Disclosure Re Use this form for ge Do not use this form	Amendme Amendme along with other detail	es No			
1. Committee Infor		· 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图			
a. Full Name	Mativit			c, ID N	Jumber
Description of the second of t	ELECT TONY BRASWEL	L			ZGHS15
b. Mailing Address (inc	lude City, State and Zip Code)			d. Date	Filed
625 MEANDER W BENSON NC 2750	'AY				07/10/2020
				e. Phor	ne Number
					919-938-2509
2. Report Year	3. Period Start Date (mm/e	dd/yy) 4. Period (mm/dd/yy)	End Date 5. Tr	easurer Full Name	
2020	02/16/20		/30/20 JOY	WPAUL	
6. Type of Commit	tee (Check One)	9. Type of Report	(check only one	type of report from on	ie category)
Candidate Camp		Municipal	State/County	Refere	Attended to the second of the
PAC	Referendum	Organizational	1 Organiza	itional	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five day	y Quarterly	у 🔲	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary	Fir		Final
"Booster Fund"		Pre-election	⊠ Se	cond	Supplemental Final
Building Fund		Pre-runoff	Th	nird	Annual
		Semi-annual			Special
		Mid Yea		753100000	pecial Report Name
Other:		Final	" 🖃	ear End	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8. Number of Fund	draisers this Report	Special	Final Special		
11. Account Inform	0 nation	新疆取消息 图4	11. Account Inform	nation	医美国人名英格兰
a. Financial Institution			a. Financial Institution		
FIRST CITIZENS			-		
b. Purpose	c. Account Code		b. Purpose	C, A	ccount Code
CAMPAIGN EXPENSES		1	18	3	
	d. Period Begin Balanc	ce	JUL 10	2020 d. P	eriod Begin Balance
	\$ 4,593.94		BO	S	
CERTIFICATION	N .		of E	ection.	
I certify that the Co	ommittee or Fund is in comp	commingled with pro-	able provisions of Art hibited or other non-di	icle 22A, 22B, & 22D isclosed funds. I furth	er certify that this report
Is complete, true an	nd correct and that I have been W PAUL	7	4 () W. o m		1/10/2020
	Printed Name of Signer	/ :	Signature of Appointed Trea	asurer	Date
FOR OFFICE USE	ONLY	U	ALS	Daliva	ry Method
Date Received	: <u>M-10-20</u>	_ Employee:	AU3	— 🔲 1	Normal Mail Registered Mail
Date Postmark	red:	_ Employee:		— ☑ I	Hand Delivered
Date Scanned:		_ Employee		_ 🗇	Electronically Filed Signer has not received mandatory training
Date Data Ent	ered:	Employee			nandatory daming

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number ZGHS15
COMMITTEE TO ELECT TONY BRASWELL	2 nd QUARTER		ZGHS13
Start of Election Cycle: January 1,	2019	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 4,593.94	\$ 174.18
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 4,550.00	\$ 9,425.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 5,327.79	\$ 6,859.48
(0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	ions (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$ 9,877.79	\$ 16,284.48
EXPENDITURES	3. 等于从事业	多 意思思想	
13) Disbursements		42.010.00	6 14 805 02
13a) Operating Expenditures	(CRO-1310)	\$ 12,818.99	\$ 14,805.92
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 12,818.99	\$ 14,805.92
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ubtract line 18)	\$ 1,652.74	\$ 1,652.74
ADDITIONAL INFORMATION	医性感性性性		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campai	gns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

