| Disclosure Rep | ort Cover | | | | | | Amer | ndment Yes | \boxtimes | No |
|-----------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|----------------------|----------|---------------------------------------|-----------------------|-------|
| | eral report and committee in | nformati | ion, must be | signed a | ınd subn | nitted along with | other d | letailed forms. | | |
| Do not use this form t | o update information | | | | | | | | | |
| 1. Committee Inform | nation | | | | | | | | | |
| a. Full Name | | | | - ANI | | | c.] | ID Number | | |
| COMMITTEE TO E | LECT TONY BRASWELI | , | Á | STON | CON | | | ZGH | S15 | |
| b. Mailing Address (inclu | de City, State and Zip Code) | | 6 | | | 2 | d. | Date Filed | | |
| 625 MEANDER WA BENSON NC 27504 | | | | JUL 2 | 3 2019 | | | 07/23/ | 2019 | |
| | | | \d2 | <u>.</u> | | | e.] | Phone Number | | |
| | | | | Pard of | | / | | 919-938 | 3-2509 | |
| 2. Report Year 3 | 3. Period Start Date (mm/d | d/yy) | 4. Period I (mm/dd/yy) | End Dat | te | 5. Treasurer Fu | ıll Nan | ne | | |
| 2020 | 01/01/19 | | 06/ | 30/19 | | JOY W PAUL | | | | |
| 6. Type of Committe | e (Check One) | 9. Typ | e of Report | (ch | neck onl | y one type of repo | ort fron | one category |) | |
| Candidate Campaig | | Munici | | | State/Co | | | ferendum | • | |
| PAC Independent | Referendum | | Organizational | l | | Organizational | | Organization | al | |
| Expenditure Legal Expense Fur | Joint Fundraiser | | Thirty-five day | 7 | Q | uarterly | | Pre-referendu | m | |
| 7. Type of Fund | (if applicable, check one) | | Pre-primary | | | First | |] Final | | |
| Booster Fund" | | | Pre-election | 1 | | Second | | Supplemental | Final | |
| Building Fund | | | Pre-runoff | | | Third | | Annual | | |
| | | | Semi-annual Mid Year | _ | | Fourth emi-annual | | Special | | |
| Other: | | lH | Year End | | \boxtimes | Mid Year | 10 |). Special Rep | ort Nar | ne |
| J Galer. | | lΗ | Final | | Ħ | Year End | 1,0 | o peciai rep | D1 0 1 1042 | |
| 8. Number of Fundra | aisers this Report | | Special | | F | inal | | | | |
| | 0 | | | | □ s | pecial | | 31 | | |
| 11. Account Informa | ition | | | 11. Ac | count I | nformation | | | | |
| a. Financial Institution Fi | ull Name | | | a. Finan | icial Insti | tution Full Name | | | | |
| FIRST CITIZENS B. | | | - A Company of the Co | | | | | | | |
| b. Purpose | c. Account Code | | | b. Purp | ose | | | c. Account Code | | |
| CAMPAIGN ACCOUNT | 1 | | | | | | | | | |
| RECEIPTS AND | d. Period Begin Balance | | | 1 | | | | d. Period Begin B | alance | |
| EXPENDITURES | 1000 | | | 1 | | | | · · · · · · · · · · · · · · · · · · · | | |
| | \$ 174.18 | ************************************** | | | | | | \$ | | |
| CERTIFICATION | | | | | | C | D 0 0 | 00 0014 601 | | 60 C |
| the NC General Statu | mittee or Fund is in compli tes and that no funds are co | mmingl | led with proh | nibited or | r other r | en-disclased fun- | ds. I fu | 2D-22M of Cl rther certify th | napter 1 at this r | eport |
| | correct and that I have beer | trained | by the NC | State Bo | ard of E | lections. | | 1/22/2 | 119 | |
| JOY W PAU | JL Printed Name of Signer | | - /s | ignature o | f Appoint | ed Treasurer | | Date | <u> </u> | |
| FOR OFFICE USE OF | CONTRACT OF COLUMN | | // | igniaure o | , i | Trouburo. | | | | |
| Date Received: | 7-23-19 | | Employee: | | ha | e | Deli | very Method Normal Mai | | |
| Date Postmarked | : | | Employee: | | | • | 4 | Registered M Hand Delive | ered | |
| Date Scanned: | | | Employee: | | | | | Electronical Signer has | not rece | |
| Date Data Entere | ed: | | Employee: | | | | | mandatory t | raining | |

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

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.

