY us 10 ELECTION COMMISSION |)N \$ | 1212 |
| e. TOTAL LOANS OUTSTANDING | | \$ | \$ |
| f. TOTAL OBLIGATIONS OUTSTANDING | | \$ | _ |

SUMMARY PAGE - PAC

| 11. NAME OF COMMI | TTEE (In Full) | | | 12. REPORT | COVERING THE PERIOD |
|-----------------------------|--------------------------------|-----------------------|-------------------|---|-----------------------|
| | amen's Action | PAC | | FROM | 20 TO: 1 15 21 |
| RECEIPTS 13. CONTRIBUTIONS | (other than loans and inter | rest) | | • | |
| a. Unitemized Cor | ntributions (\$100 or less fro | m each source this p | eriod) | \$ | |
| b. Itemized Contril | butions (over \$100 from eac | ch source this period |) | \$ | |
| c. TOTAL CONTR | \$ | | | | |
| 14. LOANS RECEIVE | D THIS REPORTING PERIC | DD | | | \$ |
| 15. INTEREST RECEI | IVED THIS REPORTING PE | RIOD | ,, | | \$ |
| 16. TOTAL RECEIPTS | S (add 13.c., 14., and 15.) (r | nust be shown in iten | 10.b.) | ••••• | \$_\$ |
| DISBURSEMEN | TS | | | | |
| 17. EXPENDITURES | (other than loan payments) | | | | |
| | nditures (\$100 or less each | payee this period) (m | nust be listed by | y category - e.g. | ., printing, postage, |
| gasoline) | | | ¢ | | |
| | | | Ф | | |
| | | | Φ | | |
| | | | Φ | | |
| | | | Φ | | |
| | | | \$ | | |
| | | | \$ | == | |
| Total of Expenditure | s (\$100 or less each payee |) | | \$ | ···· |
| b. Itemized Expendit | tures (Over \$100 each paye | e this period) | | \$ | |
| c. Independent Exp | enditures | ••••• | | \$ | |
| d. TOTAL EXPENDI | TURES (other than loan rep | ayments)(add 17.a., | 17.b. and 17.c.) | | \$ |
| 18. LOAN REPAYMEN | NTS MADE THIS PERIOD | ••••• | | , | \$ |
| 19. TOTAL DISBURS | EMENTS (add 17.d. and 18 | .) (must be shown in | item 10.c.) | *************************************** | s <u>9</u> |
| 20. IN-KIND CO | | | | | |
| a. Unitemized in-kind | d contributions (\$100 or les | s from each source | this period) | \$ | |
| b. Itemized in-kind of | contributions (over \$100 from | n each source this p | eriod) | \$ | |
| c. TOTAL IN-KIND C | CONTRIBUTIONS RECEIVE | D THIS PERIOD (add | d 20.a. and 20.b | ı.) | \$ |
| 21.LOANS | | | | | |
| LOANS OUTSTAI | NDING (must be shown in it | em 10.e.) | | | <u> </u> |
| 22. OBLIGATION | IS | | | | 7 |
| a. Unitemized Oblig | ations Outstanding (\$100 o | r less each) | | \$ | |
| | ons Outstanding (Over \$100 | | | | 1 |
| c. TOTAL OBLIGATI | ONS OUTSTANDING (add | 22.a. and 22.b.) (mus | t be shown i ite | m 10.f.) | s <u>V</u> |
| EA 00 4400 /0 4 | | | | | / / |

