CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT 10/31/22	Handaran illa Ospanination for Dalitical Education						
2.A. SHORT NAME OF COMMITTEE (IF APPL	ICABLE)	antide antiderija sagagama diesa Philappija melkana dii Philappija		-			
HOPE							
ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Ph	one		
144 Nathan Forest Dr.	Hendersonville	TN	37075		-972-2260		
TYPE OF CANDIDATES SUPPORTED	STATE PUBLIC OFFICE	LOCAL PU	BLIC OFFICE	BC	тн П		
N/A		200/12/0			//// L		
5.A. NAME OF POLITICAL TREASURER			5.B.	DATE APP			
Ottis Jones		***************************************		7/22/2	019		
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- R QUARTER PRIMARY	PRE- GENERAL	MID-YEAF SUPPLEMEN		/EAR-END		
7.A.BEGINNING DATE OF REPORTING PERIOD 10/01/22		DING DATE OF RE 0/29/22	PORTING PERIOD				
8. (Check one)					H		
A. X 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 committee is required to file and in this statement is true and that the required to be reported by political committee.	r this reporting period. I do solem complied with all applicable provis detailed financial disclosure because than \$1,000 for this reporting to following page(s) are a complete	ly swear or affirmions of the Camp use contributions period. I do sole and accurate an	n that the information paign Financial Discl (including in-kind) n mly swear or affirm occounting of all contr	n contained osure Act. eceived totathet the info	in this statement (Items 10d., 10e.		
	signature	of political treasu	rer /		date		
9. WITNESS SIGNATURE		hell for fire of Jones ature of witness	nes		10/31/22		
				The processing plants			
a. BALANCE ON HAND LAST REPORT			s 227.50)			
b. TOTAL RECEIPTS THIS PERIOD				and the second s			
J. TOTALLEDER TO HINGT LINGS		***********************		.00			
c. TOTAL DISBURSEMENTS THIS PERIOD			\$.00			
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.)			\$	189.50		
e. TOTAL LOANS OUTSTANDING	F	ILED	***************************************	\$	0		
f. TOTAL OBLIGATIONS OUTSTANDIN	AM	P		dr.	0		
TOTAL OBLIGATIONS OUTSTANDIN	OCT	3 1 2022	***************************************	ф			

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)		12. REPORT COVERING THE PERIO			
Hendersonville Organization for Political Education		FROM	10/01/22 TO:	10/29/22	
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 1	13.b.)		\$_	0	
14. LOANS RECEIVED THIS REPORTING PERIOD					
15. INTEREST RECEIVED THIS REPORTING PERIOD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$_	0	
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 li	isted by o	categor	y - e.g., printing, p	oostage,	
gasoline)					
Bank Fees	20.00	-			
<u> </u>	38.00				
\$		resiscate.			
\$		-			
		and the same of th			
\$					
Total of Expenditures (\$100 or less each payee)		\$	38.00		
b. Itemized Expenditures (Over \$100 each payee this period)		\$	0		
c. Independent Expenditures		\$	0		
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and	d 17.c.)		\$_	38.00	
18. LOAN REPAYMENTS MADE THIS PERIOD			\$_	0	
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.d	c.)	*********	\$_	38.00	
20.IN-KIND CONTRIBUTIONS			The state of the s		
a. Unitemized in-kind contributions (\$100 or less from each source this period	od)	\$	0		
b. Itemized in-kind contributions (over \$100 from each source this period)		\$	0		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. an	nd 20.b.)		\$_	0	
21. LOANS				Water Many Many Many Many Many Many Many Many	
LOANS OUTSTANDING (must be shown in item 10.e.)		********	\$_	0	
22. OBLIGATIONS			NAME OF THE OWNER OWNER OF THE OWNER OWNE		
a. Unitemized Obligations Outstanding (\$100 or less each)		\$	0		
b. Itemized Obligations Outstanding (Over \$100 each)		\$	0		
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be show	vn i item	10.f.)	\$_	0	