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 | | 3. ID Number |
|---------------------------------------------------------------|------------------------|--------------------------------|------------------------------|
| COMMITTEE TO ELECT TONY BRASWELL MID YEAR SEM | | ANNUA | ZGHS15 |
| Start of Election Cycle: January 1, | 2019 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 174.18 | \$ 174.18 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ | \$ |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds | (CRO-1410) | \$ 402.86 | \$ 402.86 |
| 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 | ions <i>(CRO-1250)</i> | \$ | \$ |
| 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 | lc, 11d and 11e) | \$ 402.86 | \$ 402.86 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 145.00 | \$ 145.00 |
| 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) | \$ | \$ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then su | btract line 18) | \$ 432.04 | \$ 432.04 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaig | gns) <i>(CRO-1430)</i> | \$ | |
| 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) | \$ | \$ |

| Die | hu | rsem | ante |
|-----|----|------|------|
| DIS | υu | rsem | ents |

Yes

Amendment

No

 \boxtimes

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 Fun | d if applicable) | | | 2. ID Number |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|--------------------------------|-------------------|-------------------------------|
| | TO ELECT TONY I | ZGHS15 | | | |
| 3. Type of Disbu | ursement (Plea | se use separate C | RO-1310 forms for each | type of Disbursen | nent.) |
| Operating E | xpenses | Contributions to Car | ndidates/Political Committees | c | oordinated Party Expenditures |
| 4. Payee Inform | ation | | Add | Remove | |
| a. Full Name, Mailing Address & Phone | | | b. Coordinated Committee | Name | d. Comments |
| (include city, state, | | | | | |
| FACEBOOK | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | Federal X | County: | |
| | | | State | Municipality: | e. Election Sum to Date |
| | | | JOHNSTON | | \$ 22.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| I. Account Code | g. Form of Payment | n. I di pose Code | i. Date (min/du/yyyy) | j. Amount | SPONSORED AD |
| 1 | DRAFT | A* | 02/01/2019 | \$11.00 | SOCIAL MEDIA |
| | | A* | | - | SPONSORED AD |
| 1 | DRAFT | A* | 03/01/2019 | \$11.00 | SOCIAL MEDIA |
| 4. Payee Inform | ation | | Add | Remove | SOCIAL MEDIA |
| | ng Address & Phone | | b. Coordinated Committee | | d. Comments |
| (include city, state, | | | | | |
| FACEBOOK | & Zip) | | | | |
| TACLBOOK | | | c. Level Registered (Specify | | |
| | | | Federal 🖂 | County: | |
| | | | State | Municipality: | e. Election Sum to Date |
| | | | JOHNSTON | | |
| | | | Johnston | | \$ 55.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | DRAFT | A* | 04/01/2019 | \$6.10 | SPONSORED AD |
| 1 | DICALI | A | 04/01/2017 | \$0.10 | SOCIAL MEDIA |
| 1 | DRAFT | A* | 05/01/2019 | \$26.90 | SPONSORED AD |
| 1 | DIALL | A | | | SOCIAL MEDIA |
| 4. Payee Inform | nation | | Add | Remove | |
| a. Full Name, Maili | ing Address & Phone | | b. Coordinated Committee | Name | d. Comments |
| (include city, state, | & zip) | | | | |
| FACEBOOK | | | | | |
| | | | c. Level Registered (Specify | | |
| | | | Federal 🔯 | County: | |
| | | | State | Municipality: | e. Election Sum to Date |
| | | | JOHNSTON | | \$ 145.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | | SPONSORED AD |
| 1 | DRAFT | A* | 06/03/2019 | \$90.00 | SOCIAL MEDIA |
| | | | | | |
| | | | | \$ | |
| 5. Total only th | is Page | | | | \$ 145.00 |
| | CRO-1310 Pages | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | \$ 145.00 |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates | | | | | Ψ 173.00 |
| (This line goes in | line 13c of Detailed Sur | nmary Page CRO-110 | 00 if Coordinated Party Expend | itures) | |
| | les (List detailed ex | | | | |
| A* - Media | B* - Printing | C* - Fun | | | ther Candidate |
| E - Salaries | F* - Equipment | | | | ng Public Office Expenses |
| I - Postage O* - Other | J - Penalties | K* - Off | ice Expenses | Q* - Donat | ion to Legal Expense Fund |
| Control and the Control and th | re detailed explanat | ion in required r | emarks field (k) | | |