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

| T. MAME UF COMMITTEE , , , | | 2. REPORT CO | OVERING THE PERIOD | | |
|--|---------------|--|--|--|--|
| 1. CHAME OF COMMITTEE WO. | <u> </u> | os Heton MIC FROM: 10/25 | 20 TO: 15 21 Amount | | |
| | | ONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | Ø | | |
| 4. COMPLETE THE APPROPRIATE ITEMS | FOR EAC | CHITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contribu | tor 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 | .1 | Employer | | | |
| First Name | M.I. | Last Name/Organization Name | Amount of Contribution | | |
| Address | <u> </u> | 1 | | | |
| City | State | Zip Code | Date of Contribution | | |
| Occupation | ļ | Employer | | | |
| First Name | M.I. | Last Name/Organization Name | Amount of Contribution | | |
| Address | | | | | |
| City | State | Zip Code | Date of Contribution | | |
| Occupation Employer | | | | | |
| Occupation | | | | | |
| Occupation First Name | M.I. | Last Name/Organization Name | Amount of Contribution | | |
| | M.I. | | Amount of Contribution | | |
| First Name | M.I. State | | Amount of Contribution Date of Contribution | | |
| First Name Address | l | Last Name/Organization Name | | | |
| First Name Address City | l | Last Name/Organization Name Zip Code | | | |
| First Name Address City Occupation | State | Last Name/Organization Name Zip Code Employer | Date of Contribution | | |
| First Name Address City Occupation First Name | State | Last Name/Organization Name Zip Code Employer | Date of Contribution | | |
| First Name Address City Occupation First Name Address | State M.I. | Last Name/Organization Name Zip Code Employer Last Name/Organization Name | Date of Contribution Amount of Contribution | | |
| First Name Address City Occupation First Name Address City | State M.I. | Last Name/Organization Name Zip Code Employer Last Name/Organization Name Zip Code | Date of Contribution Amount of Contribution | | |
| First Name Address City Occupation First Name Address City Occupation 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if | M.I. State | Last Name/Organization Name Zip Code Employer Last Name/Organization Name Zip Code Employer | Date of Contribution Amount of Contribution | | |

ITEMIZED STATEMENT OF EXPENDITURES - PAC

| 3. TOTAL ITEMIZED EXPENDITURES I 4. COMPLETE THE APPROPRIATE ITEMS | FOR EAC didate, plea Middle Nam State | RECEDING PAGE (er HITEMIZED EXPEND use remember to include | nter \$0 if first itemized page) TURE (expenditures totaling more than \$100 to any paye the purpose of the expenditure (e.g. postage, printing) along purpose of Expenditure | Amount of Expenditure |
|---|--|--|--|--------------------------------|
| 4. COMPLETE THE APPROPRIATE ITEMS penditure is an in-kind contribution to a can the purpose of expenditure section. First Name Last Name/Business Name Address | FOR EAC didate, plea Middle Nam State | H ITEMIZED EXPEND ise remember to include e | ITURE (expenditures totaling more than \$100 to any paye the purpose of the expenditure (e.g. postage, printing) along | g with the candidate's name in |
| penditure is an in-kind contribution to a can the purpose of expenditure section. First Name Last Name/Business Name | didate, plea | se remember to include | the purpose of the expenditure (e.g. postage, printing) along | g with the candidate's name in |
| First Name Last Name/Business Name Address | State | | Purpose of Expenditure | Amount of Expenditure |
| Address | | Zin Code | | |
| | | 7in Code | _ | 1 |
| City | | Zin Code | | Date of Expenditure |
| | | Zip Code | | |
| First Name | Middle Nar | ne | Purpose of Expenditure | Anount of Expenditure |
| Last Name/Business Name | | 15.00 | | |
| Address | | | | Date of Expenditure |
| City | State | Zip Code | | |
| First Name | Middle Na | ne | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | <u> </u> | | | |
| Address | | | | Date of Expenditure |
| City | State | Zip Code | | |
| First Name Middle Name | | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name | | | | |
| Address | | <u> </u> | | Date of Expenditure |
| City | State | Zip Code | | |
| First Name | Middle Na | me | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | 1 | | | |
| Address | | | | Date of Expenditure |
| City | State | Zip Code | | |
| First Name | Middle Nar | ne | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | 1 | | | |
| Address | | · | | Date of Expenditure |
| City | State | Zip Code | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if (If this is the last page of campaign expe | additional p | pages of this form are using amount must be shown | wn in item 17b. of summary.) | of RDA 1158 |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

