CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2 NAME OF COLUMN			
2021/07/15	2. NAME OF COMMITTEE Hendersonville	Organizatio	on for Politic	al Education
2.A. SHORT NAME OF COMMITTEE (IF APPL	ICABLE)			
HOPE 3. ADDRESS AND PHONE			<u>.</u>	
Street or Rural Route	City	State	Zip Code	Phone
	Hendersonville	TN	37075	615-972-2260
4. TYPE OF CANDIDATES SUPPORTED N/A	STATE PUBLIC OFFICE	LOCAL PU	BLIC OFFICE	вотн 🔲
5.A NAME OF POLITICAL TREASURER			5.B.	DATE APPOINTED
Ottis Jones 6. CATEGORY OR REPORT (Check one)				7/22/2019
FIRST SECOND THIRD QUARTER QUARTER QUARTER		PRE- GENERAL	MID-YEAR SUPPLEMEN	
7.A.BEGINNING DATE OF REPORTING PERIOD	7.B.EN		PORTING PERIOD ly 15, 2021	
January 15, 2021 8. (Check one)		Ju		
A. This committee is exempt from deta expenditures total \$1,000 or less for is true and that the committee has and 10f must also be completed.) B. This committee is required to file a c \$1,000 and/or expenditures total more in this statement is true and that the required to be reported by political or statement is true.	r this reporting period. I do solen complied with all applicable provide detailed financial disclosure because than \$1,000 for this reporting a following page(s) are a complet campaign committees by the Can	nly swear or affirm sions of the Camp use contributions period. I do soler e and accurate ac	that the information aign Financial Discl (including in-kind) re thy swear or affirm to counting of all contr	n contained in this statement losure Act. (Items 10d., 10e. eceived total more than that the information contained
9. WITNESS SIGNATURE		ed Jones ature of witness	Shurice	\frac{1}{2}\text{On407/15/21}
10. SUMMARY			-	
a. BALANCE ON HAND LAST REPORT		•	\$	
b. TOTAL RECEIPTS THIS PERIOD		•••••	196.20	<u>) </u>
c TOTAL DISBURSEMENTS THIS PERIOD	FILED	PM	\$25.00	227.50
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.) 1 1 2	121		§
TOTAL LOANS CUTSTANDA	JUL 19 2	761		° 0
e. TOTAL LOANS OUTSTANDING	SUMNER COU	NTY		\$
f. TOTAL OBLIGATIONS OUTSTANDIN	ELECTION COMM	ISSION		s0

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12 REPORT COVERING THE PER		
Hendersonville Organization for Political Education	FROM 01/15/21	TO: 07/15/21	
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period)	s <u>196.20</u>		
b. Itemized Contributions (over \$100 from each source this period)	\$		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)		ş <u>196.20</u>	
14. LOANS RECEIVED THIS REPORTING PERIOD		\$ O	
15 INTEREST RECEIVED THIS REPORTING PERIOD		s <u> </u>	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		_{\$} 196.20	
DISBURSEMENTS			
17. EXPENDITURES (other than loan payments)			
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by	y category - e.g., prir	nting, postage,	
gasoline)			
Bank Fees s 25	 5.00		
<u> </u>			
			
<u> </u>			
<u> </u>			
Total of Expenditures (\$100 or less each payee)	\$25.00) 	
b. Itemized Expenditures (Over \$100 each payee this period)	\$	<u>0</u>	
c. Independent Expenditures	\$	0	
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)		\$ 25.00	
18. LOAN REPAYMENTS MADE THIS PERIOD		\$0	
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)	50		
b. Itemized in-kind contributions (over \$100 from each source this period)	s <u>C</u>	<u>) </u>	
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)	s0		
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i iter	n 10.f)	s 0	

SS-1136 (Rev. 11/04)