AND DESCRIPTION OF THE PERSON.	form to report mar	vidual contributions o	ver \$50 or co	ntributions u	nder \$50 if form Ci	(O 1203 IS III	ot used	
r. Comu	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER,	and Fund if applical				2. ID Nur		
COMMI	TTEE TO ELECT	TONY BRASWELL					ZGHS15	5
3. Contr	ibutor Informatio	on .	☐ Add	F	Remove			
a. Full Nar	me, Mailing Address &	k Phone		b Title/Professi	on	d. Commen	ts	
	city, state, & zip)		RE	TIRED				
	PH BAKER /IFT CREEK ROA	JD.	c. Er	nployer's Name	/Specific Field			
	ON NC 27520							and the second s
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind D	escription	j. Date (mm/dd/	уууу)	k. Amour	nt
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							\$	
							\$	
3. Contr	ributor Informatio	on	☐ Add		Remove	1.0		
	me, Mailing Address	& Phone		b Title/Profess	ion	d. Commer	its	
	e city, state, & zip)		KL.	TIKED				
PO BOX			c. E	mployer's Name	e/Specific Field			
PINE LI	EVEL NC 27568					a Floation	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind D	escription	j. Date (mm/dd/	уууу)	k. Amou	int
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	1				02/10	/2020	\$	100.00
					02/10	/2020	\$	100.00
					02/10	/2020		100.00
THE RESERVE	ributor Informati	on	☐ Ad		Remove		\$ \$	100.00
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a. Full Na (includ LANN)	ributor Informati	on	b. J DI	ob Title/Profess EVELOPER mployer's Nam	Remove sion		\$ \$	100.00
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a. Full Na (includ LANNY 2701 PC CLAYT	ributor Informatione, Mailing Address to city, state, & zip) Y CLIFTON DLENTA ROAD TON NC 27520	on & Phone	b. J DI C. E LA	ob Title/Profess EVELOPER Imployer's Nam ANNY CLIFT	Remove sion ne/Specific Field TON j. Date (mm/dd	d. Comme	\$ sum to Date 250.00	e unt
a. Full Na (includ LANNY 2701 PC CLAYT	ributor Informatione, Mailing Address de city, state, & zip) Y CLIFTON DLENTA ROAD TON NC 27520 g. Account Code	on & Phone h. Form of Payment	b. J DI C. E LA	ob Title/Profess EVELOPER Imployer's Nam ANNY CLIFT	Remove sion ne/Specific Field TON j. Date (mm/dd	d. Comme e. Election \$	\$ sum to Date 250.00 k. Amou	e unt
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a. Full Na (includ LANNY 2701 PC CLAYT	ributor Informatione, Mailing Address de city, state, & zip) Y CLIFTON DLENTA ROAD TON NC 27520 g. Account Code	on & Phone h. Form of Payment	b. J DI C. E LA	ob Title/Profess EVELOPER Imployer's Nam ANNY CLIFT	Remove sion ne/Specific Field TON j. Date (mm/dd	d. Comme e. Election \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

Amendment

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		n Individuals			Pg	_2 of		Amendme Ye	
WHEN PERSON NAMED IN COLUMN	NAME AND ADDRESS OF TAXABLE PARTY.	vidual contributions o	ASSESSMENT OF THE PARTY OF TAXABLE PARTY.	or contribution	is unde	er \$50 if form CR			
1. Comm	nittee Full Name (and Fund if applical	ble)		No. of the last		2. ID Nu	mber	
COMMI	TTEE TO ELECT	TONY BRASWELL						ZGHS15	
3. Contri	ibutor Informatio)n		Add	Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Pro	fession		d. Comme	nts	
	city, state, & zip)			RETIRED					
STATE OF THE PARTY OF THE	OOUGHERTY	DOAD		c. Employer's N	lama/Sn	ecific Field			
	EVENS CHAPEL TIELD NC 27577	ROAD		c. Employer's P	апклор	ceme ricia			
SIVILITIE	IELD NC 2/3//						e. Election	Sum to Date	
							\$	1,000.00)
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	yyy)	k. Amour	ıt
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	1	CHECK				03/19/	2020	\$	500.00
								\$	
3. Contr	ibutor Informatio	on		Add		nove			
	me, Mailing Address	& Phone		b. Job Title/Pro	ofession		d. Comme	ents	A BA STATE
	city, state, & zip)			RETIRED					
STANLI	EY JOHNSON			c. Employer's N	Vame/Sr	ecific Field	4		
				C. Employer's 1	and of	cente i ica			
							e. Election	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/y	ууу)	k. Amou	nt
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								\$	
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3. Conti	ributor Informati	on		Add	Re	move			
THE RESERVE TO SERVE THE PARTY OF THE PARTY	me, Mailing Address	THE RESIDENCE OF THE PARTY OF T		b. Job Title/Pr	ofession		d. Comm	ents	
	e city, state, & zip)			RETIRED					
DOUGL	AS JONES								
	DUNTRY CLUB I			c. Employer's	Name/S	pecific Field			
SMITH	FIELD NC 27577	•					a Flortin	n Sum to Date	
							\$	250.00	
					3.10 HS -	I D-4 (/11)	7/	k. Amou	
f. Prior	g. Account Code	h. Form of Payment	i. In	-Kind Description		j. Date (mm/dd/			
	1	CHECK				02/18/	/2020	\$	250.00
								\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

