# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2. NAME OF COMMITTEE					
7-8-22	REPUBLICAN WOMEN'S ACTION PAC					
2.A. SHORT NAME OF COMMITTEE (IF APPLI	CABLE)					
NONE						
ADDRESS AND PHONE     Street or Rural Route	City State Zip Code Phone					
455 HALLTOWN	RD. PORTLAND TN 37148 602-549-505					
4. TYPE OF CANDIDATES SUPPORTED						
	STATE PUBLIC OFFICE \( \overline{\ov					
5.A. NAME OF POLITICAL TREASURER	5.B. DATE APPOINTED					
SHARON KEN	INEDY 11-20-21					
6. CATEGORY OR REPORT (Check one)						
FIRST SECOND THIRD	FOURTH PRE- PRE- MID-YEAR YEAR-END					
QUARTER QUARTER QUARTER 7.A.BEGINNING DATE OF REPORTING PERIOD	R QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL  7.B.ENDING DATE OF REPORTING PERIOD					
4-1-22	6-30-22					
8. (Check one)						
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. 1 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 c	ampaign committees by the Campaign Financial Disclosure Act.					
	$\mathcal{L}$					
	signature of political terasurer date					
	signature of political treasurer date					
9. WITNESS SIGNATURE						
	Sharow D Julyson 7-8-22					
	signature of witness date					
10. SUMMARY						
a. BALANCE ON HAND LAST REPORT	s <u>/22/3</u> /					
b. TOTAL RECEIPTS THIS PERIOD	\$ 503.00					
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 500.00					
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.) \$ 125.31					
e. TOTAL LOANS OUTSTANDING	FILED \$					
	AM PM s					
TO THE ODEIGN TONG OUTSTANDING						
	JUL 0 7 2022					

### **SUMMARY PAGE - PAC**

11. NAME OF COMMITTEE (In Full)	12. REPORT CO	VERING THE PERIOD
REPUBLICAN WOMEN'S ACTION PAC	FROM 4-1-22	то: 630 22
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>503</u> .	00
b. Itemized Contributions (over \$100 from each source this period)	_	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	***************************************	s 503.00
14. LOANS RECEIVED THIS REPORTING PERIOD		
15. INTEREST RECEIVED THIS REPORTING PERIOD	1+133311>1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 0
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	***************************************	\$ 503.00
DISBURSEMENTS		
17. EXPENDITURES (other than loan payments)		
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by	/ category - e.g., pr	inting, postage,
gasoline)		- · · · - ·
\$\$		
\$	<del></del>	
\$		
\$	···········	
<u> </u>		
\$		
Total of Expenditures (\$100 or less each payee)	\$O	
b. Itemized Expenditures (Over \$100 each payee this period)	\$	
c. Independent Expenditures	<b></b>	
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.)		
20.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <i>O</i>	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <i>O</i>	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.		•
21.LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)	•••••	\$ <u>O</u>
22. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <i>O</i>	
b. Itemized Obligations Outstanding (Over \$100 each)	~	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	n 10.f.)	\$ <u>O</u>

## ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

NAME OF COMMITTEE	i			ERING THE PERIOD
KEPUBLICA	w a	OMEN'S ACTION PAC	FROM: 41-22	TO:6-30-22
		-		Amount
		TONS FROM PRECEDING PAGE (enter \$0 if first itemized ;		
4. COMPLETE THE APPROPRIATE IT	EMS FOR EA	CHITEMIZED CONTRIBUTION (contributions totaling more than \$1)	00 from any contributor	during the period)
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address Q P. 18 1 CAP 100	ms 1010	SAME		
Address REPUBLICAN WOOD  City	THE COURT			503.00
City	State	1 " " " "	<del></del>	Date of Contribution
HENDERSONVILLE	77	37017		
Occupation		Employer		
First Name	M.L	Last Name/Organization Name		Amount of Contribution
Address			<del></del>	+
City	State	Zip Code		Date of Contribution
Occupation		Employer		
ri-4 No		Land Harris Married Married		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address	<del> </del>	<del></del>		•
City	Totala	17. A.J.		
City	State	Zip Code		Date of Contribution
Coordination		Francis		<u> </u>
Occupation		Employer		
First Name	M,I,	Last Name/Organization Name		Amount of Contribution
Address				
Address				
City	State	Zip Code		Date of Contribution
		:		Date of Contribution
Occupation		Employer	· · · · · · · · · · · · · · · · · · ·	+
		1		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
First Name Address	M.I.	Last Name/Organization Name		Amount of Contribution
	M.I.	Last Name/Organization Name		Amount of Contribution
	M.I. State	Last Name/Organization Name  Zip Code		Amount of Contribution  Date of Contribution
Address  City		Zip Code		
Address				
Address City Occupation	State	Zip Code Employer		Date of Contribution
Address  City		Zip Code		
Address City Occupation	State	Zip Code Employer		Date of Contribution
Address  City  Occupation  First Name  Address	State M.i.	Zip Code  Employer  Last Name/Organization Name		Date of Contribution  Amount of Contribution
Address City Occupation First Name	State	Zip Code Employer		Date of Contribution
Address  City  Occupation  First Name  Address  City	State M.i.	Zip Code  Employer  Last Name/Organization Name  Zip Code		Date of Contribution  Amount of Contribution
Address  City  Occupation  First Name  Address	State M.i.	Zip Code  Employer  Last Name/Organization Name		Date of Contribution  Amount of Contribution
Address  City  Occupation  First Name  Address  City  Occupation	State M.i.	Zip Code  Employer  Last Name/Organization Name  Zip Code		Date of Contribution  Amount of Contribution
Address  City  Occupation  First Name  Address  City	State M.i.	Zip Code  Employer  Last Name/Organization Name  Zip Code		Date of Contribution  Amount of Contribution
Address  City  Occupation  First Name  Address  City  Occupation  5.TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page	State  M.I.  State	Zip Code  Employer  Last Name/Organization Name  Zip Code  Employer		Date of Contribution  Amount of Contribution
Address  City  Occupation  First Name  Address  City  Occupation  5.TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3, of next page	State  M.I.  State	Zip Code  Employer  Last Name/Organization Name  Zip Code  Employer		Date of Contribution  Amount of Contribution

