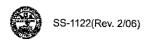
# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2. NAME OF COMMITTEE						
1-27-22	REPUBLICAN WOMEN'S	10-10-1					
2.A. SHORT NAME OF COMMITTEE (IF APPLIC	CABLE)	ACTION PAC					
3. ADDRESS AND PHONE							
Street or Rural Route	City State	Zip Code Phone					
805 PLANTATION B. 4. TYPE OF CANDIDATES SUPPORTED	LOD GALLATIN TN	37066 615-972-4120					
4. THE OF OARDIOATES SUFFORTED	STATE PUBLIC OFFICE LOCAL PUBLI	C OFFICE BOTH					
	<u>—</u>						
5.A. NAME OF POLITICAL TREASURER		5.B. DATE APPOINTED					
SHARON KENNEDY		NOV. 20,2021					
6. CATEGORY OR REPORT (Check one)							
FIRST SECOND THRD	FOURTH PRE- PRE-	MID-YEAR YEAR-END					
QUARTER QUARTER QUARTER 7.A.BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY GENERAL 7.B.ENDING DATE OF REPO	SUPPLEMENTAL SUPPLEMENTAL					
7-1-21							
8. (Check one)	1-13-22						
A This committee is a surrout for a late "							
expenditures total \$1,000 or less for t	ed disclosures because contributions (including in-ki his reporting period. I do solemly swear or affirm th	nd) received total \$1,000 or less AND					
is true and that the committee has coi	mplied with all applicable provisions of the Campaig	n Financial Disclosure Act. (Items 10d., 10e.					
and 10f must also be completed.)							
B. This committee is required to file a de	tailed financial disclosure because contributions (inc	cluding 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 car	mpaign committees by the Campaign Financial Disc	slosure Act.					
	Sharon Jenn	och 1.31.75					
<del>-</del>	signature of political treasurer	date					
9. WITNESS SIGNATURE							
	32	,					
	deur Mi	1-31-67					
_	signature of witness	date					
	EUED						
10. SUMMARY	FILED AM PM						
a. BALANCE ON HAND LAST REPORT	FM .	11/2/					
	······	: /2/.3/					
	JAN <b>3 I</b> 2022	5 /21.57					
b. TOTAL RECEIPTS THIS PERIOD	JAN 3 1 2022						
b. TOTAL RECEIPTS THIS PERIOD	SUMNER COUNTY	S					
b. TOTAL RECEIPTS THIS PERIOD	· · · · · · · · · · · · · · · · · · ·	s					
total receipts this period      Total disbursements this period	SUMNER COUNTY	5 <b>9</b> .49					
b. TOTAL RECEIPTS THIS PERIOD  c. TOTAL DISBURSEMENTS THIS PERIOD  d. BALANCE ON HAND (10.a. plus 10.b. m	SUMNER COUNTY ELECTION COMMISSION \$	5 <b>9</b> .49					
b. TOTAL RECEIPTS THIS PERIOD  c. TOTAL DISBURSEMENTS THIS PERIOD  d. BALANCE ON HAND (10.a. plus 10.b. m	SUMNER COUNTY  ELECTION COMMISSION	5 <b>9</b> .49					



## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO
REPUBLICAN WOMEN'S ACTION PAC	FROM: 7-1-21 TO: 1-15-22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	<b>\$</b>
b. Itemized Contributions (over \$100 from each source this period)	<b>\$</b>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s
16. LOANS RECEIVED THIS REPORTING PERIOD	s
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u> </u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	g., printing, postage, gasoline)
MONTHLY BANK FEES \$ 59.	<u>49</u>
<u> </u>	
\$	<del></del>
<u> </u>	
\$	_ <del>_</del>
<u> </u>	
<u> </u>	
Total of Expanditures (\$100 or less each name)	- 59 110
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	-
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$_37.77
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 22.a. and 22.b.)	
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	• <i>O</i>
b. Itemized Obligations Outstanding (Over \$100 each)	<del></del>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	<del>-</del>
(200 20.0.) (must be shown them	12.1.)