1,500.00

4,550.00

\$

\$

Contributions	from	Individuals	

				Ame	ndment	
Pg	_3	of	7		Yes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

	The state of the s	idual contributions of		of contitutions and	er \$30 ii foliii Cr			
. Commi	ttee Full Name (a	and Fund if applicab	le)			2. ID Nun	nber	以 ,因此不同意。
COMMIT	TEE TO ELECT	TONY BRASWELL					ZGHS15	
Contrib	outor Informatio	n		Add Re	move			
	e, Mailing Address &			b. Job Title/Profession		d. Commen	ts	
	ity, state, & zip)			RETIRED				
The second second second	S PARRISH							
50 SAND	DERS ROAD			c. Employer's Name/S	pecific Field			
BENSON	NC 27504					e. Election S	None to Date	
						e. Election S	sum to Date	
						\$	100.00	
Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	CHECK			04/03/	2020	\$	100.00
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The second second second	e, Mailing Address &			b. Job Title/Profession	1	d. Commer	nts	
	city, state, & zip)			BUSINESS OWN	ER			
MICKEY	LAMM							
	ISON ROAD			c. Employer's Name/S	Specific Field			
CLAYTO	N NC 27527			WTSB	0.07577	- Floriton	Sum to Date	
				SMITHFIELD NO	27577	e. Election	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	/yyyy)	k. Amoun	t
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	ibutor Informati	THE RESIDENCE OF THE PARTY OF T	Ш		emove	d. Comme	nts	
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	u. Comine	1113	
N. Co. D. Santa	city, state, & zip)			RETIRED				
PHIL PIT PO BOX				c. Employer's Name/	Specific Field			
	VEL NC 27568							
1111222						e. Election	Sum to Date	
						\$	100.00	
e D. (g. Account Code	h. Form of Payment	i. In	-Kind Description	j. Date (mm/de	l/yyyy)	k. Amour	nt
f. Prior		CHECK	() () () () () () () () () ()	•	02/18	8/2020	\$	100.0
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4. Tota	only this Pa	ge				\$		450.0
5. Tota	of ALL CRO	O-1210 Pages	ar.			\$		4,550.0
(This lin	ne must be on line 6 a	of Detailed Summary Page	CRO-11	NC State Board of Flex	ctions			April 20

		n Individuals vidual contributions of	ver \$50	Pg or contributions und		7 0 1205 is no	Amendmen Yes of used	_
NAME AND ADDRESS OF TAXABLE PARTY.	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	and Fund if applical	THE RESERVE OF THE PERSON NAMED IN			2. ID Num		
		TONY BRASWELL					ZGHS15	
3. Contri	butor Informatio	n		Add Re	move			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comment	is	
	city, state, & zip)			RETIRED				
JACKIE I	POPE ENTA ROAD			c. Employer's Name/S	necific Field			
	ELD NC 27577			C. Employer's Paniers	preme r rea			
DIVII I I I						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	ts	
	city, state, & zip)			RETIRED				
	E STANCIL			c. Employer's Name/S	Specific Field			
SACREMENT OF STREET	NCIL ROAD NC 27501			C. Lampioyer 3 Faunces	preme race			
MINOIDIO	27301					e. Election S	Sum to Date	
						\$	250.00	
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3. Contr	ibutor Informati	on		Add R	emove			
	ne, Mailing Address	ACCUPATION OF THE PARTY OF THE		b. Job Title/Professio	n	d. Commen	nts	
The state of the s	city, state, & zip)			RETIRED				
	IA STEWART				c te. Fi.14			
	WART ROAD			c. Employer's Name/	Specific Field			
FOURO	AKS NC 27524					e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	-Kind Description	j. Date (mm/dd/y	ууу)	k. Amoun	t
	1	CHECK		pri ventili (1900-1914 **)	02/18/2		\$	100.00
							\$	
							\$	
1 Tota	I only this Pag	ye.		在17 10年表		\$		450.00