| NAME OF COMMITTEE | is Act | DA - | C | 2. REPORT COVER FROM: いっちか | ING PERIOD TO: 1/15/21 | |
|--|-------------------------------|-----------------------------------|---|------------------------------------|----------------------------------|--|
| | | • • | (auto CO SECULS) | 11 | Amount | |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBU 4. COMPLETE THE APPROPRIATE ITEM | HONS FROM P IS FOR EACH IT | KECEDING PAGE EMIZED IN-KIND (| (enter \$∪ it tirst itemized page) CONTRIBUTION (in-kind contribution: | s totaling more than \$100 from an | y contributor during the period) | |
| First Name | Middle Name | | Description of In-Kind Contribution | ٧ | alue of In-Kind Contribution | |
| Last Name/Organization Name | | | - | | | |
| Address | | | 4 | | | |
| | 1 | T | | | Date of In-Kind Contribution | |
| City Occupation | State | Zip Code | _ | | | |
| Employer | | | _ | | | |
| | | | Description of the 12 and Company of the | | alue of In-Kind Contribution | |
| First Name | Middle Name | | Description of In-Kind Contribution | V | ade of in-Kind Contribution | |
| Last Name/Organization Name | <u></u> | | | | | |
| 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 | <u></u> | | - | | | |
| Address | | | | | | |
| | 1 | ·· ₁ | | | Date of In-Kind Contribution | |
| City | State | Zip Code | | | | |
| Occupation Employer | <u> </u> | | _ | | | |
| ынроуо | | | | | | |
| First Name | Niddle Name | | Description of In-Kind Contribution | \ | alue of In-Kind Contribution | |
| Last Name/Organization Name | | | | | | |
| Address | | | - | | | |
| | | . | | | Date of In-Kind Contribution | |
| City | State | Zíp Code | | | | |
| Occupation | | | | | | |
| anpoye. | | | | | | |
| 5. TOTAL ITEMIZED IN-KIND CONT | RIBUTIONS | | | | | |
| (Carry forward to item 3 of next | | pges of this form are | e used.) | | | |
| (If this is the last page of in-kind | contributions, thi | s amount must be sh | nown in item 20.b. of summary.) | | F. | |
| SS-1125 (Rev 2/06) | | | | Page of | RDA 1159 | |

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC NAME OF COMMITTEE 2. REPORT COVERING THE PERIOD TO: i FROM S 20 Amount 3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)

| 9 | M iddle Nar | | Furpose of Expenditure | Ϊ, | Amount of Expenditure | |
|------------------------|---------------------------|--|--|---------------------|-----------------------|--|
| st Name/Business Name | | | | | | |
| dress | | | Candidate Supported or Opposed & Office Sought | Opposed 🗖 | Date of Expenditure | |
| ty | State | Zip Code | | Supported 🗔 | | |
| it Name Middle Name | | Purpose of Expenditure | A | mount of Expenditur | | |
| st Name/Business Name | | | | ! | | |
| ldress | | | Candidate Supported or Opposed & Office Sought | Opposed 🔲 | Date of Expenditure | |
| ity | State | Zip Code | | Supported 🔲 | | |
| rst Name | Niddle Nar | ne | Purpose of Expenditure | A | mount of Expenditur | |
| st Name/Business Name | <u></u> <u>.</u> <u>.</u> | | | | | |
| idress | | Candidate Supported or Opposed & Office Sought | Opposed | Date of Expenditure | | |
| ity | State | Zip Code | | Supported | | |
| rst Name | M iddle Na | me | Purpose of Expenditure | A | mount of Expenditur | |
| ast Name/Business Name | | ·-· | | | | |
| ddress | | | Candidate Supported or Opposed & Office Sought | Opposed 🔲 | Date of Expenditure | |
| ity | State | Zip Code | - | Supported | | |
| irst Name | Middle Na | ime. | Furpose of Expenditure | A | mount of Expenditu | |
| rst Name | sylludie Na | une | narpose of Experiatore | | Thousand Dispersional | |
| ast Name/Business Name | | | | | | |
| ddress | | | Candidate Supported or Opposed & Office Sought | Opposed | Date of Expenditure | |
| ity | State | Zip Code | | Supported | | |
| irst Name | Middle Na | me | Furpose of Expenditure | А | mount of Expenditu | |
| ast Name/Business Name | 1 | | | | 1 | |
| ddress | | , <u>, , , , , , , , , , , , , , , , , , </u> | Candidate Supported or Opposed & Office Sought | Opposed \square | Date of Expenditure | |
| City | State | Zip Code | | Supported | | |
| | | | | | 1 | |
| | | | \$ \$ | | 1 | |