SS-1136 (Rev. 11/04)

Page 2 of 4

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE 2. REPORT COVE					
Hendersonville	Organization	for Political Education	FROM:10/01/	22: 10/29/00	
				Amount 0	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROP		ACH ITEMIZED CONTRIBUTION (contributions totaling r	more than \$100 from any contributor	COLOR DE LA MINISTERIO DE LA COLOR DE LA C	
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address			Acres April 1		
City	State	Zip Code	- III - TANKS - COLOR		
Ony	State	24 code		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		+	
Оссоранот		- Chaptie			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address				+	
City	State Zip Code				
Occupation		Employer		+	
Occupation	noupation straining of				
First Name	t Name M.I. Last Name/Organization Name				
Address				1	
City	State	Zip Code		Date of Constitution	
				Date of Contribution	
Occupation	- Inches	Employer		1	
	and the second s				
First Name	M.J.	Last Name/Organization Name		Amount of Contribution	
Address					
City	State	Zip Code		Date 10-12-2	
11	est and se			Date of Contribution	
Occupation		Employer			
	Tu.	1		-	
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address					
City	State	Zip Code		Date of Contribution	
				Date of Contribution	
Occupation		Employer		1	
5.TOTAL ITEMIZED CONTRIB	UTIONS				
(Carry forward to item 3. of	f next page if additional	pages of this form are used.)		0	
A CONTRACTOR OF THE CONTRACTOR		t must be shown in item 13b. of summary.)		1	



ITEMIZED STATEMENT OF EXPENDITURES - PAC

11 1 11 /	NAME OF COMMITTEE				
Hendersonville C	FROM:10/0	1/220:10/29/2:			
3. TOTAL ITEMIZED EXPEN	DITURES FROM P	RECEDING PAGE	E (enter \$0 if first itemized page)		Amount 0
 COMPLETE THE APPROPRI penditure is an in-kind contributhe purpose of expenditure sec 	ition to a candidate, ple	CH ITEMIZED EXPE ase remember to inc	ENDITURE (expenditures totaling more to lude the purpose of the expenditure (e.g. p	han \$100 to any payee during tostage, printing) along with the	the period). If the ex- e candidate's name in
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name		-			
ddress					Date of Expenditure
ity	State	Zip Code			
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					Date of Expenditure
Sity	State	Zip Code			
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					Date of Expenditure
City	State	Zip Code			
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name		Make gravitoring in a			
ddress					Date of Expenditure
Sity	State	Zip Code			
irst Name	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					Date of Expenditure
ity	State	Zip Code			
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress	www.woste				Date of Expenditure
ity	State	Zip Code			
TOTAL ITEMIZED EXPEND (Carry forward to item 3. of item 3		pages of this form are	e used)		0
			hown in item 17b, of summary.)	Page 4 of 4	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

NAME OF COMMITTEE Hendersonville	Organization fo	r Political E	Education	2. REPORT COVERI FROM: 10/01/22	TO:10/29/22	
TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS FROM	M PRECEDING PA	GE (enter \$0 if first itemized page) ND CONTRIBUTION (in-kind contribution		Amount 0	
irst Name	Middle Name	THEMIZED IN-KII	Description of In-Kind Contribution		lue of In-Kind Contribution	
ast Name/Organization Name					0	
address	And the second second					
Dity	State	Zip Code			Date of In-Kind Contribution	
Occupation						
mployer						
First Name	Middle Name		Description of In-Kind Contribution	V	alue of In-Kind Contribution	
ast Name/Organization Name						
Address						
City	State	Zip Code			Date of In-Kind Contribution	
Occupation						
Employer						
First Name	Middle Name		Description of In-Kind Contribution	V	Value of In-Kind Contribution	
ast Name/Organization Name						
Address		attenda years and the second				
City	State	Zip Code			Date of In-Kind Contribution	
Occupation						
Employe*		and participation of the second		-		
First Name	Niddle Name		Description of In-Kind Contribution	V	alue of In-Kind Contributio	
Last Name/Organization Name						
Address		water the same of				
City	State	Zip Code			Date of In-Kind Contribution	
Occupation						
Employer						
(Carry forward to it	CIND CONTRIBUTIONS em 3 of next page if addition age of in-kind contributions,	nal pges of this form this amount must b	n are used.) he shown in item 20.b. of summary.)		0	



