

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Hendersonville Organization for Political Education			2. REPORT COVERING THE PERIOD FROM: 7/28/22 TO: 9/30/22	
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	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				Amount 0
(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: 7/28/22 TO: 9/30/22		
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				Date of Expenditure
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				Date of Expenditure
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				Date of Expenditure
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				Date of Expenditure
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				Date of Expenditure
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				Date of Expenditure
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				Date of Expenditure
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.)			Amount 0	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Hendersonville Organization for Political Education			2. REPORT COVERING PERIOD FROM: 7/28/22 TO: 9/30/22	
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: 7/28/22 TO 9/30/22	
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: 7/28/22 TO: 9/30/22			
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: 7/28/22 TO 9/30/22			
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)	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 - (Enc of Period)" column must also be shown in item 22.b on summary page.)							0

