CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

DATE OF REPORT	2. NAME OF COMMITTEE Hendersonville	Organization	on for Politic	al Education
2.A. SHORT NAME OF COMMITTEE (IF APP	LICABLE)			
HOPE 3. ADDRESS AND PHONE				
Street or Rural Route	City	State	Zip Code	Phone
144 Nathan Forest Dr. 4. TYPE OF CANDIDATES SUPPORTED	Hendersonville	TN	37075	615-972-2260
	STATE PUBLIC OFFICE	LOCAL PUB	BLIC OFFICE	вотн 🗀
N/A				
5.A. NAME OF POLITICAL TREASURER Ottis Jones			5.B.	DATE APPOINTED
6. CATEGORY OR REPORT (Check one)				7/22/2019
FIRST SECOND THIRD QUARTER QUARTER QUARTE		PRE- GENERAL	MID-YEAR SUPPLEMEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7.A.BEGINNING DATE OF REPORTING PERIOD	7.B.EN	IDING DATE OF RE		
7/28/22 8. (Check one)		9/30/2	2	
A. X This committee is exempt from det 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 \$1,000 and/or expenditures to talk	or this reporting period. I do soler complied with all applicable provi- detailed financial disclosure beca	nly swear or affirm sions of the Camp nuse contributions	that the information raign Financial Discleration (including in-kind) re	occure Act. (Items 10d., 10e.
\$1,000 and/or expenditures total m in this statement is true and that th required to be reported by political	e following page(s) are a complet	e and accurate ac	caunting of all contr	hat the information contained ibutions and expenditures
	Otto	soldety)	con-	9/30/22
	signature	of political treasur	rer	date
9. WITNESS SIGNATURE	Shern	rie J.	Jones	
	Shirrie	e J. Jones		9/30/22
	sigr	ature of witness		date
10. SUMMARY				
a. BALANCE ON HAND LAST REPORT.			\$227.	50
b. TOTAL RECEIPTS THIS PERIOD			\$	0
c. TOTAL DISBURSEMENTS THIS PERIO	D		\$	0
d. BALANCE ON HAND (10.a. plus 10.b	. minus 10.c.)		***************************************	\$\$
e. TOTAL LOANS OUTSTANDING				s0
f. TOTAL OBLIGATIONS OUTSTANDIN	VG			\$0
	CILED			

SS-1122(Rev. 2/06)

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PM

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RDA Pending

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REP0	EPORT COVERING THE PER		
Hendersonville Organization for Political Education	FROM 7	/28/22	TO: S	3/30/22
RECEIPTS				
CONTRIBUTIONS (other than loans and interest) A letterized Contribution (2000) along (contributions).				
a. Unitemized Contributions (\$100 or less from each source this period)				
b. Itemized Contributions (over \$100 from each source this period)				_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.				
4. LOANS RECEIVED THIS REPORTING PERIOD				
5. INTEREST RECEIVED THIS REPORTING PERIOD				
6. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		********	\$	
DISBURSEMENTS				
7. EXPENDITURES (other than loan payments)				
 a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed asoline) 	by category -	e.g., printin	ig, po	stage,
Bank Fees \$				
\$	- 01-2-3			
\$				
\$				
\$				
Total of Expenditures (\$100 or less each payee)	\$	0		
b. Itemized Expenditures (Over \$100 each payee this period)				
c. Independent Expenditures	A STATE OF S			
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.			\$	0
LOAN REPAYMENTS MADE THIS PERIOD				
9. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)				
20.IN-KIND CONTRIBUTIONS			Ψ	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	S	0		
b. Itemized in-kind contributions (over \$100 from each source this period)				
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20			\$	0
21. LOANS	2.02.)		Ψ	
LOANS OUTSTANDING (must be shown in item 10.e.)			œ.	0
22. OBLIGATIONS			Ψ	
a. Unitemized Obligations Outstanding (\$100 or less each)	e	0		
		U		
		100		
b. Itemized Obligations Outstanding (Over \$100 each) c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i i	\$	0	e.	0