## ITEMIZED STATEMENT OF EXPENDITURES - PAC

NAME OF COMMITTEE     2. REPORT COVER					
REPUBLICAN WOMEN'S ACTION PAC FROM:4-1-23					TO: 6-30 . 2
TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS	FOR EA	CH ITEMIZED EXPEND	TURE (expenditures totaling more than \$100 the purpose of the expenditure (e.g. postage, pr	to any payee during the inting) along with the ca	e period). If the exandidate's name in
First Name	Middle Nar	ne	Purpose of Expenditure	Ar	nount of Expenditure
Last Name/Business Name				ļ	
Address		<del></del>	-		Date of Expenditure
					one of Experionals
City	State	Zip Code		;	
First Name	Middle Na	me	Purpose of Expenditure	Á	nount of Expenditure
Last Name/Business Name	l				·
Address					Date of Expenditure
City	State	Zip Code			
First Name	NEWSIL N		D		
rastivame	Middle Na	me	Purpose of Expenditure	7	mount of Expenditure
Last Name/Business Name	<del></del>				ļ
Address		··········			Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	Ar	nount of Expenditure
Last Name/Business Name	].				·
Address					Date of Expenditure
City	State	Zip Code	_		t .
First Name	Middle Nar	ne	Purpose of Expenditure	Arr	ount of Expenditure
Last Name/Business Name	<u> </u>				
Edok i vani Si Dushi (500 I vali NC					
Address				Ţ	Date of Expenditure
City	Slate	Zip Code	-		·
First Name	Middle Nan	l ne	Purpose of Expenditure	Аф	ount of Expenditure
Last Name/Business Name	<u></u>		1		
Address			1	þ	Pate of Expenditure
City	State	Zip Code	-		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if a					0
(If this is the last page of campaign expen	ditures, thi	s amount must be shown	in item 17b. of summary.)		

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE  REPUBLICAN	1 10000	Calle A	2. REPORT COV	
REPUBLICAN	, worre		CTION FAC FROM 4-1-3	TO: 6-30-22  Amount 503.00
3. TOTAL ITEMIZED IN-KIND CONT	RIBUTIONS FROM	PRECEDING PAG	GE (enter \$0 if first itemized page)  D CONTRIBUTION (in-kind contributions totaling more than \$100 fro	son can contribute during the period
	Middle Name	TI LIVEZED IIV-KIIVI		
First Name			TRANS FER FUNDS	Value of th-Kind Contribution
Last Name/Organization Name SUMNER COUNTY	REPUBLIC	AN WOMEN	Description of In-Kind Contribution TRANS FER FUNDS FROM CLUB ACCOUNT TO PAC ACCOUNT	- 503.00
Address			- 10 PAC ACCOUNT	
PO BOX 33	State TN	Zip Code 77	7	Date of In-Kind Contribution  #1 4-23-  #1 5-22  #501 6-22
Occupation Employer				\$501 6-22
Employer				
First Name	Middle Name		Description of In-Kind Contribution	Value of in-Kind Contribution
Last Name/Organization Name				,
Address				
City	State	Zip Code		Date of In-Kind Contribution
Occupation				
Employer				
First Name	Middle 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		Date of the Folia Continuous
Occupation	<u>' </u>	·		
Employer				
First Name	Niddle 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				
5. TOTAL ITEMIZED IN-KIND C	ONTRIBLITIONS			
·		-1	are used )	
(Carry forward to item 3 of (If this is the last page of ir			are used.) shown in item 20.b. of summary.)	503.00
			D	DD4 4475

