		Amenui	пеш
<b>Disclosure Report Cover</b>	** * _		Yes

Amendment  $\boxtimes$ No Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information								
1. Committee Information								
a. Full Name					SIL		c.	ID Number
COMMITTEE TO ELECT	TONY BRASWELI	_		150				ZGHS15
b. Mailing Address (include City	, State and Zip Code)		1	5		2	d.	. Date Filed
625 MEANDER WAY BENSON, NC 27504				AP	R 3 0	2018		04/30/2018
221,331,113 2,731							e.	Phone Number
				10.50				919-938-2509
2. Report Year 3. Per	riod Start Date (mm/d	id/mr)	4. Period E	nd Da	e	5. Treasurer F	full Na	
2. Report Tear 0. Ter	Tou Start Pate (man)	.w.y.y,	(mm/dd/yy)			JOY W PAUL		
2018	01/1/2018		04/21	/2018		JOI W FAUL	,	
6. Type of Committee (Ch		-	e of Report	(c)		nly one type of rep		
Candidate Campaign	Party	Municip			State/	County		eferendum
PAC Independent	Referendum		Organizational		Ш	Organizational	L	_
Expenditure	Joint Fundraiser	🗀	Thirty-five day			Quarterly	L	Pre-referendum
Legal Expense Fund		_					_	<b>-</b>
	olicable, check one)	1 =	Pre-primary		님	First	∣L	Final
"Booster Fund"		I 🗀	Pre-election		H	Second		Supplemental Final
Building Fund			Pre-runoff Semi-annual		H	Third Fourth		Annual Special
			Mid Year		ш	Semi-annual	-	Special
Other:		lΗ	Year End		П	Mid Year	1	0. Special Report Name
			Final			Year End		
8. Number of Fundraisers	this Report		Special			Final		
0		]				Special		
11. Account Information				11. Ac	count	Information		
a. Financial Institution Full Nat	ne			a. Finai	icial In	stitution Full Name		
FIRST CITIZENS BANK								
b. Purpose	c. Account Code			b. Purp	ose		7888	c. Account Code
CAMPAIGN	1							
ACCOUNT FOR							-	d Devied Devie Deleger
RECEIPTS AND EXPENDITURES	d. Period Begin Balance	e					-	d. Period Begin Balance
EXPENDITURES	\$ 1000.00							\$
CERTIFICATION								
I certify that the Committe	e or Fund is in compl	iance wit	th all applical	ble pro	visions	of Article 22A, 2	22B, &	22D-22M of Chapter 163 of
the NC General Statutes an	d that no funds are co	ommingle	ed with prehi	ibited o	r other	non-disclosed fur	nds. I fi	urther certify that this report
is complete, true and corre	ct and that I have been	n trained	by the INC S		aro or	Elections.	A	4-30-2018
JOY W PAUL	ted Name of Signer	<del>-</del>		A 1	,	inted Treasurer		Date
FOR OFFICE USE ONLY	)		U	-	-FP3			
Date Received:	4-30-18		Employee:		lo	φ	De	livery Method
Date Postmarked:			Employee:					Normal Mail Registered Mail
Date Fushinarkeu.			Employee.				P	Hand Delivered Electronically Filed
Date Scanned:			Employee:				H	Signer has not received
Date Data Entered:			Employee:					mandatory training
Dlagge Notes This farm	cannot be used to an	nand co-	nmittee info-	mation	cuch c	e the committee o	ddress	treasurer, assistant treasurer,
1 ICASC INUIC: THIS TOTH						is the committee a it information.	.uui 033,	u casaror, assistant treasurer,
	custodi	an or bo	OV2 IIIIOI III GU	IOAA, OL I	100041			

August 2008 CRO-1000 NC State Board of Elections

Amendment Yes  $\boxtimes$ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT TONY BRASWELL	2. Type of Report PRE-PRIMARY		3. ID Number ZGHS15
Start of Election Cycle: January 1,		Total this	Total this
4) Cash on Hand at Start		Reporting Perio \$ 1000.00	d Election Cycle \$ .00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 80.00	\$ 80.00
6) Contributions from Individuals	(CRO-1210)	\$ 700.00	\$ 700.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 605.20	\$ 605.20
9) Loan Proceeds	(CRO-1410)	\$	\$ 1058.16
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 Organiza	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,	11c, 11d and 11e)	\$ 1385.20	\$ 2443.36
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 674.66	\$ 732.82
13b) Contributions to Candidates/Political Comn	nittees (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	1, 15, 16 and 17)	\$ 674.66	\$ 732.82
19) Cash on Hand at End (Add lines 4 and 12 together, then s	subtract line 18)	\$ 1710.54	\$ 1710.54
ADDITIONAL INFORMATION		<u> </u>	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campa	igns) (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)	\$	\$

# Aggregated Contributions from Individuals Page 1 of 1 Optional form used to report NC Contributions From Individuals of \$50 or less

