CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT 2021/01/22	2. NAME OF COMMITTEE Hendersonville Organization for Political Education			
2.A. SHORT NAME OF COMMITTEE (IF APPLI	ICABLE)		· · · · · · · · · · · · · · · · · · ·	
HOPE				
ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
144 Nathan Forest Dr.	Hendersonville	TN	37075	615-972-2260
4. TYPE OF CANDIDATES SUPPORTED	STATE PUBLIC OFFICE	LOCAL PUB	LIC OFFICE	вотн 🗀
N/A				
5.A. NAME OF POLITICAL TREASURER			5.8.	DATE APPOINTED
Ottis Jones	·			7/22/2019
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER		PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END L SUPPLEMENTAL
7.A.BEGINNING DATE OF REPORTING PERIOD	7.B.END	ING DATE OF REP	PORTING PERIOD NUARY 15, 202)1
October 24, 2020 8. (Check one)		Jai	iuai y 10, 202	. 1
, .				
A. This committee is exempt from detail expenditures total \$1,000 or less for is true and that the committee has county and 10f must also be completed.) B. This committee is required to file a constant of the second statement of the sec	this reporting period. I do solem! omplied with all applicable provision fetailed financial disclosure because than \$1,000 for this reporting p	y swear or affirm ons of the Campa se contributions (eriod. I do solem	that the information tign Financial Disclosi including in-kind) rec lly swear or affirm th	contained in this statement sure Act. (Items 10d., 10e. eived total more than at the information contained
in this statement is true and that the required to be reported by political o			_	utions and expenditures
	MA			
		$\mathcal{L}(\mathcal{J}_{0})$	••	1/25/2021
	signature o	politic rreasure	er	date
				1.00
9. WITNESS SIGNATURE				
				1/2-1
	signa	ture of witness	cones	- 1/25/7021
	ary in			uare
10. SUMMARY				
a. BALANCE ON HAND LAST REPORT	FILED	V	\$	·
b. TOTAL RECEIPTS THIS PERIOD		••••••••	s 2,145.0	00
	JAN 20 2021		2,516.	
c. TOTAL DISBURSEMENTS THIS PERIOD	SUMNER COUNTY		\$	
d. BALANCE ON HAND (10.a. plus 10.b.		4	*** * *********************************	s56.30
e. TOTAL LOANS OUTSTANDING				s <u> </u>
f. TOTAL OBLIGATIONS OUTSTANDING	G			s0

SUMMARY PAGE - PAC

Receipts 13. CONTRIBUTIONS (other than loans and interest) 2. CONTRIBUTIONS (other than loans and interest) 3. CONTRIBUTIONS (other than loans and interest) 3. CONTRIBUTIONS (other than loans and interest) 5. Sacro 5.	11. NAME OF COMMITTEE (In Full)		12. REPORT COVERING THE PERIOD		
13. CONTRIBUTIONS (other than loans and interest)	Hendersonville Organization for Political Education		FROM10/24/20 0/1/15/21		
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. 2,145.00 14. LOANS RECEIVED THIS REPORTING PERIOD S. 0 15. INTEREST RECEIVED THIS REPORTING PERIOD S. 0 16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) S. 2,145.00 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) S S Bank Fees S S Total of Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) S Total of Expenditures (\$100 or less each payee this period) S Total of Expenditures (\$100 or less each payee this period) S Total of Expenditures (\$100 or less each payee this period) S Total of Expenditures (\$100 or less each payee this period) S Total of Expenditures (\$100 or less each payee this period) S Total of Expenditures (\$100 or less each payee this period) S Total of Expenditures (\$100 or less each payee this period) S Total of Expenditures (\$100 or less each payee this period) S Total DISBURSEMENTS (add 17.d and 18.) (must be shown in item 10.c.) S 2,511.57 20. IN-KIND CONTRIBUTIONS a. Unitemized in-kind contributions (\$100 or less from each source this period) S D Hemized in-kind contributions (\$100 or less from each source this period) S C Total IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20 a. and 20.b.) S D EXPENDITURES (black than loan repayments) (add 17.d. and 20.b.) D Hemized Obligations Outstanding (\$100 or less each) S D Hemized Obligations Outstanding (\$100 or less each) B B					
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14. LOANS RECEIVED THIS REPORTING PERIOD	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.	b.)		2,145.00	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be snown in item 10.b.) \$ 2,145.00 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) Bank Fees					
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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.) \$ 22. OBLIGATIONS a. Unitemized Obligations Outstanding (\$100 or less each) \$ b. Itemized Obligations Outstanding (Over \$100 each) \$ 0	a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	0		
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	c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in	i item 10	f.)	0	

SS-1136 (Rev. 11/04)

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ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COV	ERING THE PERIOD
Hendersonville Organization for Political Education FROM: 10		FROM: 10/24	1/20 1/15/21	
				Amount
		TIONS FROM PRECEDING PAGE (enter \$0 if first		1 0
		ACH ITEMIZED CONTRIBUTION (contributions totaling mo	ore than \$100 from any contributo	
First Name	M:	Last Name: Organization Name Sumner co Republican PAC		Amount of Contribution
Acdress				1,875.00
City	State	Zio Coue		Date of Contribution
Gallatin		37066		1
Occupation		Employer		11/17/20
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	<u> </u>			
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	Date of Consess to a
				Date of Controvtion
Occupation		Employer		
First Name	M.J.	Last Name/Organization Name		Amount of Contribution
Address				1
City	State	Zip Code		Date of Contribution
Cocupation		Employer		-
First Name	M .1	Last Name/Organization Name		Amount of Contribution
Adaress				_
City	State	Zip Code		Date of Contribution
				Uale occanolitra
Occupation		Employer		
First Name	M.I.	i.ast Name/Organization Name		Amount of Contribution
Address				-
City	State	Žip Code		
				Date of Contribution
Occupation		Employer		
5 TOTAL ITEMIZED CONTRIBUT	IONS			
		pages of this form are with		
(Carry forward to item 3, of in (If this is the last page of cont		pages of this form are used.) I must be shown in item 13b, of summary.)		0
				<u>}</u>



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE Hendersonville Organization for Political Education			2. REPORT COVERING THE PERIOD FROM: 10/24/20:1/15/21	
	RES FROM PRECEDING PAGE (Amount 0	
COMPLETE THE APPROPRIATE IT penditure is an in-kind contribution to the purpose of expenditure section.	a candidate, please remember to includ	DITURE (expenditures totaling more than \$100 to an e the purpose of the expenditure (e.g. postage, printin	g) along with the candidate's name in	
rst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Main Street Media		Advertising	450.00	
ddress			Date of Expenditure	
* Hendersonville	Signe Zip Code 37075			
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Mr. Sign Man			2,061.57	
Address			Date of Expenditure	
Hendersonville	State TN Zip Code 37075			
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name				
ddress			Date of Expenditure	
Di;	State Zip Code			
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name				
Address			Pate of Expenditure	
City	State Zip Code			
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Nama Business Name				
hddress			Date of Expenditure	
Sity	State Zip Code			
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name		_		
oddress			Date of Expenditure	
ity	State Zip Code			
5. TOTAL ITEMIZED EXPENDITURE (Carry forward to item 3. of next page		sed)	2,511.57	