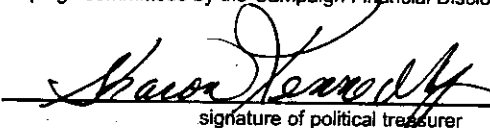
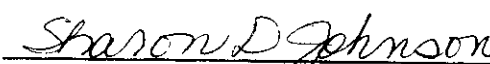


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT <u>4-11-22</u>	2. NAME OF COMMITTEE <u>REPUBLICAN WOMEN'S ACTION PAC</u>
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) <u>NONE</u>	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>455 HALLTOWN RD. PORTLAND TN 37148 602-549-5054</u>	
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input checked="" 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>11-20-21</u>
6. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input 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>JAN. 16, 2022</u>	7.B. ENDING DATE OF REPORTING PERIOD <u>MAR. 31, 2022</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.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> <u>4-11-22</u> date </div> </div>	
9. WITNESS SIGNATURE	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>4-11-22</u> date </div> </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	AM <u>FILED</u> PM \$ <u>71.31</u>
b. TOTAL RECEIPTS THIS PERIOD	<u>APR 11 2022</u> \$ <u>52.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>1.00</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	SUMNER COUNTY ELECTION COMMISSION \$ <u>122.31</u>
e. TOTAL LOANS OUTSTANDING \$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0</u>



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE REPUBLICAN WOMENS ACTION PAC			2. REPORT COVERING PERIOD FROM: 1-16-22 TO: 3-31-22		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$2.00	
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 SIMMON BANK	Middle Name	Description of In-Kind Contribution REIMBURSEMENT OF BANK FEES		Value of In-Kind Contribution \$50.00	
Last Name/Organization Name				Date of In-Kind Contribution	
Address P.O. BOX 7009					
City PINE BLUFF	State AR				Zip Code 71611
Occupation —					
Employer —					
First Name SUMNER CTY REPUBLICAN WOMEN	Middle Name	Description of In-Kind Contribution DEPOSIT FROM SUMNER COUNTY REPUBLICAN WOMEN TO THEIR PAC		Value of In-Kind Contribution \$2.00	
Last Name/Organization Name P.O. BOX 33				Date of In-Kind Contribution	
Address #					
City HENDERSONVILLE	State TN				Zip Code 37077
Occupation —					
Employer —					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name				Date of In-Kind Contribution	
Address					
City	State				Zip Code
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name				Date of In-Kind Contribution	
Address					
City	State				Zip Code
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				Value of In-Kind Contribution \$52.00	
(Carry forward to item 3 of next page if additional pgs 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 EXPENDITURES - PAC

1. NAME OF COMMITTEE <i>REPUBLICAN WOMEN'S ACTION PAC</i>		2. REPORT COVERING THE PERIOD FROM: <i>1-16-22</i> TO: <i>3-31-22</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>1.00</i>
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
<i>SIMMONS BARK</i>		<i>\$1.00 DEPOSIT FROM SUMNER COUNTY REPUBLICAN WOMENS CLUB</i>	<i>\$1.00</i>
Last Name/Business Name			Date of Expenditure
<i>P.O. BOX 7009 PINE BLUFF AR</i>			<i>1-28-22</i>
City	State Zip Code		
<i>PINE BLUFF</i>	<i>AR 71611</i>		
First Name	Middle Name	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			
Address			Date of Expenditure
City	State Zip Code		
First Name	Middle Name	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			
Address			Date of Expenditure
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
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.)			<i>1.00</i>



SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <u>BLUE REPUBLICAN WOMENS ACTION PAC</u>	12. REPORT COVERING THE PERIOD FROM <u>1-16-22</u> TO: <u>3-31-22</u>
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RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 52.00

b. Itemized Contributions (over \$100 from each source this period) \$ _____

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ 52.00

14. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

15. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) \$ 52.00

DISBURSEMENTS

17. EXPENDITURES (other than loan payments)

a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>BANK DEP. FROM SUMNER</u>	\$	<u>1.00</u>
<u>CTY REPUBLICAN WOMEN</u>	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total of Expenditures (\$100 or less each payee) \$ 1.00

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.) \$ 1.00

18. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) \$ 1.00

20. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) \$ 0

21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) \$ 0

22. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) \$ _____