SS-1133 (Rev. 4/02)

Page \_\_\_\_\_ of \_\_\_\_

#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC**

NAME OF COMMITTEE			2. REPORT	COVERING THE PERIOD
	<u></u>		FROM:	TO:
2 TOTAL ITEMIZED CAL	MOMON CONTRIBUTION	TIONS EDOM DESCRIPTION		Amount
<ol> <li>TOTAL ITEMIZED CAI</li> <li>COMPLETE THE APPRO</li> </ol>	MPAIGN CONTRIBU	TIONS FROM PRECEDING PAGE (enter S	i0 if first itemized page)	
First Name	M.I.	ACH ITEMIZED CONTRIBUTION (contributions	otaling more than \$100 from any contril	
	M.I,	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
				Date of Contribution
Occupation		Employer	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				<del> </del>
City	I Door	7-03		
i Gity	State	Zip Code		Date of Contribution
Occupation		Employer		
FirstName	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				
, water				
City	State	Zip Code		Date of Contribution
Occupation		Employer		
First Name	М.І.	Last Name/Organization Name		
	D4(-1)	Last range/organization rearre		Amount of Contribution
Address				
City	State	Zip Code		
				Date of Contribution
Occupation	•	Employer		_
P				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
,				Date of Contribution
Occupation		Employer		-
5.TOTAL ITEMIZED CONTRIBI	PINOIT			<del></del>
		pages of this form are used.) must be shown in item 13b, of summary.)		
/n uno to the sast bage Of C	onamunona, una amount	must be shown in item 350. Of summary.)		



### ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE 2. REPORT CO				
REAUBLICAN WOMEN'S ACTION PAC FROM: 4-24				
3. TOTAL ITEMIZED EXPENDITU	RES FROM PRECEDING PA	GE (enter \$0 if first itemized page)	Amount 59.49	
<ol> <li>COMPLETE THE APPROPRIATE I penditure is an in-kind contribution to the purpose of expenditure section.</li> </ol>	(TEMS FOR EACH ITEMIZED E) a candidate, please remember to	(PENDITURE (expenditures totaling more than \$100 to any include the purpose of the expenditure (e.g. postage, printing)	payee during the period). If the ex- along with the candidate's name in	
First Nome	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name 5/MMONS BA	- I	BANK FEES ON	NT 59.49	
Address P.O. BOX 7009 P.	TIGH-7 INE BLUFF AR	Purpose of Expenditure  BANK FEES ON PAC BANK ACCOUNTY	Date of Expenditure  MONTHLY 8-31-2021	
City	State Zip Code		70 1231-2021	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
.ast Name/Business Name				
Address			Date of Expenditure	
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
.ast Name/Business Name				
Address	·····		Date of Expenditure	
City	State Zip Code			
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name				
ddress			Date of Expenditure	
City	State Zip Code	<del>-</del>		
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name				
ddress			Date of Expenditure	
ity	State Zip Code			
rst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name		<del> </del>		
ddress			Date of Expenditure	
ity	State Zip Code			
5. TOTAL ITEMIZED EXPENDITURE (Carry forward to item 3, of next page	e if additional pages of this form a		59.49	
(If this is the last page of campaign of SS-1119-E (Rev. 1/00)	expenditures, this amount must be	shown in item 17b. of summary.)		

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

1. NAME OF COMMITTEE				2. REPORT COVE	RING PERIOD
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBU	ITIONS FROM F	PRECEDING DAGE	(ontor \$0 if first itemized name)		Amount
4. COMPLETE THE APPROPRIATE ITEM	MS FOR EACH I	TEMIZED IN-KIND (	CONTRIBUTION (in-kind contributions	totaling more than \$100 from a	ny contributor during the period)
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	<u> </u>		-		
Address			-		
City	State	Zip Code	-		Date of In-Kind Contribution
Occupation	<u> </u>	L	-		
Employer		<del></del>	-		
Circhia	<del>1</del>				
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	<u> </u>				
Address			-		
City	State	Zip Code			Date of In-Kind Contribution
Occupation	<del> </del>	<u></u>	-		
Employer	•				
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name			1		
Address	·		Í		
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	<u>L., , , </u>			;	
Address					
City	State	Zip Code			Date of In-Kind Contribution
Occupation				:	
Employer	··-	· · · · · · · · · · · · · · · · · · ·			
5. TOTAL ITEMIZED IN-KIND CONTR	IBUTIONS				
(Carry forward to item 3 of next pa (If this is the last page of in-kind or	age if additional pontributions, this	ges of this form are us amount must be show	sed.) vn in item 20.b. of summary \		
. , , ,	,				j
SS-1125 (Rev. 2/06)			Pa	ige of	RDA 1159