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## ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE				2. REPORT COV	ERING THE PERIOD
REPUBLICAN WOMEN'S ACTION PAC FROM4122					TO:6-30-22
TOTAL ITEMED INDEDENDENT EVERYDITIES FROM DRECEDING BLOCK ( A ACK CO.)					Amount
<ol> <li>TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)</li> <li>COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more it.)</li> </ol>					500,00
COMPLETE THE APPROPRIATE ITEMS period). Please remember to include the	purpose	of the expenditure (e.g. p	ostage, printing) and the name of the candid	g more than \$100 to: date supported or op	any payee during the posed.
First Name	Middle Nan	ne F	urpose of Expenditure  CAH PHIG A	/	mount of Expenditure
Last Name/Business Name	anu	arry On mmis			500,00
BAKER RING FOR	COU.	NY Y COMMIS	Candidate Supported or Opposed & Office Sought	. , , , , , , , , , , , , , , , , , , ,	Date of Expenditure
				Opposed	
City	State	Zip Code		Supported	
First Name	Middle Nar	ne P	urpose of Expenditure	A	mount of Expenditure
Last Name/Business Name	I				
Address			Candidate Supported or Opposed & Office Sought		Date of Expenditure
		_	and and appoint of opposit a owner and	Opposed	Date of Experiment
City	State	Zip Code		Supported [	
First Name	iddle Nam	I e Pւ	pose of Expenditure		mount of Expenditure
	L	· · · · · · · · · · · · · · · · · · ·			
Last Name/Business Name					
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure
City	State	Zip Code		Supported $\square$	
First Name	Middle Nar	ne F	urpose of Expenditure	,	mount of Expenditure
	<u> </u>				
Last Name/Business Name					
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure
City	State	Zip Code		Supported 🔲	
First Name	Middle Nar	ne i	urpose of Expenditure	A	mount 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 Nar	ne F	urpose of Expenditure		mount of Expenditure
		·		ŕ	oun or experience
Last Name/Business Name					
Address		Candidate Supported or Opposed & Office Sought	Opposed $\square$	Date of Expenditure	
City	tate	Zip Code		Supported 🗀	ļ
5 (a) Itemized Independent Expenditures	1		\$		
					\$ 500.00
			s, this amount must be showin in item 17c. o	of summary page )	\$
The state of the s		, <u> </u>	,		L

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

1. NAME OF COMMITTEE					2. REPORT COVERING THE PERIOD		
REPUBLICAN WOI	nen	IS ACTION	PAC		FROM:4-1-22	TO6-30-22	
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 Períod	Outstanding Balance (End of Period)	
First Name	Middle Na	me					
Last Name/Business Name	J						
Address							
City	State	Zip Code	Date of Loan		<b></b>		
<del>-</del>	Middle Na					,	
First Name	MIGGIE NA	me					
Last Name/Business Name							
Address			-				
City	State	Zip Code	Date of Loan				
First Name	Middle Na	Imo.	<u> </u>				
First Nathe	IVIIOUIC IVA	FIIG					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan	<u> </u>		<u> </u>	
First Name	Middle Na	ime	1				
Last Name/Business Name			1				
Address			-				
City	City State Zip Code		Date of Loan		1	L	
First Name	Middle Na	ime	1		1	1	
T NOT PROFIT	AUGUIC ME						
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan		1		
4. TOTALS (Total from "Outstanding Balance - (End of Periol in item 21 on summary page.)	od)" colum	n must also be shown				0	
in hem 21 on summary page.)	<del> </del>		<u> </u>		<u> </u>	L	

### **ITEMIZED STATEMENT OF OBLIGATIONS - PAC**

1. NAME OF COMMITTEE					2. REPORT COVERING THE PERIOD		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			PAC		FROM4-1-22	18-30-22	
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 N	ame					
Last Name/Business Name							
Address			-   				
City	State Zip Code		-				
Description of Obligation		<u> </u>	<u> </u>			<u> </u>	
First Name	Middle N	ame					
Last Name/Business Name	<del></del> ,		-				
Address							
City	State	Zip Code					
Description of Obligation			ll			<u> </u>	
First Name	Middle N	ame	1	· · · · · · · · · · · · · · · · · · ·	1	1	
1.00,110,10	st Name Middle Name						
Last Name/Business Name							
Address							
City	State Zip Code		]				
Description of Obligation						·k	
First Name	diddle Name						
Last Name/Business Name			-				
Address	·		<u>.</u> '				
City	State	Zip Code	-				
Description of Obligation	1	<u>.l </u>	J		1	<u> </u>	
First Name	/liddle N	ame					
Last Name/Business Name			-				
Address			-				
City	State	Zip Code					
Description of Obligation		<u> </u>	<u> </u>		<u> </u>	<u> </u>	
4. TOTALS					T	· · · · · · · · · · · · · · · · · · ·	
(Total from "Outstanding Balance - (End of Period in item 22.b on summary page.)	)" column m	ust also be shown				0	
in real 22.0 on summary page.)				·····	<u> </u>		

