Disclosure Rep								nendment Yes [☐ No
	eral report and committee in	formation	, must be s	signed a	and subi	mitted along with	n other	detailed forms.	
Do not use this form t									
1. Committee Inform	nation								
a. Full Name							C	c. ID Number	
COMMITTEE TO E	LECT TONY BRASWELL							ZGHS15	
	de City, State and Zip Code)						C	d. Date Filed	
625 MEANDER WA BENSON NC 27504								02/24/202	0
							•	e. Phone Number	
								919-938-25	09
2. Report Year	3. Period Start Date (mm/dd		. Period E	End Da	te	5. Treasurer F	ull Na	ıme	
2020	01/01/20		02/	15/20		JOY W PAUL			
6. Type of Committee	ee (Check One)	9. Type o	f Report	(cl	heck onl	ly one type of rep	ort fro	om one category)	
Candidate Campai	gn Party	Municipal			State/Co	ounty	I	Referendum	
PAC	Referendum	Or	ganizational			Organizational] [Organizational	
Independent Expenditure Legal Expense Fur	Joint Fundraiser	Th	irty-five day		(Quarterly]	Pre-referendum	
7. Type of Fund	(if applicable, check one)	□ Pr	e-primary		\boxtimes	First		☐ Final	
"Booster Fund"	TO TE	-	e-election		Ħ	Second	l i	Supplemental Fina	al
Building Fund		Pr	e-runoff			Third	i	Annual	
		Se	mi-annual			Fourth]	Special	
			Mid Year			Semi-annual			
Other:			Year End			Mid Year	1	10. Special Report	Yame
		Fin Fin	nal			Year End		VOL.	· 69
8. Number of Fundr	aisers this Report	S _F	ecial		☐ F	Final			<u>E</u>
	1					Special		FEB 24 2	4
11. Account Informa	ation			11. Ac	count I	nformation		We was	20
a. Financial Institution F	uli Name			a. Finar	ncial Insti	itution Full Name		10	
FIRST CITIZENS B	ANK							c. Account Code	ans/
b. Purpose	c. Account Code			b. Purp	ose			c. Account Code	
CAMPAIGN EXPENSES	1								
	d. Period Begin Balance							d. Period Begin Balan	ice
	\$ 367.04							\$	
CERTIFICATION									
I certify that the Com the NC General Statu	mittee or Fund is in complia	mmingled	with proh	ibited o	r other	non-disclosed fur			
	correct and that I have been	trained by	the NC	tate Bb				10 4 10 0 0 0	
JOY V	W PAUL		7/1	1) 0		hul	_02	/24/2020	
TOP OFFICE VICE O	Printed Name of Signer		Si Si	gbature c	of Appoint	ted Treasurer		Date	
FOR OFFICE USE O	NLY						De	elivery Method	
Date Received:		E	mployee:					Normal Mail	
Date Postmarked	l:	Е	mployee:					Registered Mail Hand Delivered	
Date Scanned:		Е	mployee:				8	Electronically F Signer has not i	received
Date Data Entere	ed:	Е	mployee:					mandatory train	ing

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

CRO-1000

NC State Board of Elections

August 2008

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.

Amendment No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report					
COMMITTEE TO ELECT TONY BRASWELL	JUS	ZGHS15				
Start of Election Cycle: January 1,	2019	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start	3.71-	\$ 432.04 367				
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 4,875.00	\$ 4,875.00			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$			
9) Loan Proceeds	(CRO-1410)	\$ 1,000.00	\$ 1,531.69			
10) 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	tions (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	l1c, 11d and 11e)	\$ 5,875.00	\$ 6,406.69			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 1,648.10	\$ 1,986.93			
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)	\$ 1,648.10	\$ 1,986.93			
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ubtract line 18)	\$ 4,593.94	\$ 4,593.94			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig	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)	\$	\$			