4,550.00

\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

									Amendme	nt	
Contr	ibutions from	m Individuals				Pg	_5 of	7	☐ Ye	s 🗌	No
Use this	form to report indi	vidual contributions of	over \$50	or contr	ibutions	under	\$50 if form CR	O 1205 is no	ot used		
COLUMN TOWNS THE PARTY NAMED IN		(and Fund if applica	THE RESERVE THE PERSON NAMED IN					2. ID Nur			
COMMI	TTEE TO ELECT	TONY BRASWELL						ZGHS15			
3. Contr	ibutor Informatio	on .		Add		Rem	ove				
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Profe	ssion		d. Commen	ts		
(include	city, state, & zip)			RETIF	RED						
RALPH	STEWART JR										
625 STE	WART ROAD			c. Emplo	yer's Na	me/Spe	cific Field				
FOUR C	AKS NC 27524								c . D .		VACABLE STATE
								e. Election	Sum to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amoun		
	1	CHECK					02/18/2	2020	\$	10	00.00
									\$		
									\$	01-2	
3. Conti	ibutor Informati	on		Add		Rem	ove				
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Profe	ssion		d. Commer	nts		
(include	e city, state, & zip)			RETIRED							
MARTE	IA STOVALL										
1200 LITTLE CREEK CHURCH ROAD				c. Employer's Name/Specific Field							

f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/y	j. Date (mm/dd/yyyy)		t	
	1	CHECK			02/18/	2020	\$	100.00	
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3. Contr	ributor Informati	on		Add 🗆 F	Remove				
	me, Mailing Address			b. Job Title/Professi	on	d. Comm	d. Comments		
	e city, state, & zip)			RETIRED					
	EL STRICKLANI)							
	EVILS RACETRA			c. Employer's Name	/Specific Field				
	DAKS NC 27524					e. Electio	n Sum to Date		
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amour	ıt	
	1	CHECK			02/18	/2020	\$	200.00	
							\$		
П							\$		

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5. Total of ALL CRO-1210 Pages

CLAYTON NC 27520

4,550.00

400.00

e. Election Sum to Date

\$

\$

100.00

		n Individuals		Pg			Amendme	
		vidual contributions o		or contributions un	der \$50 if form Ci	2. ID Nu	mber	
			ne)			2,22	ZGHS15	
COMMI	MEE TO ELECT	TONY BRASWELL					ZOHSIS	
	butor Informatio				emove	d. Comme		
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession RETIRED	n	d. Comme	ius	
	SUMMERLIN							
	THY DRIVE			c. Employer's Name/S	Specific Field			
SMITHF	IELD NC 27577					e. Election	Sum to Date	
						\$	500.00	
	1 - Code	h. Form of Payment	i In I	Kind Description	j. Date (mm/dd/		k. Amour	t
f. Prior	g. Account Code		1. 111-1	Chia Description	02/18/		\$	500.00
Ш	1	CHECK			02/16/	2020		
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commo	ents	
	city, state, & zip)			COO				
RUTH M	IAKLEK OR AN FARM RO	AD		c. Employer's Name/	Specific Field			
	NC 27576			JOHNSTON UN				
				CLAYTON NC	27520	e. Election	n Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/уууу)	k. Amou	nt
	1	CHECK			06/18	/2020	\$	500.00
							\$	
			1				\$	
				Add R	Remove			
PROPERTY AND PERSONS	ributor Informati me, Mailing Address	CONTRACTOR OF THE PARTY OF THE		b. Job Title/Profession		d. Comm	ents	
III (1971) STEEL ALLESS THE STEEL ST	e city, state, & zip)			RETIRED				
	HENDERSON			c. Employer's Name	/Cassific Field			
1	WALNUT DRIVE FIELD NC 27577			c. Employer's Name	Specific Field	54		
SMITH	FIELD NC 2/3//					e. Electio	on Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In	-Kind Description	j. Date (mm/de	l/yyyy)	k. Amou	nt
I. I HOI	g. Account Code	CHECK				9/2020	\$	100.00
	1.5						\$	
H=							\$	

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

NC State Board of Elections

April 2007

4,550.00

1,100.00

\$

\$

		m Individuals vidual contributions o	ver \$50	Pg or contributions und		7 O 1205 is no	Amendmen Yes	
THE RESERVE BY AND PERSONS ASSESSED.	AND RESIDENCE AND ADDRESS OF THE PARTY OF TH	and Fund if applical				2. ID Nur		
COMMI	TTEE TO ELECT	TONY BRASWELL	ş1				ZGHS15	
3. Contri	ibutor Informatio	on _		Add Rei	nove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession RETIRED		d. Commen	ıts	
1800 CR	JOHNSON EEKVIEW DRIV	E		c. Employer's Name/Sp	ecific Field			
CLAYTO	ON NC 27520					e Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amoun	
	1	CHECK			03/19/2	2020	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			RETIRED				
KEN JO 6825 HV	VY 70 E			c. Employer's Name/S	pecific Field			
PRINCE	TON NC 27569					e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amour	it e
	1	CASH			02/08/	2020	\$	100.00
							\$	
							\$	
3. Conti	ributor Informati	ion			emove			
	me, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profession	1	d. Comme	ents	

