



# 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 Committee Woman 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.

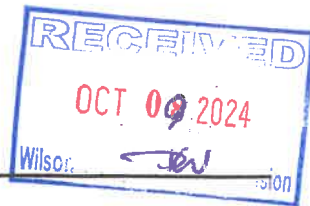
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. 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.

<u>Brittany Orpurt-Hilton</u> <u>10/8/24</u>	<u>Aileesha Karen Brinker</u> <u>10-8-2024</u>
Candidate Signature                      Date	Political Treasurer Signature                      Date
<u>Maria Brinker</u> <u>10/8/2024</u>	<u>Maria Brinker</u> <u>10-8-2024</u>
Witness Signature                      Date	Witness Signature                      Date

12. Summary:

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

# SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Brittany O'purt-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

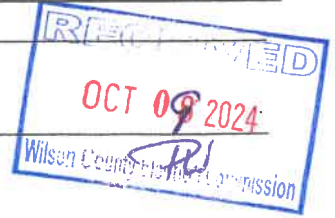
17. In-Kind Contributions:

- 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

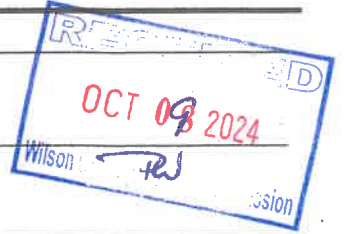
Business or Organization Name: \_\_\_\_\_ OR  
First Name: Brittany Middle Name: \_\_\_\_\_ Last Name: Orpurt-Hilton  
Address: 1603 Afsdale Road City: Mt. Juliet State: TN Zip Code: 37122  
Occupation: Not Employed Employer: Not Employed  
Contribution Received For:  Primary Election  General Election  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

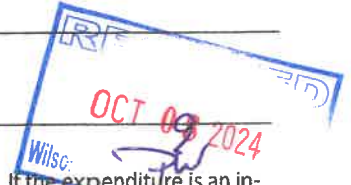
Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  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 O'Purt-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

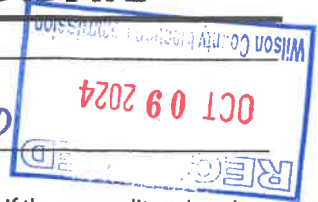
Business or Organization Name: Wilson Bank + Trust OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 623 W. Main St. City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Banking Fee  
Amount of Expenditure: \$ 10.00 Date of Expenditure: 08/30/2024

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.)

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# 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.)