Page 2 of 4

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTE			VERING THE PERIOD	
Hendersonvil	le Organization	for Political Education	FROM: 01/15	
a TOTAL ITEMPTED A	AMBAION GONTBIBLE	FIGURE EDGLA EDEGEDING DAGE /		Amount
		TIONS FROM PRECEDING PAGE (enter \$0 if fire		<u> </u>
First Name	M:	ACH ITEMIZED CONTRIBUTION (contributions totaling I Last Name/Organization Name	nore than \$100 from any contributor	
- 43. Haine	162	Cast Name-Organization varies		Amount of Contribution
Address				1
City	State	Zip Code		2 (0 1) :
				Date of Contribution
Occupation		Employer		1
	···			
First Name	M.1.	Last Name/Organization Name		Amount of Contribution
Address		<u> </u>		†
City	State	Zip Code	····	
Chy	Store	25 000		Date of Contribution
Occupation		Employer		+
		<u> </u>		
First Name	M.	Last Name/Organization Name		Amount of Contribution
Address	<u> </u>	<u></u>		1
City	State	Zip Code		Date of Contribution
0	-	[1
Occupation		Employer		
First Name	M.1	Last Name/Organization Name		Amount of Contribution
Acoress	!			1
City	State	Zip Code		
	3.55			Date of Contribution
Occupation	· · · · · · · · · · · · · · · · · · ·	Employer		†
First Name	M)	Last Name/Organization Name		Amount of Contribution
Aodress			X	-
City	State	Zip Code		Date of Contribution
Occupation		Employer		4
30.233001		a range		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<u> </u>		4
· • • • • • • • • • • • • • • • • • • •				1
City	State	Zip Code	·	Date of Contribution
Opposition		Constant		4
Occupation		Employer		
5.TOTAL ITEMIZED CONTI	RIBUTIONS			
		pages of this form are used.)		0
(If this is the last page	of contributions, this amount	must be shown in item 13b of summary.)		

ITEMIZED STATEMENT OF EXPENDITURES - PAC

NAME OF COMMITTEE Hendersonville Org	ganization	for Politica	al Education		COVERING THE PERIOD /15/21
			GE (enter \$0 if first itemized page)	<u> </u>	Amount O
COMPLETE THE APPROPRIATE penditure is an in-kind contribution the purpose of expenditure section	to a candidate, plo	CH ITEMIZED EXP ease remember to in	PENDITURE (expenditures totaling more the condition of the expenditure (e.g. produce the purpose of the expenditure (e.g. produce the purpose of the expenditure (e.g. produce the purpose of the expenditure).	nan \$100 to any payee du ostage, printing) along with	ring the period). If the ex- the candidate's name in
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 Na	ime	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	II				
Acidress					Date of Expenditure
Crty	State	Zip Code			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		<u> </u>			
Address					Date of Expenditure
City	State	Zip Code			
First Name	Middle N	arne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					Date of Expenditure
City	State	Zip Code			
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address	·	<u> </u>			Date of Expenditure
City	State	Zip Code			
First Name	Aiddle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					Date of Expenditure
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITE (Carry forward to item 3. of next	page if additional				0
(If this is the last page of campai SS-1119-E (Rev. 1/00)	gn expenditures, t	nis amount must be	shown in item 17b. of summary.)	Page 4 of 2	RDA 115

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTE	E Organization for	2. REPORT COVER			
			FROM: 01/15/2	Amount	
3. TOTAL ITEMIZED IN-KIN	ND CONTRIBUTIONS FROM	PRECEDING PA	GE (enter \$0 if first itemized page) ND CONTRIBUTION (in-kind contribution	- A-1-1	0
		1 (EIMITED 114-1/10			
First Name	Middle Name		Description of In-Kind Contribution	V	alue of In-Kind Contribution
Last Name/Organization Name					0
Address	<u></u>				
					Date of the Kind Contribution
City	State	Zip Code			
Occupation	· , · · · · · · · · · · · · · · · · · ·				
Employer					
FirstName	Middle Name		Pescription of in-Kind Contribution	V	eiue of In-Kind Contribution
Last Name/Organization Name			_		
Address					Date of In-Kind Contribution
City	State	Zip Code			Date of the King Contribution
Occupation					
Employer	-				
First Name	Middle Name		pescription of In-Klind Contribution	V	atue of In-Kind Commbution
t au Nama (Omnaisatan Nama					
Las: Name/Organization Name					
Address					
City	State	Zip Code			Date of in-Kind Contribution
Occupation					
Employe-					
First Name	Niddle Name		Description of In-Kind Contribution		slue of In-Kind Contribution
Last Name/Organization Name					
Address					- 0
City	State	Zip Code			Gere : Fin-Kard Contribution
Occupation .					
Employer					
·					
5. TOTAL ITEMIZED IN	I-KIND CONTRIBUTIONS				
(Carry forward to	item 3 of next page if additions	al pges of this form	n are used.)		0
(If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)					
SS-1125 (Rev. 2/0)	3)			Page 5 of 8	RDA 1159