(include	city, state, & zip)		c. Employer's Name	/Specific Field		
					e. Electio	n Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description j. Date (m		(yyyy)	k Amount
						\$
					6	\$ 100.00
Management of the Party of the	al only this Pag al of ALL CRO	AND ADDRESS OF THE PARTY OF THE			\$	4,550.00

								Amend	ment	
Disbursements					Pg	1	of <u>2</u>		Yes	No
			1427	0.00						

Use this form to report expenditures from the committee for, operating expenses, contributions to candidate/political committees and coordinated party expenditures.

2. ID Number 1. Committee Full Name (and Fund if applicable) ZGHS15 COMMITTEE TO ELECT TONY BRASWELL (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Coordinated Party Expenditures Contributions to Candidates/Political Committees Operating Expenses 4. Payee Information Add Remove d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) **FACEBOOK** c. Level Registered (Specify) Federal X County: e. Election Sum to Date State Municipality: JOHNSTON COUNTY \$ 569.22 k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment SPONSORED AD A* 03/02/2020 \$27.24 1 DRAFT SOCIAL MEDIA SPONSORED AD 04/01/2020 \$140.05 A* DRAFT 1 SOCIAL MEDIA Remove Add 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) **FACEBOOK** c. Level Registered (Specify) Federal \boxtimes County: Municipality: e. Election Sum to Date State JOHNSTON COUNTY \$ 666.62 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) i. Amount f. Account Code g. Form of Payment SPONSORED AD \$77.40 A* 05/01/2020 DRAFT 1 SOCIAL MEDIA SPONSORED AD \$20.00 06/01/2020 A* DRAFT 1 SOCIAL MEDIA Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone REIMBURSE (include city, state, & zip) OFFICES JOY PAUL **SUPPLIES** c. Level Registered (Specify) 625 MEANDER WAY Federal \boxtimes County: BENSON NC 27504 e. Election Sum to Date Municipality: State JOHNSTON COUNTY \$ 13.34 k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) j. Amount g. Form of Payment f. Account Code **OFFICE** \$13.34 K* 02/162020 CHECK 1 **SUPPLIES** \$ 278.03 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 12.818.99 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate C* - Fundraising B* - Printing A* - Media H* - Holding Public Office Expenses G - Political Party F* - Equipment E - Salaries O* - Donation to Legal Expense Fund K* - Office Expenses J - Penalties I - Postage O* - Other * Codes require detailed explanation in required remarks field (k)

Disbursements			
Disbursements	Pg	2	of

Amen	dment		
	Yes	П	N

2

Use this form to report expenditures from the committee for, operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fund	l if applicable)			2. ID Number	
	TO ELECT TONY E				ZGHS15	
. Type of Disb		se use separate C	RO-1310 forms for each ty	pe of Disbursen	nent.)	
Operating E		Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
include city, state,	& zip)					
WKJO			a Lavel Decistored (Constitution			
			c. Level Registered (Specify) Federal	County:		
			State	Municipality:	e. Election Sum to Date	
			JOHNSTON COUNTY	1	\$ 1,150.00	
				JOHNSTON COCKLI		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	A*	02/18/2020	\$400.00	SPONSORED AD	
1	CHECK	A.	02/16/2020	\$400.00	RADIO	
				\$		
			111			
4. Payee Inforn			b. Coordinated Committee N	Remove	d. Comments	
	ing Address & Phone		b. Coordinated Communice 19	ank	iii conanya,	
(include city, state,	, & zip) TICAL CONSULTIN	G				
ATLAS FULLI	TEAL CONSULTIN		c. Level Registered (Specify)			
			Federal 🛛			
			State	Municipality:	e. Election Sum to Date	
			JOHNSTON COUNTY		\$ 12,140.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	C*	02/22/2020	\$12,140.96	FUNDRAISING EXPENSES	
				\$	EM DIVIDO	
				Remove		
4. Payee Inform			b. Coordinated Committee N		d. Comments	
a. Full Name, Mai (include city, state	ling Address & Phone , & zip)		b. Coordinated Committee 1	ank		
			7 17 14 1(C - 1C)			
			c. Level Registered (Specify) Federal	County:	5 A	
			State	Municipality:	e. Election Sum to Date	
			JOHNSTON COUNTY		×	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1				\$		
1						
				\$		
					\$ 12,540.96	
5. Total only t						
(This line goes i	in line 13b of Detailed Su	mmary Page CRO-11	00 if Operating Expenses) 00 if Contrib to Candidates/Polit 00 if Coordinated Party Expendi	ical Comm) tures)	\$ 12,818.99	
	des (List detailed ex					
A* - Media E - Salaries I - Postage	B* - Printing F* - Equipmen J - Penalties	C* - Fu t G - Polit	ndraising tical Party fice Expenses	H* - Holdi	other Candidate ing Public Office Expenses tion to Legal Expense Fund	
O* - Other	ire detailed explana	tion in required	remarks field (k)			