| | | | | | Amer | ndment | | | |
|---------------|----|---|----|---|------|--------|-------------|----|--|
| Loan Proceeds | Pg | 1 | of | 2 | | Yes | \boxtimes | 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 BRASWEL | | | | | ZGHS15 | | |
| 3. Lender Information | n | | Add | | | Remove | | |
| a. Full Name, Mailing Add | | | b. Job Title/Profession | | | d. Comments | | |
| (include city, state, & zi | | | BUSINESS OWNER | | | | | |
| JIMMY G BRASWE 1170 GOR-AN FARM | | | | | | e. Start Date (mm/dd/yyyy) | | |
| SELMA, NC 27576 | | c. Employer's Nam | ne/Specific Field | | | | | |
| 919-669-6598 | | CONVENIENC | CE STORE | | 04/15/2019 | | | |
| | | | | | | f. End Date (mm/dd/yyyy) | | |
| | | | | | | | | |
| g. Rate | h. Security Pledged | | i. Account Code | Account Code j. Form of Payment | | k. Amount | | |
| % | | | 1 | CHECK | | \$ 285.96 | | |
| l. Full Name of Lending In | nstitution | | | | m. Lo | oan Number | | |
| | | | | | | | | |
| 4. Endorsers/Makers | (The people who gu | arantee th | e loan.) | | | | | |
| a. Full Name, Mailing Add | iress & Phone | | b. Job Title/Pro | fession | c. Em | ployer's Name/Specific Field | | |
| (include city, state, & zi | p) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | d. Percentage | | e. An | ount | | |
| | | | | • | % \$ | | | |
| a. Full Name, Mailing Ad | | | b. Job Title/Pro | b. Job Title/Profession | | ployer's Name/Specific Field | | |
| (include city, state, & zi | p) | | | | | | | |
| | | | | | | | | |
| | | | d. Percentage | | e. An | nount | | |
| | | | | | % \$ | | | |
| a. Full Name, Mailing Ad | dress & Phone | | b. Job Title/Pro | fession | c. En | ployer's Name/Specific Field | | |
| (include city, state, & zi | p) | | | | | | | |
| | | | | | | | | |
| 3 | | | d. Percentage | | e. An | nount | | |
| | | | | | % \$ | | | |
| a. Full Name, Mailing Address & Phone | | | b. Job Title/Pro | b. Job Title/Profession | | nployer's Name/Specific Field | | |
| (include city, state, & z | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | d. Percentage | | e. An | nount | | |
| | | | | 9 | % \$ | | | |
| 5. Total of ALL | CRO-1410 Pages | | | | | \$ 402.86 | | |
| (This line must be on lin | ne 9 of Detailed Summary Page | CRO-110 | 0) | | | Ψ 702.00 | | |

Amendment

Yes

| - | | The | | 10 |
|---|-----------|-----|--------|----|
| | n RO. | UNO | 0004 | 1 |
| | 48 824 84 | | 4-6-6- | |

Pg <u>2</u>

of

X

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 BRASWELL | | | | ZGHS15 | | | |
| 3. Lender Informatio | n | Add | | | Remove | | | |
| a. Full Name, Mailing Add | | b. Job Title/Profes | | | d. Comments | | | |
| (include city, state, & zij | | BUSINESS OV | WNER | | | | | |
| JIMMY G BRASWEI | | | | | a Start Data (mm/33/ | | | |
| 1170 GOR-AN FARN | WI KUAD | c. Employer's Nan | 10/Specific Field | | e. Start Date (mm/dd/yyyy) | | | |
| SELMA, NC 27576 919-669-6598 | | c. Employer's Nan | | | 06/02/2019 | | | |
| /1/- 0 0/-0J70 | | COLVERIEN | JAJIONE | | f. End Date (mm/dd/yyyy) | | | |
| | | | | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payr | ment | k. Amount | | | |
| 0/0 | | 1 | CHECK | | \$ 116.90 | | | |
| I. Full Name of Lending In | stitution | | | m. Lo | an Number | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. Endorsers/Makers | (The people who guarantee t | the loan.) | | | | | | |
| a. Full Name, Mailing Add | | b. Job Title/Pro | fession | c. Em | ployer's Name/Specific Field | | | |
| (include city, state, & zi | p) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | d. Percentage | | e. Am | ount | | | |
| | | | | | | | | |
| | S | | % | 6 \$ | | | | |
| a. Full Name, Mailing Add | iress & Phone | b. Job Title/Pro | fession | c. Em | c. Employer's Name/Specific Field | | | |
| (include city, state, & zi | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | d. Percentage | | e. Am | ount | | | |
| | | | 9/ | 6 S | | | | |
| a. Full Name, Mailing Add | dress & Phone | b. Job Title/Pro | | | ployer's Name/Specific Field | | | |
| (include city, state, & zi | | 2000 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | d. Percentage | | e. Am | ount | | | |
| | | | | | | | | |
| | | | 9/ | 6 \$ | | | | |
| a. Full Name, Mailing Ad | | b. Job Title/Pro | b. Job Title/Profession | | ployer's Name/Specific Field | | | |
| (include city, state, & zi | ip) | | | | | | | |
| | | | | | | | | |
| (F) | | | | | | | | |
| | | d. Percentage | | e. Am | nount | | | |
| | | | 9, | % \$ | | | | |
| 5. Total of ALL (| `R∩_141∩ Poges | | 95 30 A 10 A | | | | | |
| | CRO-1410 Pages ne 9 of Detailed Summary Page CRO-11 | 00) | | | \$ 402.86 | | | |
| I me and must be on the | , of Demica Ganamay 1 age CAU-11 | / | | | | | | |