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

NAME OF COMMITTEE Hendersonville Organization for Political Education				2. REPORT COVERING THE PERIOD FROM: 01/15/27b: 07/15/2		
TICHGCIGOHAMIC O	- garnzation	TOT T OILLO	ui Laucation	FROM: U1/15	Amount Amount	
			PRECEDING PAGE (enter \$0 if first itemiz		0	
 COMPLETE THE APPROPRI period). Please remember to 	ATE ITEMS FOR E. include the purpose	ACH ITEMIZED II of the expenditule	NDEPENDENT EXPENDITURE (expenditures to re (e.g. postage, printing) and the name of the ca	taling more than \$100 to indidate supported or op	any payee during the posed	
First Name	Middle Na	me	Furpose of Expenditure	4	mount of Expenditure	
Last Name/Business Name	···L					
Address			Candidate Supported or Opposed & Office Sougr	Opposed	Date of Expenditure	
City	State	Zip Code		Supported		
First Name	Niddl e Na	me	Purpose of Expenditure	,	mount of Expenditure	
Last Name/Business Name	 .	·-····································				
Address		· · · · · ·	Candidate Supported or Opposed & Office Sough	Opposed	Date of Expenditure	
City	State	Zip Code		Supported [
First Name	Middle Na	me	Purpose of Expenditure	,	mount of Expenditure	
Last Name/Business Name	L					
Address			Candidate Supported or Opposed & Office Sough	Opposed 🗀	Date of Expenditure	
City	State	Zip Code		Supported		
First Name	Middle Na	arms	Purpose of Expenditure		mount of Expenditure	
, 110, 740,110			a pose of Experience	,	THOUGH OF EXPENDING	
Last Name/Business Name						
Address	, .		Candidate Supported or Opposed & Office Sough	: Opposed	Date of Expensione	
City	State	Zip Code		Supported [
First Name	Middie Na	ıme	Purpose of Expenditure		mount of Expenditure	
Last Name/Business Name		<u></u>				
Address			Candidate Supported or Opposed & Office Sough		Date of Expenditure	
City	State	Zip Code		` Opposed □ Supported □		
	J.W.(E	Lip code		опричен 🔲		
First Name	Middle Na	ime	Furpose of Expenditure	,	mount of Expenditure	
Last Name/Business Name	I					
Address			Candidate Supported or Opposed & Office Sough	Opposed 🗖	Date of Expenditure	
City	State	Zip Code		Supported 🔲		
5 (a) Itemized Independent Exper	nditures					
				3 0	0	
(c) Total Independent Expenditu	ures (If this is the la	st page of ind, exp	penditures, this amount must be showin in item 1		\$	
SS-1139			р	age 6 of <u>8</u>	REA 115	

ITEMIZED STATEMENT OF LOANS - PAC

NAME OF COMMITTEE Hendersonville Organiza	2. REPORT COVERING THE PE FROM: 01/15/21/07/15/					
COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period)	FOR EAG	H ITEMIZED	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					0	
Address						
City	State	Zip Cade	Date of Loan			
First Name	Middle Nar	ne				
Last Name Business Name	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Address						
Chy	ty State Zip Code		Date of Loan			
First Name	Middle Na	me			<u> </u>	
						:
Last Name/Business Name						
Address						
Cdy	State	Zip Code	Date of Loan		. 	
First Name	Middle Na	me		· · · · · · · · · · · · · · · · · · ·		
Last Name/Business Name	<u>L</u>		-			
Address			_			
City	State	Zip Code	Date of Loan			
First Name	Middle Na	I me				
Last Name/Business Name						
Áddress		-				
City	State	Zip Code	Date of Loan	<u> </u>	<u> </u>	
4. TOTALS (Total from "Outstanding Balance - (End of Perio in item 21 on summary page.)	i d)* columi	n must also be shown				0

ITEMIZED STATEMENT OF OBLIGATIONS - PAC

NAME OF COMMITTEE Hendersonville Organiz	ıcation	·		RING THE PERIOD 10: 07/15/21		
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than the end of the reporting period)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
rist Name Middle Name						
Last Name/Business Name	.1		•			
Address						0
City	State	Zip Code	-			
Description of Obligation		<u> </u>				
,						
First Name	Middle N	ame				
Last Name/Business Name	•					
Address			•			
City	State	Zip Code				
Description of Obligation	<u> </u>		<u> </u>			
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name	<u>, I,</u>					
Actress	···					
Crty	State	Z _{ip} Code				<u> </u>
Description of Obligation						
First Name	diddle Na	ame				
Last Name/Business Name			1			
Address	 	 	-			
Cay	State	Zip Code				
	State	ZIP CODE				
Description of Obligation						
F-rst Name	Aidale Na	ame		· · · · · · · · · · · · · · · · · · ·		
Last Name/Business Name	<u></u>		-			
Address			_			
	la	I.T. Oats				
City	State	Zip Code	·			
Description of Obligation	-		<u></u>			
4. TOTALS			<u> </u>			<u> </u>
(Total from "Outstanding Balance - (Enc of Period) in item 22.b on summary page.)	column mi	ust also be shown				0
or more Et a de sommerà bode i			<u> </u>		<u> </u>	<u> </u>