Loan Proceeds

Pg 1

of

 \boxtimes

Amendment

Yes

No

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

. Committee Full Name (and Fund	2. II	2. ID Number			
COMMITTEE TO ELECT TONY BRASWELL					ZGHS15
. Lender Information		Add			Remove
Full Name, Mailing Address & Phone (include city, state, & zip) IMMY G BRASWELL		b. Job Title/Profession BUSINESS OWNER		d. Comments	
170 GOR-AN FARM ROAD SELMA, NC 27576 919-669-6598	The last of the la	r's Name/Specific F NIENCE STORI	e. Start Date (mm/dd/yyyy) 02/21/2020 f. End Date (mm/dd/yyyy)		
Rate h. Security Pledg	ed	i. Account Co	ide j. Form o	of Payment	k. Amount
%		1	CASH		\$ 5,000.00
Full Name of Lending Institution					m. Loan Number
. Endorsers/Makers (The pe	ople who guarantee th	ne loan.)			
Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job T	Title/Profession		c. Employer's Name/Specific Field
		d. Perce	entage		e. Amount
				%	\$
Full Name, Mailing Address & Phone (include city, state, & zip)		b, Job T	Title/Profession		c. Employer's Name/Specific Field
		d. Perce	entage		e. Amount
N. W. Addage C. Dhone		h Joh	Title/Profession	%	\$ c. Employer's Name/Specific Field
. Full Name, Mailing Address & Phone (include city, state, & zip)		0.000			
		d. Perc	entage		e. Amount
				%	\$
. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job	Title/Profession		c. Employer's Name/Specific Field
		d. Perc	entage		e. Amount
				%	\$
5. Total of ALL CRO-1410 P	ages				\$ 5,327.79
(This line must be on line 9 of Detailed Su	mmary Page CRO-11	00)			

Loan Proceeds

of

Amendment

 \boxtimes

Yes

No

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)					2. ID Number			
	LECT TONY BRASWE					ZGHS15		
. Lender Information	on		Add			Remove		
i. Full Name, Mailing Address & Phone (include city, state, & zip) JIMMY G BRASWELL			b. Job Title/Profe BUSINESS O			d. Comments		
1170 GOR-AN FARM					e. Start Date (mm/dd/yyyy)			
SELMA, NC 27576			c. Employer's Nat	NOT THE PERSON NAMED IN STREET		06/30/2020		
919-669-6598			CONVENIEN	CE STORE		f. End Date (mm/dd/yyyy)		
. Rate	h. Security Pledged		i. Account Code	j. Form of Payn	nent	k. Amount		
%			1	CASH		\$ 327.79		
. Full Name of Lending I	nstitution				m. Loa	n Number		
. Endorsers/Makers	(The people who	guarantee tl	ne loan.)					
. Full Name, Mailing Add (include city, state, & zi			b. Job Title/Pr	ofession	c. Emp	loyer's Name/Specific Field		
a. Full Name, Mailing Ad (include city, state, & z			d. Percentage b. Job Title/Pr	%ofession		unt loyer's Name/Specific Field		
			d. Percentage		e. Amo	ount		
				%				
a. Full Name, Mailing Ad (include city, state, & z			b. Job Title/Pr	ofession	c, Emp	oloyer's Name/Specific Field		
			d. Percentage		e. Amo	ount		
				%	\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Pi	rofession	c. Emp	oloyer's Name/Specific Field		
			d. Percentage		e. Amo	ount		
				9/	6 \$			
	CRO-1410 Pages ine 9 of Detailed Summary Pa	ge CRO-110	90)			5,327.79		