		m Individuals ividual contributions of	ver \$5	0 or contr	ibution	Pg s unde	<u>1</u> of r \$50 if form CR		Amendment Yes ot used	No
and the same of th	THE RESERVE THE PERSON NAMED IN COLUMN	(and Fund if applical						2. ID Nur		
COMMI	TTEE TO ELECT	TONY BRASWELL							ZGHS15	
3. Contr	ibutor Informatio	on		Add		Rem	ove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job T				d. Commen	ıts	
	city, state, & zip) K BRASWELL			BUSIN	NESS (WNE	R			
	1465 BOX 157			c. Emple	oyer's Na	me/Spe	cific Field			
FORT LI	EWIS WA 98433			RAY I	LLC					
								e. Election	Sum to Date	
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK					01/30/2	2020	\$	500.00
									\$	
									\$	
	ibutor Informati			Add		Ren	ove			
	me, Mailing Address	& Phone		b. Job T		ession		d. Commen	nts	
HWDA	city, state, & zip) NIELS			KEIH	(ED					
825 S VI	ERMONT STREE	T		c. Empl	oyer's N	ame/Sp	ecific Field			
SMITHE	TIELD NC 27577							a Floation	Sum to Date	
i		*1						s S	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	iption		j. Date (mm/dd/y		k. Amount	
	1	CHECK					01/21/2	2020	\$	250.00
									\$	
									\$	
3. Contr	ibutor Informati	on		Add		Ren	iove			
TOTAL STREET,	me, Mailing Address	& Phone		b. Job T				d. Commer	nts	
	city, state, & zip) LL HARGIS			BOSI	NESS (JWNE	K			
1	ANTOCK ROAD)		c. Empl	oyer's N	ame/Sp	ecific Field			
SMITHE	FIELD NC 27577			HARO	GIS CO	NSTR	UCTION			
									Sum to Date	
			Τ.,	VI 10			1.5.4.4.414	\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	1. In-	Kind Descr	1ption		j. Date (mm/dd/y		k. Amount	500.00
	1	CHECK	-				01/20/2	2020	\$	300.00
┝╬			-						\$	
									\$	1.050.00
	l only this Pag							\$		1,250.00
5. Tota	of ALL CRO	J-1210 Pages						\$		4,875.00

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

		m Individuals ividual contributions of	ver \$50	or contribution	Pg is jinde	_2 of r \$50 if form CF		Amendmen Yes	
	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	(and Fund if applica		o or commodulo:			2. ID Nu		
COMMI	TTEE TO ELECT	TONY BRASWELL	,					ZGHS15	
3. Contr	ibutor Informati	on		Add 🗌	Ren	ove			
	me, Mailing Address	& Phone		b. Job Title/Pro	fession		d. Comme	ents	
	city, state, & zip)			RETIRED					
	JENKINS NNER ROAD			c. Employer's N	lama/Sn	scific Field			
1	AKS NC 27524			c. Employer s iv	апклор	tine Page	-		
rooko	7445110 27521						e. Election	n Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i In-l	Kind Description		j. Date (mm/dd/y	1	k. Amount	
[1. III-	Mu Description		02/07/2			100.00
	1	CHECK				02/07/.	2020	\$	100,00
								\$	
				-				\$	
3. Contr	ibutor Informati	on		Add	Ren	iove			
a. Full Nat	me, Mailing Address	& Phone		b. Job Title/Pro	fession		d. Commo	ents	
	city, state, & zip)			RETIRED					
	ELASSITER			77		-10 TV-13			
	TTEN ROAD NC 27576			c. Employer's N	ame/sp	ecinc Field	207		
SELIVIA	NC 2/3/0						e. Election	n Sum to Date	
							\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK				01/20/	2020	\$	1,000.00
								\$	
								\$	
3. Contr	ibutor Informati	on		Add	Ren	nove		The state of the state of	
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Pro	fession		d. Comm	ents	
	city, state, & zip)			BUSINESS	OWNE	ER.			
FRANK				n 1 1 1	T 10	10 73 11			
PO BOX				c. Employer's N					
SMITH	FIELD NC 27577			CENTRAL	VIAKS	EIING	e. Election	n Sum to Date	
							\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/y	/ yyy)	k. Amount	
	1	CHECK		2018		01/21/		\$	1,000.00
								\$	
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