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

				VERING THE PERIOD 22 TO: 9/30/22		
Hendersonville	e Organization	for Political Education	FRUM://20/2	Amount 9/30/22		
		TIONS FROM PRECEDING PAGE (enter \$0 if		0		
4. COMPLETE THE APPRO	OPRIATE ITEMS FOR EA	CH ITEMIZED CONTRIBUTION (contributions totaling	ng more than \$100 from any contributor	r during the period)		
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				1		
City	State	Zip Code	3	Date of Contribution		
Occupation		Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
Address				1		
City	State	Zip Code		Date of Contribution		
Occupation		Employer		1		
First Name	M.L	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	Zip Code		Date of Contribution		
Occupation		Employer				
First Name	MJ	Last Name/Organization Name		Amount of Contribution		
Address				1		
City	State		Date of Contribution			
Occupation		Employer		1		
First Name	M.L	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	Zip Code		Date of Contribution		
Occupation		Employer				
5.TOTAL ITEMIZED CONTRI		pages of this form are used.)		0		
		must be shown in item 13b. of summary.)		U		

ITEMIZED STATEMENT OF EXPENDITURES - PAC

COMPLETE THE APPROPRIATE penditure is an in-kind contribution the purpose of expenditure section. st Name It Name/Business Name dress	URES FROM P	RECEDING PAG CH ITEMIZED EXP ease remember to in	E (enter \$0 if first itemized page) ENDITURE (expenditures totaling more clude the purpose of the expenditure (e.g.) Purpose of Expenditure	than \$100 to any payee during	Amount 0 the period). If the execution and in the period of the execution
COMPLETE THE APPROPRIATE penditure is an in-kind contribution the purpose of expenditure section. st Name It Name/Business Name dress	ITEMS FOR EA to a candidate, ple	CH ITEMIZED EXP ease remember to in	ENDITURE (expenditures totaling more clude the purpose of the expenditure (e.g.,	than \$100 to any payee during postage, printing) along with the	the period). If the ex-
penditure is an in-kind contribution the purpose of expenditure section, st Name t Name/Business Name dress	to a candidate, ple	ease remember to in	clude the purpose of the expenditure (e.g.)	than \$100 to any payee during postage, printing) along with the	the period). If the ex- e candidate's name in
nt Name/Business Name dress	Middle Na	me	Purpose of Expenditure		
dress / st Name					Amount of Expenditure
st Name					
st Name					Date of Expenditure
	State	Zip Code			
Maria Daria and Maria	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure
t Name/Business Name					
tress					Date of Expenditure
1	State	Zip Code			
st Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
st Name/Business Name					
tress					Date of Expenditure
1	State	Zip Code			
st Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
st Name/Business Name					
iress					Date of Expenditure
у	State	Zip Code			
st Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
st Name/Business Name					
dress					Date of Expenditure
y	State	Zip Code			
st Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure	
st Name/Business Name					
dress					Date of Expenditure
	State	Zip Code			
 TOTAL ITEMIZED EXPENDITU (Carry forward to item 3. of next 		nages of this form at	re lised)		0
(If this is the last page of campaig SS-1119-E (Rev. 1/00)				Page 4 of 4	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTE	E Organization for	Dolitical F	Education	2. REPORT COVER		
Tieridersoriville	: Organization for	r Ullical E	Luucation	FROW. 120122	Amount	
			GE (enter \$0 if first itemized page) ND CONTRIBUTION (in-kind contribution	1.1.1.	0	
A LONG HOTEL AND SOLDERAL		ITEMIZEU IN-KIN			THE STREET SHAPE STREET	
First Name	Middle Name		Description of In-Kind Contribution	V	alue of In-Kind Contribution	
ast Name/Organization Name					0	
hddress						
					Date of In-Kind Contribution	
City	State	Zip Code				
Occupation						
Employer		1840				
irst Name	Middle Name		Description of In-Kind Contribution		alue of In-Kind Contribution	
ast Name/Organization Name						
Address	au					
City	State	Zip Code			Date of In-Kind Contribution	
City	State	Zip code				
Occupation						
Employer		Annual Control of the				
First Name	Middle Name		Description of In-Kind Contribution	,	Value of In-Kind Contribution	
ast Name/Organization Name						
Address					2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	
City	State	Zip Code			Date of in-Kind Contribution	
Occupation						
Employe ⁻						
First Name	Niddle Name		Description of In-Kind Contribution	,	Value of In-Kind Contribution	
Last Name/Organization Name						
Address						
City	State	Zip Code			Date of In-Kind Contribution	
Occupation						
Employer						
5 TOTAL ITEMIZED IN	-KIND CONTRIBUTIONS		The state of the s			
(Carry forward to (If this is the last	item 3 of next page if additional page of in-kind contributions, the	al pges of this form his amount must be	are used.) e shown in item 20.b. of summary.)		0	
1 end to the last	r-g-sin-sin-sin-sin-sin-sin-sin-sin-sin-sin		reconstitution and a second of the second of			
SS-1125 (Rev. 2/08	X .			Page 5 of 9	RDA 11	



ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

NAME OF COMMITTEE Hendersonville Orga		2. REPORT COVERING THE PERIOD FROM: 7/28/22TO:9/30/22			
Tiendersonville Orge	mzation	TOT T OILLOO	II Eddodion	FROW. 71287.	Amount
			PRECEDING PAGE (enter \$0 if first ite	The state of the s	0
			DEPENDENT EXPENDITURE (expenditure (e.g. postage, printing) and the name of the		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
dress		Candidate Supported or Opposed & Office	Sought Opposed	Date of Expenditure	
City	State	Zip Code		Supported	
First Name	Middle Na	me	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	
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			Candidate Supported or Opposed & Office	Sought	Date of Expenditure
City	State	Zip Code	3730	Opposed Supported	
			District of Europediture		Amount of Expenditure
First Name	Middle Na	me	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	
First Name	Middle Na	me	Furpose 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	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			Candidate Supported or Opposed & Office	Opposed L	Date of Expenditure
City	State	Zip Code		Supported	
5 (a) Itemized Independent Expenditure	res	******************		s0	
					0
(c) Total Independent Expenditures	(If this is the las	st page of ind. exp	enditures, this amount must be showin in it	rem 17c. of summary page.) Page 6 of 8	RDA 115

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ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE	2. REPORT COVERING TH					
Hendersonville Organiza			outstanding Balance		FROM: 7/28/22	
3. COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period)	COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name	me Middle Name					
Last Name/Business Name					0	
Address	Address					
City	State	Zip Code	Date of Loan	Min -		
First Name	Middle Na	me				
Last Name/Business Name						
Address			-			
City	State	Zip Code	Date of Loan			1
	Middle No					
First Name	rst Name Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ame				1 (2 - 100 - 100 m) (1 - 100 m)
Last Name/Business Name						
Address						
1 100 000						
City	State	Zip Code	Date of Loan			
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
			Date of Loan			
4. TOTALS (Total from "Outstanding Balance - (End of Peri	od)" colum	nn must also be shown				0
in item 21 on summary page.)						

ITEMIZED STATEMENT OF OBLIGATIONS - PAC

NAME OF COMMITTEE Hendersonville Organiz	ation	for Political Edu	ıcation		2. REPORT COVERING THE F FROM: 7/28/22 TO 9/30			
	OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at				Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	me		and the state of t				
Last Name/Business Name								
Address						0		
City	State	Zip Code						
Description of Obligation		L						
First Name	Middle N	ame	T					
Last Name/Eusiness Name								
Address								
	l State	77- 0-4-						
City	State	Zip Code						
Description of Obligation								
First Name	Middle Name							
Last Name/Business Name								
Address								
City	State	Zip Code	1					
Description of Obligation		1				1		
First Name	Middle Na	ame						
Last Name/Business Name			-					
William Willia			4					
Address	Ta.:	Iz a i						
City	State	Zip Code						
Description of Obligation						-		
First Name	Middle Na	ame						
Last Name/Business Name			1					
Address								
City	State	Zip Code						
Description of Obligation								
1 707110			T ************************************					
4. TOTALS (Total from "Outstanding Balance - (Enc of Period)" column m	ust also be shown				0		
in item 22.b on summary page.)								