ITEMIZED STATEMENT OF LOANS - PAC

| 1 NAME OF COMMITTEE | ` | 10 | 20.0 | | | RING THE PERIOD |
|--|----------------------|---------------------------------------|---|----------------------------------|---------------------------------|---|
| Republican Wom | (7) | 1tction | F HC | | FROM: 30 25/2 | 010: 1 (12) |
| 3. COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period) | FOR EAG any perso | CH ITEMIZED on/business at the end of | Outstanding Balance (Beginning of Period) | Loans Received This Period | Loan Payments This Period | Outstanding Balance (End of Period) |
| | (v . ii | | · | | | |
| First Name | Middle Nar | me | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | Date of Loan | | 1 | |
| | | <u> </u> | | | | |
| First Name | Middle Na | me | | | | |
| Last Name/Business Name | | | - | | | |
| Address | | | - | | | |
| City | State | Zip Code | Date of Loan | | | 1 |
| , | | | | | | |
| First Name | Middle Na | ime | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | - | | | |
| City | State | Zip Code | Date of Loan | | | |
| | | | | , | | |
| First Name | Middle Na | ame | | | | |
| Last Name/Business Name | 1 | | | | | |
| Address | | | - | | | 1 |
| City | State | Zip Code | Data of Last | | | |
| , | | ` | Date of Loan | | | |
| First Name | Middle Na | ame | | | | |
| Last Name/Business Name | <u>.J.</u> | | | | | |
| Address | | | - | | | |
| | | | | | | |
| City | State | Zip Code | Date of Loan | | | |
| | <u> </u> | | -1:- | | , | - |
| 4. TOTALS (Total from "Outstanding Balance - (End of Perior in Item 21 on summary page.) | od)" colum | nn must also be shown | | | | 0 |
| com at our seminor's page.) | | | 1 | · | | |

ITEMIZED STATEMENT OF OBLIGATIONS - PAC

| 1 NAME OF COMMITTEE | o | | 2. REPORT COVE | RING THE PERIOD | | |
|--|--------------------|---------------------------------------|-----------------------|-------------------------|----------------|---------------------------------------|
| 3. COMPLETE THE APPROPRIATE ITEMS | FOR EAC | CH ITEMIZED | Outstanding Balance | Debt | Payments | Outstanding Balance |
| OBLIGATION (obligations totaling more than the end of the reporting period) | 3100 owed | d to any person/vendor at | (Beginning of Period) | Incurred This Period | This Period | (End of Period) |
| First Name | Middle Na | me | | | | |
| Last Name/Business Name | <u> </u> | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | <u> </u> | <u> </u> | | · | | |
| First Name | Middle Na | ame | | | | |
| Last Name/Business Name | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | |
| Address | | | | | | |
| City | State | Zip Code | - | | | |
| Description of Obligation | 1 | <u> </u> | 1. | <u> </u> | <u> </u> | 1 |
| First Name | Middle Na | ame | | | | |
| Last Name/Business Name | | | - | : | | |
| Address | - | | 1 | i | | |
| City | State | Zip Code | | | | |
| Description of Obligation | <u> </u> | <u> </u> | | | | |
| First Name | J iiddie Na | ame. | | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| | Middle Na | | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | • | | | | | |
| First Name | diddle Na | arne | | | | |
| Last Name/Business Name | 1 | | 1 | | | |
| Address | | | 1 | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | 1 | <u> </u> | 1 | <u> </u> | 1 | |
| 4. TOTALS | | | | <u> </u> | | |
| (Total from "Outstanding Balance - (End of Period)" in item 22.b on summary page.) | column m | ust also be shown | | | | |