Page 5 of 8

RDA 1159

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

NAME OF COMMITTEE Hendersonville Organization for Political Education					 REPORT COVERING THE PERIOD FROM: 10/01/220:10/29/22 	
				L	Amount	
			PRECEDING PAGE (enter \$0 if first itemized		0	
			IDEPENDENT EXPENDITURE (expenditures totali e (e.g. postage, printing) and the name of the cand			
First Name	Middle Na	me	Purpose of Expenditure		mount of Expenditure	
ast Name/Business Name						
ddress			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code		Supported		
acy				Supponed L1		
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name						
Address	Province Control Contr		Candidate Supported or Opposed & Office Sought		Date of Expenditure	
		L		Opposed		
City	State	Zip Code		Supported		
First Name	Middle Na	ne	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name						
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
Dity	\$tate	Zip Code		Supported		
	Middle Na		Purpose of Expenditure		Amount of Europedit	
First Name	Milddle Na	irrie	Purpose of Experiuture	-9	Amount of Expenditure	
.ast Name/Business Name						
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code		Supported		
First Name	Middle Na	ime	Furpose of Expenditure		Amount of Expenditure	
.ast Name/Business Name					70	
asi Namerousiness Name						
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code		Supported		
First Name	Middle Na	nme	Furpose of Expenditure		Amount of Expenditure	
.ast Name/Business Name		and the state of t				
Address	A STATE OF THE STA		Condidate Proposited at Consul & Office Consul		Date of Expenditure	
	1.	17. 0	Candidate Supported or Opposed & Office Sought	Opposed		
City	State	Zip Code		Supported		
5 (a) Itemized Independent Expe	nditures		\$	0		
			\$	00	0	
(c) Total Independent Expendit	ures (If this is the la	st page of ind. exp	enditures, this amount must be showin in item 17c	of summary page.)	\$	

ITEMIZED STATEMENT OF LOANS - PAC

NAME OF COMMITTEE Hendersonville Org	ication	2. REPORT COVERING THE F FROM: 10/01/220: 10/				
3. COMPLETE THE APPROPRIATE	COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of				Loan Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Nar	ne				
Last Name/Business Name						0
Address						
City	State	Zip Code	Date of Loan			
First Name	Name Middle Name					
Last Name/Business Name			-			
Address						
City	State	Zip Code	Date of Loan		1	
	Arada Ara					
First Name	First Name Middle Name					
Last Name/Business Name]			
Address						
City	State	Zip Code	Date of Loan	THE STATE OF THE S		
First Name	Middle Na	me				1
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			1
First Name	Middle Na	me				
The second contracts						
Last Name/Business Name						
Address			-			
City	State	Zip Code	Date of Loan			
					equation and a second	
4. TOTALS (Total from "Outstanding Balance - (End in item 21 on summary page.)	of Period)" column	n must also be shown				0

ITEMIZED STATEMENT OF OBLIGATIONS - PAC

NAME OF COMMITTEE Hendersonville Organization for Political Education					2. REPORT COVE FROM:10/01/2	RING THE PERIOD 2 0: 10/29/22
	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				
Last Name/Business Name						-
Address					=	0
City	State	Zip Code				
Description of Obligation		<u> </u>				
First Name	LEGE-N					
	Middle N	ame				
Last Name/Business Name						
Address]			
City	State	Zip Code	1			-
Description of Obligation			1			L
First Name	st Name Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Aiddle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code		,		
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Secretary of Obligation						
Description of Obligation						
4. TOTALS						
(Total from "Outstanding Balance - (End of Period in item 22.b on summary page.))" column m	ust also be shown				0