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

		··· • · · · ·	TOUR ENDERT EXTENDIT	OIVEO - L	AC
NAME OF COMMITTEE				2. REPORT CO	VERING THE PERIOD
				FROM:	TO:
					Amount
3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE	ITEMS FOR E	ACH ITEMIZED IN	NDEPENDENT EXPENDITURE (expenditures totalia	or more than \$100 to	any pavee during the
period). Please remember to inclu	ide the purposi	of the expenditur	e (e.g. postage, printing) and the name of the cand	date supported or or	posed.
	<del></del>				
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		· · · · · · · · · · · · · · · · · · ·	<del></del>		
Address			Candidate Supported or Opposed & Office Sought		Date of Expenditure
		<b>T</b>		Opposed 🔲	
City	State	Zip Code		Supported	
First Name	Middle N				
i iistivalie	Middle N	апе	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<del> 1</del>				
Address			Candidate Supported or Opposed & Office Sought	^	Date of Expenditure
				Opposed	
City	State	Zip Code		Supported	
First Name		2mo '	Durana of Funanditus		
T de l'adition	MIGGE	ane	Purpase of Expenditure		Amount of Expenditure
Last Name/Business Name	<del>. !</del>				
Address			Candidate Supported or Opposed & Office Sought	Opposed 🗖	Date of Expenditure
		<b>.</b>		Opposed	
City	State	Zip Code		Supported 🔲	
First Name	Middle N	ame .	Purpose of Expenditure		
Thornas	Mildeli	gi i ito	-urpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
2001 Mario Bodi logo Facilio					
Address		Candidate Supported or Opposed & Office Sought		Date of Expenditure	
				Opposed	Date of Experience
City	State	Zip Code		Supported [	
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Cast Name/Dusiness (Name					
Address			Candidate Supported or Opposed & Office Sought	·	Date of Expenditure
			Survivado Ospportos de Opposes a Onice Obagin	Opposed 🔲	Date of Expellulule
City	State	Zip Code		Supported .	
					_
First Name	Middle Na	ime	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 🗀	
				ouppoited E.J.	
5 (a) Itemized Independent Expenditure	99		\$		
				<del></del>	
			\$		
<ul><li>(c) Total Independent Expenditures (I</li></ul>	If this is the last	page of ind, exne	nditures, this amount must be showin in item 17c. c	f summany name )	l c

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

1. NAME OF COMMITTEE		2. REPORT COV	ORT COVERING THE PERIOD			
					FROM:	TO:
COMPLETE THE APPROPRIATE ITEM     LOAN (loans totaling more than \$100 owed     the reporting period)	Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle N	апе				
·			1			
Last Name/Business Name						
		0				
Address						
City	State	Zip Code	Date of Loan	·		
•	02.0		Date of Loan			
First Name	Middle N	ame		-		
	<u> </u>		_			
Last Name/Business Name						
Address						]
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ame				<u> </u>
Last Name/Business Name	Last Name/Business Name					
Address						
City	State	Zip Code	D-4: (1)			
•		p 0000	Date of Loan			
FirstName	Middle Na		· · · · · · · · · · · · · · · · · · ·			
1 not realize	INIOUIE NA	ine				
Last Name/Business Name	1					
Address						
City	State	Zip Code				
on,	State	Zip code	Date of Loan			<u>.</u>
-						
First Name	Middle Na	me				
Last Name/Business Name		······································				
			İ			1
Address						
						1
City	State	Zip Code	Date of Loan		-l	
	1					į
4 TOTALO	<u> </u>	<u> </u>	<del></del>			
<ol> <li>TOTALS (Total from "Outstanding Balance - (End of Perio</li> </ol>	d)" column	must also be shown				
in item 21 on summary page.)	,					

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

1. NAME OF COMMITTEE					2. REPORT COVI	RING 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 Na	ame			·*········	
Last Name/Business Name	1	· · · · · · · · · · · · · · · · · · ·				
Address						i
City	State	Zip Code				
Description of Obligation	<u> </u>		<u> </u>			
First Name	1			·		
rist Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	1		<u></u> l		<u>.</u>	
First Name	Middle Na	ame			<u> </u>	
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation			<u> </u>			I
First Name	Middle Na	ame	, <u></u>			
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name	l					
Address						;
City	State	Zip Code				
Description of Obligation	<u> </u>				<u> </u>	
4. TOTALS						·
(Total from "Outstanding Balance - (End of Period)" of in item 22.b on summary page.)	olumn mu	ist also be shown				

