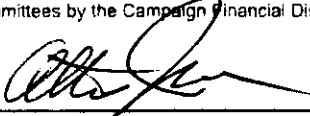



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT 2020/10/27	2. NAME OF COMMITTEE Hendersonville Organization for Political Education
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) HOPE	
3. 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 N/A STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input type="checkbox"/> BOTH <input type="checkbox"/>	
5.A. NAME OF POLITICAL TREASURER Ottis Jones	5.B. DATE APPOINTED 7/22/2019
6. CATEGORY OR REPORT (Check one) <input 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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD October 01, 2020	7.B. ENDING DATE OF REPORTING PERIOD October 24, 2020
8. (Check one) <p>A. <input 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.)</p> <p>B. <input checked="" 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</p> <div style="text-align: right; margin-top: 20px;">  _____ signature of political treasurer </div> <div style="text-align: right; margin-top: 10px;"> 10/27/2020 _____ date </div>	
9. WITNESS SIGNATURE <div style="text-align: right; margin-top: 20px;">  _____ signature of witness </div> <div style="text-align: right; margin-top: 10px;"> 10/27/2020 _____ date </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	FILED 582.52 \$ _____
b. TOTAL RECEIPTS THIS PERIOD	AM 2,285.00 \$ _____
c. TOTAL DISBURSEMENTS THIS PERIOD	OCT 27 2020 2,439.64 \$ _____
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	SUMNER COUNTY ELECTION COMMISSION 427.87 \$ _____
e. TOTAL LOANS OUTSTANDING	\$ _____ 0
f. TOTAL OBLIGATIONS OUTSTANDING	\$ _____ 0



SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; font-weight: bold;">Hendersonville Organization for Political Education</p>	12. REPORT COVERING THE PERIOD FROM <u>10/01/20</u> 10/24/20
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1,585.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>700.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>2,285.00</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>2,285.00</u>
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>Printing</u>	\$ <u>311.15</u>
<u>Paypal Fees</u>	\$ <u>16.44</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>327.59</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2,112.06</u>
c. Independent Expenditures	\$ <u>0</u>
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)	\$ <u>2,439.65</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)	\$ <u>2,439.65</u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>0</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>0</u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Hendersonville Organization for Political Education			2. REPORT COVERING THE PERIOD FROM: 10/01/20 TO 10/24/20	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Mark & Shannon	M.I.	Last Name/Organization Name Bergdorf	Amount of Contribution 500.00	
Address				
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 10/03	
Occupation		Employer		
First Name Karen	M.I.	Last Name/Organization Name Dixon	Amount of Contribution 200.00	
Address				
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 10/01	
Occupation		Employer		
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				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
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				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS				\$700.00
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown on item 13b of summary.)				



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE Hendersonville Organization for Political Education			2. REPORT COVERING THE PERIOD FROM: 10/01/20 TO 10/24/20	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0	
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	
Last Name/Business Name Robert Oliver		Signs	500.00	
Address			Date of Expenditure	
City	State		Zip Code	
			10/2020	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Mr. Sign Man		Signs	1,939.65	
Address			Date of Expenditure	
City	State		Zip Code	
			10/2020	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State		Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State		Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State		Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State		Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
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.)			2,439.65	

