
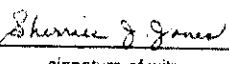


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT 2020/06/09		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 144 Nathan Forest Dr.		City Hendersonville	State TN
		Zip Code 37075	Phone 615-972-2260
4. TYPE OF CANDIDATES SUPPORTED N/A			
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 checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
7.A. BEGINNING DATE OF REPORTING PERIOD 04/01/2020		7.B. ENDING DATE OF REPORTING PERIOD 06/30/2020	
8. (Check one)			
<p>A. <input checked="" 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 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>			
 signature of political treasurer			07/09/2020 date
9. WITNESS SIGNATURE			
 signature of witness			07/09/2020 date
10. SUMMARY			
AM FILED PM			
a. BALANCE ON HAND LAST REPORT			\$ 1,350.52
b. TOTAL RECEIPTS THIS PERIOD	JUL 09 2020		\$ 0
c. TOTAL DISBURSEMENTS THIS PERIOD	SUMNER COUNTY ELECTION COMMISSION		\$ 900.00
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c)			\$ 450.52
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>4/01/20</u> TO <u>06/30/20</u>
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>0</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>0</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)	
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
Total of Expenditures (\$100 or less each payee)	
\$	<u>0</u>
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.)	
\$	<u>0</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>0</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: 4/01/20 TO: 06/30/20		
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	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			
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					
(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 13b. of summary.)					



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE Hendersonville Organization for Political Education		2. REPORT COVERING THE PERIOD FROM: 01/20 TO: 06/30/20	
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 Melody	Middle Name	Purpose of Expenditure Attorney Fee	Amount of Expenditure 900.00
Last Name/Business Name Black			Date of Expenditure 05/08/2020
Address PO Box 154			
City Hendersonville	State TN	Zip Code 37075	
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.)			900.00



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Hendersonville Organization for Political Education			2. REPORT COVERING PERIOD FROM: 4/01/20 TO: 06/30/20		
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					
City	State		Zip Code	Date of In-Kind Contribution	
Occupation					
Employer					
First Name	Middle 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					
First Name	Middle 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					
First Name	Middle 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				0	
(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.)					



ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE Hendersonville Organization for Political Education		2. REPORT COVERING THE PERIOD FROM: 4/01/20 TO: 06/30/20	
3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0
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		
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 ind. 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: 4/01/20 TO: 06/30/20			
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 4/01/20 TO: 06/30/20			
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)	Debt 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.b on summary page.)							0

