CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/07/2024 2.a. Candidate or Committee Name: Brittany Orpurt-Hilton

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 08/01/2024

4. Campaign Address: 1603 Alsdale Road

City: Mt. Juliet State: TN Zip Code: 37122 Phone: 260-316-6078

5. Candidate Home Address: 1603 Alsdale Road

City: Mt. Juliet State: TN Zip Code: 37122 Phone: 260-316-6078

Candidate Email Address: brittany.o.hilton@gmail.com

6. Office Sought: (include district number, if applicable) Democratic State Executive Committeewoman District 17

7. Name of Political Treasurer (may be candidate): Aileesha Karen Brinker

Political Treasurer Email Address: akarenbaer@gmail.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☑ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General

☐ Mid-Year Supplemental ☐ Year-End Supplemental

9. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024

10. Detailed Disclosure: (Check one)

☐ This campaign 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. (Complete items 12.d., 12.e., and 12.f.)

☑ This campaign 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.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Candidate Signature	Date	Political Treasurer Signature	Date
Brittany Orpurt-Hilton	10/8/24	Aileesha Karen Brinker	10-8-2024

Witness Signature	Date	Witness Signature	Date
[signature]	10/8/2024	Marcia Bernard	10-8-2024

12. Summary:

a.	Balance On Hand Last Report	$ 1,528.88
b.	Total Receipts This Period	$ 1,125.00
c.	Total Disbursements This Period	$ 1,663.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 990.88
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Brittany Arpurt-Hilton

14. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000. See *Instructions* for more information.)

b. Itemized Contributions (over $100 from each source this period) ..... $ 1,125.00

c. Loans Received This Reporting Period ..... $ 0.00

d. Interest Received This Reporting Period ..... $ 0.00

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 1,125.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1,663.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0.00

c. Total Obligation Payments Made This Period ..... $ 0.00

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 1,663.00

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0.00

b. Itemized In-Kind Contributions Received This Period ..... $ 0.00

c. Total In-Kind Contributions Received This Period ..... $ 0.00

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Brittany Orpurt-Hilton

2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024

3. Total campaign contributions from preceding page (enter $0 if first page) $ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Tyler Middle Name: _____ Last Name: Brasher

Address: 2534 Stinson Road City: Nashville State: TN Zip Code: 37214

Occupation: Director Employer: Gibbins Advisors, LLC

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100.00 Date of Contribution: 07/23/2024 Aggregate This Election: $ 100.00

Business or Organization Name: _____ OR

First Name: Waqas Middle Name: _____ Last Name: Ahmad

Address: 802 Brent Glen Point City: Nashville State: TN Zip Code: 37211

Occupation: Dentist Employer: Roach Family Dentistry

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100.00 Date of Contribution: 07/26/2024 Aggregate This Election: $ 100.00

Business or Organization Name: _____ OR

First Name: Brittany Middle Name: _____ Last Name: Orpurt-Hilton

Address: 1603 Alsdale Road City: Mt. Juliet State: TN Zip Code: 37122

Occupation: Not Employed Employer: Not Employed

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 350.00 Date of Contribution: 7-25-2024 Aggregate This Election: $ 450.00

Business or Organization Name: _____ OR

First Name: Marilyn Middle Name: _____ Last Name: Garcia

Address: 2325 Nashville Pike Apt. 513 City: Gallatin State: TN Zip Code: 37066

Occupation: Not Employed Employer: Not Employed

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 10.00 Date of Contribution: 8-15-2024 Aggregate This Election: $ 30.00

Total Contributions: $ 560.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Brittany Orpurt-Hilton

2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024

3. Total campaign contributions from preceding page (enter $0 if first page) $ 560.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Brittany Middle Name: _____ Last Name: Orpurt-Hilton

Address: 1603 Alsdale Road City: Mt. Juliet State: TN Zip Code: 37122

Occupation: Not Employed Employer: Not Employed

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 500.00 Date of Contribution: 8-29-2024 Aggregate This Election: $ 950.00

Business or Organization Name: _____ OR

First Name: Brittany Middle Name: _____ Last Name: Orpurt-Hilton

Address: 1603 Alsdale Road City: Mt. Juliet State: TN Zip Code: 37122

Occupation: Not Employed Employer: Not Employed

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 65.00 Date of Contribution: 9-13-2024 Aggregate This Election: $ 1,015.00

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $_____ Date of Contribution:_____ Aggregate This Election: $_____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $_____ Date of Contribution:_____ Aggregate This Election: $_____

Total Contributions: $ 1,125.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Brittany Offurt-Hilton

2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: U.S. Postal Service **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2491 N. Mt. Juliet Rd. City: Mt. Juliet State: TN Zip Code: 37122

Purpose of Expenditure: Stamps for mailers

Amount of Expenditure: $ 1,209.60 Date of Expenditure: 07/23/2024

Business or Organization Name: U.S. Postal Service **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2491 N. Mt. Juliet Rd. City: Mt. Juliet State: TN Zip Code: 37122

Purpose of Expenditure: Stamps for mailers

Amount of Expenditure: $ 179.20 Date of Expenditure: 07/26/2024

Business or Organization Name: U.S. Postal Service **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 226 E. Gay St. City: Lebanon State: TN Zip Code: 37087

Purpose of Expenditure: Stamps for mailers

Amount of Expenditure: $ 126.00 Date of Expenditure: 07/29/2024

Business or Organization Name: Wilson Bank + Trust **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 623 W. Main St. City: Lebanon State: TN Zip Code: 37087

Purpose of Expenditure: Banking Fee

Amount of Expenditure: $ 10.00 Date of Expenditure: 08/30/2024

Business or Organization Name: Wilson Bank + Trust **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 623 W. Main St. City: Lebanon State: TN Zip Code: 37087

Purpose of Expenditure: Banking Fee

Amount of Expenditure: $ 10.00 Date of Expenditure: 09/30/2024

Total Expenditures: $ 1534.80

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Brittany Orpurt-Hilton
2. Reporting Period: Start Date: 07/23/2024 End Date: 09/30/2024
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1,534.80

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Act Blue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donor Transaction Processing Fees
Amount of Expenditure: $ 128.20 Date of Expenditure: 09/30/2024

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Purpose of Expenditure: ______
Amount of Expenditure: $ ______ Date of Expenditure: ______

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Purpose of Expenditure: ______
Amount of Expenditure: $ ______ Date of Expenditure: ______

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Purpose of Expenditure: ______
Amount of Expenditure: $ ______ Date of Expenditure: ______

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Purpose of Expenditure: ______
Amount of Expenditure: $ ______ Date of Expenditure: ______

Total Expenditures: $ 1,663.00
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)