4,875.00

2,100.00

\$

\$

	-,	n Individuals				Pg	_3 of	5_	Yes Yes	☐ No
Section of the Party of the Par	AND DESCRIPTION OF THE PARTY OF	vidual contributions of		or contri	bution	s unde	r \$50 if form CR	The state of the s		
1. Comm	ittee Full Name (and Fund if applica	ble)					2. ID Nun	nber	
COMMI	TTEE TO ELECT	TONY BRASWELL							ZGHS15	
	ibutor Informatio			Add		Rem	ove			
LOSSISCEPACIONES	ne, Mailing Address	& Phone		b. Job Ti		ession		d. Commen	ts	
	city, state, & zip)	Service Service and the contract of		RETIR	ED					
	N OLIVER OR AN FARM RO	AD.		c Employ	war's No	me/Sne	cific Field			
	NC 27576	AD		C. Estipio	yei sin	шкорс	eme reu	1		
SEEWET	110 27370							e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Cind Descri	ption		j. Date (mm/dd/y	ууу)	k. Amount	
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									\$	
									\$	
The state of the s	ibutor Informatio			Add		Rem	iqve			
	ne, Mailing Address	& Phone		b. Job Ti		ession		d. Commen	ts	
TROY P	city, state, & zip)			RETIR	ED					
	OPE OR AN FARM RO	ΔD		c. Emplo	ver's N	me/Sne	ecific Field			
	NC 27576	AD		C Dinpio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. III o pe		1		
								e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption		j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK					02/07/2	2020	\$	100.00
									\$	
									\$	
	ibutor Informati			Add		Ren	nove			
	me, Mailing Address	& Phone		b. Job Ti		fession		d. Commen	ts	
	city, state, & zip)			RETIR	ŒD					
JOHN SO PO BOX				c Emplo	ver's N	ame/Sne	ecific Field			
	FIELD NC 27577			C. Impio	J 01 5 1 1	arito - p				
								e. Election	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	iption		j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK					02/07/2	2020	\$	50.00
									\$	
									\$	
4. Tota	l only this Pag	ge						\$		250.00
5. Tota	of ALL CRO	1210 Pages						\$		4,875.00
(This lin	ne must be on line 6 of	Detailed Summary Page (CRO-110	0)				•		.,075,00

Amendment

		m Individuals	over \$5	Pg O or contributions und				t No
	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	(and Fund if applica	100000			2. ID N		
		TONY BRASWELL					ZGHS15	
3. Contr	ibutor Informati	on		Add 🗌 Re	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	L-	d. Comm	ents	
Action Co.	e city, state, & zip)			BUSINESS OWN	ER			
	EL STEVENS				77. 13	12		
	KER STREET FIELD NC 27577			c. Employer's Name/S STEVENS SAUS				
SMITH	FIELD NC 2/3//			SIEVENS SAUS.	AGE	e. Electio	n Sum to Date	
						•	500.00	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK			02/11/	2020	\$	500.00
							\$	
							\$	
3. Conti	ributor Informati	on		Add 🔲 Re	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comm	ents	
	e city, state, & zip)			RETIRED				
0.000	IIA STEWART			Total and Manage	Lange Willia			
	UNDER ROAD DAKS NC 27524			c. Employer's Name/S	pecine rieid			
liooke	77 MKB IVC 27324					e. Electio	n Sum to Date	
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK		V	02/07/	2020	\$	75.00
	13.1						\$	
							\$	
3. Conti	ributor Informati	on		Add 🔲 Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comm	ents	
	e city, state, & zip)			RETIRED				
	SUMMERLIN					100		
	OY DRIVE ON NC 27527			c. Employer's Name/S	Specific Field			
CLATI	ON NC 2/32/					e. Electio	n Sum to Date	
l						\$	500.00	
		n (p. 100 -	1		1			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y		k. Amount	
	1	CHECK			01/30/	2020	\$	500.00
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

