

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>4/24/22</u> TO: <u>6/11/22</u> |
| RECEIPTS 13. CONTRIBUTIONS (other than loans and interest) | |
| 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.) \$ _____ | |
| 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.) \$ _____ | |
| 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 _____ \$ _____ | |
| _____ \$ _____ | |
| _____ \$ _____ | |
| _____ \$ _____ | |
| _____ \$ _____ | |
| Total of Expenditures (\$100 or less each payee) \$ _____ | |
| b. Itemized Expenditures (Over \$100 each payee this period) \$ <u>0</u> | |
| c. Independent Expenditures \$ <u>0</u> | |
| d. TOTAL EXPENDITURES (other than loan repayments)(add 17 a., 17 b. and 17.c.) \$ _____ | |
| 18. LOAN REPAYMENTS MADE THIS PERIOD \$ <u>0</u> | |
| 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) \$ <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 4/24/20 TO 6/11/22 | |
| 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 | MI | Last Name/Organization Name | Amount of Contribution |
| Address | | | Date of Contribution |
| City | State | Zip Code | |
| Occupation | | Employer | |
| First Name | MI | Last Name/Organization Name | Amount of Contribution |
| Address | | | Date of Contribution |
| City | State | Zip Code | |
| Occupation | | Employer | |
| First Name | MI | Last Name/Organization Name | Amount of Contribution |
| Address | | | Date of Contribution |
| City | State | Zip Code | |
| Occupation | | Employer | |
| First Name | MI | Last Name/Organization Name | Amount of Contribution |
| Address | | | Date of Contribution |
| City | State | Zip Code | |
| Occupation | | Employer | |
| First Name | MI | Last Name/Organization Name | Amount of Contribution |
| Address | | | Date of Contribution |
| City | State | Zip Code | |
| Occupation | | Employer | |
| First Name | MI | Last Name/Organization Name | Amount of Contribution |
| Address | | | Date of Contribution |
| City | State | Zip Code | |
| Occupation | | Employer | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | 0 |
| <small>(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 in item 3 of summary)</small> | | | |



ITEMIZED STATEMENT OF EXPENDITURES - PAC

| | | | |
|--|----------------|---|-----------------------|
| 1 NAME OF COMMITTEE Hendersonville Organization for Political Education | | 2 REPORT COVERING THE PERIOD FROM 4/24/22 TO 6/11/22 | |
| 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 | | | |
| Address | | | |
| City | State Zip Code | | |
| Date of Expenditure | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | State Zip Code | | |
| Date of Expenditure | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | State Zip Code | | |
| Date of Expenditure | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | State Zip Code | | |
| Date of Expenditure | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | State Zip Code | | |
| Date of Expenditure | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | State Zip Code | | |
| Date of Expenditure | | | |
| 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.) | | | Amount 0 |



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

| | | | | |
|--|-------------|-------------------------------------|--|-------------------------------|
| 1. NAME OF COMMITTEE Hendersonville Organization for Political Education | | | 2. REPORT COVERING PERIOD FROM: 4/24/22 TO: 6/11/22 | |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount 0 | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period) | | | | |
| First Name | Middle Name | Description of In-Kind Contribution | | Value of In-Kind Contribution |
| Last Name/Organization Name | | | | 0 |
| Address | | | | Date of In-Kind Contribution |
| City | State | | | Zip Code |
| Occupation | | | | |
| Employer | | | | |
| First Name | Middle Name | Description of In-Kind Contribution | | Value of In-Kind Contribution |
| Last Name/Organization Name | | | | |
| Address | | | | Date of In-Kind Contribution |
| City | State | | | Zip Code |
| Occupation | | | | |
| Employer | | | | |
| First Name | Middle Name | Description of In-Kind Contribution | | Value of In-Kind Contribution |
| Last Name/Organization Name | | | | |
| Address | | | | Date of In-Kind Contribution |
| City | State | | | Zip Code |
| Occupation | | | | |
| Employer | | | | |
| First Name | Middle Name | Description of In-Kind Contribution | | Value of In-Kind Contribution |
| Last Name/Organization Name | | | | |
| Address | | | | Date of In-Kind Contribution |
| City | State | | | Zip Code |
| Occupation | | | | |
| Employer | | | | |
| 5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20 b. of Summary.) | | | | 0 |



ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

| | | | |
|---|-------------------|--|-----------------------|
| 1. NAME OF COMMITTEE Hendersonville Organization for Political Education | | 2. REPORT COVERING THE PERIOD FROM: <u>4/24/22</u> TO: <u>6/11/22</u> | |
| 3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount <u>0</u> |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). Please remember to include the purpose of the expenditure (e.g. postage, printing) and the name of the candidate supported or opposed. | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/> | Date of Expenditure |
| Address | | | |
| City | State Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/> | Date of Expenditure |
| Address | | | |
| City | State Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/> | Date of Expenditure |
| Address | | | |
| City | State Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/> | Date of Expenditure |
| Address | | | |
| City | State Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/> | Date of Expenditure |
| Address | | | |
| City | State Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/> | Date of Expenditure |
| Address | | | |
| City | State Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/> | Date of Expenditure |
| Address | | | |
| City | State Zip Code | | |
| 5. (a) Itemized Independent Expenditures | | | \$ <u>0</u> |
| (b) Unitemized Independent Expenditures | | | \$ <u>0</u> |
| (c) Total Independent Expenditures (If this is the last page of independent expenditures, this amount must be shown in item 17c of summary page.) | | | \$ <u>0</u> |

ITEMIZED STATEMENT OF LOANS - PAC

| 1 NAME OF COMMITTEE Hendersonville Organization for Political Education | | | | 2 REPORT COVERING THE PERIOD | | | |
|---|-------|-------------|--|---|------------------------------|-----------------------------|-------------------------------------|
| | | | | FROM 4/24/22 | TO 6/11/22 | | |
| 3 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) | | | | Outstanding Balance (Beginning of Period) | Loans Received (This Period) | Loan Payments (This Period) | Outstanding Balance (End of Period) |
| First Name | | Middle Name | | | | | 0 |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Date of Loan | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Date of Loan | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Date of Loan | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Date of Loan | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Date of Loan | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Date of Loan | | | | | | | |
| 4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.) | | | | | | | 0 |



ITEMIZED STATEMENT OF OBLIGATIONS - PAC

| 1 NAME OF COMMITTEE Hendersonville Organization for Political Education | | | | 2 REPORT COVERING THE PERIOD | | | |
|---|-------|-------------|--|---|---------------------------|----------------------|-------------------------------------|
| | | | | FROM: 4/24/22 | TO: 6/11/22 | | |
| 3 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) | Data Incurred This Period | Payments This Period | Outstanding Balance (End of Period) |
| First Name | | Middle Name | | | | | 0 |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| 4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.5 on summary page.) | | | | | | | 0 |