4,875.00

1,075.00

\$

\$

					Amen	idment
Contributions from Individuals	Pg	5	of	5_		Yes
Use this form to report individual contributions over \$50 or contribution	is under	\$50 if for	m CRO	1205 is no	it used	

No

Use this form to report individual contributions over \$50 or contributions under \$50 if form 1. Committee Full Name (and Fund if applicable) 2. ID Number ZGHS15 COMMITTEE TO ELECT TONY BRASWELL Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments **RETIRED** (include city, state, & zip) STEVE UPTON 1203 VERMONT STREET c. Employer's Name/Specific Field SMITHFIELD NC 27577 e. Election Sum to Date 100.00 f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount g. Account Code **CHECK** 02/05/2020 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES MAN C TOMMY WILLIFORD 113 LAKE RIDGE DRIVE c. Employer's Name/Specific Field WHEELS AND DEALS SMITHFIELD NC 27577 e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 **CHECK** 02/06/2020 \$ 100.00 \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ П \$ \$ 4. Total only this Page \$ 200.00 5. Total of ALL CRO-1210 Pages \$ 4,875.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

					Amendment
Disbursements	Pg	1	of	2	Yes

DisbursementsPg 1 of 2 Yes

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

	ill Name (and Fun				2. ID Number				
COMMITTEE TO ELECT TONY BRASWELL 3. Type of Disbursement (Please use separate CR0-1310 forms for each type of Disbursement.)									
3. Type of Disbu									
Operating Ex	rpenses	Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures				
4. Payee Inform	ation		Add	Remove					
a. Full Name, Mailir	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments				
(include city, state, &									
FACEBOOK									
			c. Level Registered (Specify)						
			Federal 🛛	County:					
			State	Municipality:	e. Election Sum to Date				
			JOHNSTON COUNTY	wanterpainty.	C. Diction Sum to Date				
			JOHNSTON COUNTY		\$ 401.93				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
_			0.1/0.2/2.000	616.00	SPONSORED AD				
1	DRAFT	A*	01/02/2020	\$16.00	SOCIAL MEDIA				
		0.0 748.00			SPONSORED AD				
1	DRAFT	A*	02/03/2020	\$47.10	SOCIAL MEDIA				
4. Payee Inform	ation		Add	Remove					
a. Full Name, Mailin	AND THE RESIDENCE AND ADDRESS OF THE PARTY O		b. Coordinated Committee Na	are control to the control of the same and t	d. Comments				
(include city, state,									
HARBOR			1						
PO BOX 1903			c. Level Registered (Specify)						
SMITHFIELD 1	NC 27577		Federal 🛛	County:	1				
SMITHINGLE	NC 21311		State	Municipality:	e. Election Sum to Date				
				Withitespainty.	c. Election Sum to Date				
			JOHNSTON COUNTY		\$ 85.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
_		0.4	01/04/0000	#0.F.00	DONATION				
1	CHECK	O*	01/24/2020	\$85.00					
				6					
				\$					
4. Payee Inform	ation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments				
(include city, state,	& zip)								
IMAGINE THA	AT!								
1261 HANNAH	CREEK ROAD		c. Level Registered (Specify)						
FOUR OAKS N	IC 27524		Federal 🔀	County:					
			State	Municipality:	e. Election Sum to Date				
			JOHNSTON COUNTY		\$ 600.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
i. Account Code	& round of rayment	III I III post Code	1. Date (Hille du yyyy)	J. MINUIL	FUNDRAISING				
1	CHECK	C*	02/04/2020	\$600.00	1				
					PRINTING				
				\$					
5. Total only th	is Page	STATE OF THE PARTY			\$ 748.10				
	CRO-1310 Pages								
		nmary Page CRO-110	00 if Operating Expenses)		ft 1649.10				
			00 if Contrib to Candidates/Politic	cal Comm)	\$ 1648.10				
			00 if Coordinated Party Expendit						
	es (List detailed ex								
A* - Media	B* - Printing	C* - Fun		D - To Anoth	ner Candidate				
E - Salaries	F* - Equipment				g Public Office Expenses				
I - Postage	J - Penalties		ice Expenses		on to Legal Expense Fund				
O* - Other									
* Codes requir	e detailed explanat	tion in required r	emarks field (k)						

				Allica	Raincin	
Disbursements	Pg	<u>2</u>	of <u>2</u>		Yes	No

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

1. Committee F	2. ID Number				
COMMITTEE	TO ELECT TONY E				ZGHS15
3. Type of Disbu	rsement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disbursem	ent.)
Operating Ex			didates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	d. Comments	
(include city, state, or THE HERITAGE PO BOX 2709 SMITHFIELD 1	& zip) GE CENTER		c. Level Registered (Specify) Federal		
919.938.3566			State	County: Municipality:	e. Election Sum to Date
717,750,5500			JOHNSTON COUNTY		\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O*	02/04/2020	\$100.00	DONATION
		·		\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state, TOBACCO FA PO BOX 88	& zip) RM LIFE MUSEUN	1	c. Level Registered (Specify) Federal	County:	
KENLY NC 27	1342		State	Municipality:	e. Election Sum to Date
919.284.3431			\$ 50.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O*	02/04/2020	\$50.00	DONATION
	1			\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, WKJO	& zip)				
	INDUSTRIAL DRI	VE	c. Level Registered (Specify)		4
CLAYTON NO	27520		Federal 🛚	County:	
919.989.1122			State	Municipality:	e. Election Sum to Date
			JOHNSTON COUNTY		\$ 750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A*	02/12/2020	\$750.00	SPONSORED AD RADIO
				\$	
5. Total only th	is Page				\$ 900.00
6. Total of ALL (This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	nmary Page CRO-110	00 if Operating Expenses) 10 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 1,648.10
	es (List detailed ex	penditure code in	(h.) above)		
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fun G - Politi K* - Offi	draising cal Party ce Expenses		ner Candidate g Public Office Expenses on to Legal Expense Fund
* Codes remir	e detailed explanat	ion in required r	emarks field (k)		

Loan Proceeds

Pg <u>1</u> of <u>1</u>

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

1. Committee Full Na	me (and Fund if applica	ble)			2. ID Number			
COMMITTEE TO EL	ECT TONY BRASWELI	L				ZGHS15		
3. Lender Information	1		Add		Section 1	Remove		
a. Full Name, Mailing Add			b. Job Title/Profess			d. Comments		
(include city, state, & zip			BUSINESS OV	VNER				
JIMMY G BRASWEI 1170 GOR-AN FARM						e. Start Date (mm/dd/yyyy)		
SELMA, NC 27576	י וייטעד		c. Employer's Nam	re/Specific Field				
919-669-6598			CONVENIENC			01/23/2020		
- -						f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Account Code	j. Form of Pay	ment	k. Amount		
%			1	CASH		\$ 1,000.00		
I. Full Name of Lending Institution					v	oan Number		
i. ruii isame of Lending In.	SULULIVIL				m. L	ONII I WIIIIVI		
4. Endorsers/Makers	(The people who gue	arantee th	e loan.)					
a. Full Name, Mailing Add			b. Job Title/Pro	fession	c. En	nployer's Name/Specific Field		
(include city, state, & zip))							
			d. Percentage		e. Aı	nount		
				Ç	% \$			
a. Full Name, Mailing Add	ress & Phone		b. Job Title/Pro	fession	c. Er	nployer's Name/Specific Field		
(include city, state, & zip)							
			d Damassita			mount		
			d. Percentage			mount		
					% \$			
a. Full Name, Mailing Add			b. Job Title/Pro	fession	c. Ei	nployer's Name/Specific Field		
(include city, state, & zij	P)							
			d Dameste			mount		
			d. Percentage			nount		
					% \$			
a. Full Name, Mailing Add	ress & Phone		b. Job Title/Pro	fession	c. Eı	mployer's Name/Specific Field		
(include city, state, & zi	p)							
			d. Percentage		e. A	mount		
**					% \$			
5. Total of ALL C	RO-1410 Pages					Ø 1,000,00		
	e 9 of Detailed Summary Page	CRO-110	0)			\$ 1,000.00		