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)  2. ID Number								
	MITTEE TO E							
CON	IMITTEE TO EI	SECTION:	DKAS WELL				ZC	HS15
3. Co	ntributor Infor	mation			l			
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	·)	f. Am	ount
<u></u>	Add	1	CHECK		04/19/20		\$	30.00
片	Remove				-		-	
<del>                                     </del>	Add Remove	<del>-</del> 1	CHECK		04/21/20	18	\$	50.00
┝┼┼	Add							
	Remove	-					\$	
H	Add		-					
片	Remove	-					\$	
<del>                                     </del>	Add							_
H	Remove	1					\$	
	Add				<u> </u>			
H	Remove						\$	
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H	Remove	1					\$	
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	Remove						\$	
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	Remove	1					\$	
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	Add							
	Remove	7					\$	
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	Add						\$	
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	Add						\$	
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	Add						\$	
Щ_	Remove							
닏	Add	$\perp$					\$	
<u> </u>	Remove	1						
)     -	Add	4					\$	
H	Remove						<u> </u>	
H	Add	$\dashv$					\$	
片	Remove							
片	Add	_					\$	
<del>                                     </del>	Remove	<u> </u>			-		-	
H	Add Remove	-					\$	
	Add						\$	
	Remove							
	4. Total only this Page \$ 80.00							
	otal of ALL (		Pages			\$	80.08	0

# **Contributions from Individuals**

Amendment
Pg 1 of 2 Yes No

Jse	this	form to report	individual	contributions over	: \$50 c	or contributions und	der \$50 if form	CRO 1205 is not used	

1. Comm	Committee Full Name (and Fund if applicable)							2. ID Number			
СОММІТ	TEE TO ELECT	TONY BRASWELL							ZGHS15		
3. Contri	butor Informatio	n		Add Remove			ove				
a. Full Nam	e, Mailing Address &	Phone Phone		b. Job T		ession		d. Comment	S		
	city, state, & zip)			PRESI	DENT						
	E SUMMERLIN										
	THY DRIVE			c. Employer's Name/Specific Field SUMMERLIN BUILDERS INC							
	ELD NC 27577			SUMN	MEKLII	N BUII	LDERS INC	- F14 C	4- D-4-		
919-963-2	2050							e. Election S	um to Date		
								\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount		
	1	CHECK					03/23/2	018	\$	200.00	
									\$	, , , , , , ,	
								*****	\$		
3 Contri	butor Informatio			Add	П	Rem	ove				
	e, Mailing Address &			7	itle/Prof			d. Comment	S		
	city, state, & zip)				IDENT						
	STEWART										
B	WART ROAD			c. Emple	oyer's Na	me/Spe	cific Field	]			
FOUR O	AKS NC 27524			NEUS	E PLA	NT &	BARK				
919-427-4	4458							e. Election S	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount		
	1	CHECK					03/24/2	018	\$	100.00	
									\$		
									\$		
3. Contri	butor Informatio	on .		Add		Rem	ove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		d. Comment	ls .		
(include	city, state, & zip)			RETI	RED						
JAMES I	I JENKINS JR							_			
4	NNER ROAD			c. Empl	oyer's N	ame/Spe	cific Field	1			
	AKS NC 27524							e. Election S	um to Data		
919-989-	1147										
		1	1				Γ	\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	ription		j. Date (mm/dd/y)		k. Amount		
	1	CHECK	-				04/06/2	018	\$	100.00	
									\$		
									\$		
	l only this Pag	ATTION OF THE STATE OF THE STAT						\$		400.00	
HERE STATES AND ADDRESS OF THE PARTY OF THE	l of ALL CRO e must be on line 6 of	-1210 Pages Detailed Summary Page (	CRO-110	0)				\$		700.00	

## **Contributions from Individuals**

				Amer	ndment		
Pg	2	of	2_		Yes	$\boxtimes$	No

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

1. Comm	ittee Full Name (	and Fund if applical	ole)				2. ID Number			
COMMIT	TEE TO ELECT	TONY BRASWELL							ZGHS15	
3. Contri	butor Informatio	n		Add		Remo	ove			
a. Full Nam	e, Mailing Address &	k Phone		b. Job Ti	itle/Profe	ssion		d. Comments		
(include	city, state, & zip)			RETIR	RED					300-0-01
PHIL PIT	TMAN									
P O BOX				c. Emplo	yer's Na	me/Spec	cific Field			
	VEL NC 27568									
919-965-6	5052							e. Election Su	m to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Descri	iption		j. Date (mm/dd/yyy	yy)	k. Amount	
	1	CHECK					04/16/20	)18	\$	100.00
									\$	
			<b>†</b>						\$	
3. Contri	butor Informatio	0		Add		Reme	ove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job T	itle/Profe	ession		d. Comments		
	city, state, & zip)			SALES	S					
C TOMM	Y WILLIFORD									
	E RIDGE DRIVE	ı					cific Field			
	IELD NC 27577			1	ELS & I		,			
919-934-4	4079			OF SM	<b>MTHFI</b>	ELD I	NC	e. Election Su	m to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	iption		j. Date (mm/dd/yyy	yy)	k. Amount	
	1	CHECK					04/17/20	018	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address é	& Phone		b. Job T	itle/Profe	ession		d. Comments		
(include	city, state, & zip)			RETIE	RED					
ANNE W	PEEDIN									
542 GOR	-AN FARM ROA	'D		c. Emple	oyer's Na	me/Spe	cific Field			
SELMA 1 919-965-1	NC 27576							e. Election Su	ım to Date	
717-705-	2033							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK					04/19/20	018	\$	100.00
									\$	
									\$	
4. Total	l only this Pag	e						\$		300.00
5. Tota	l of ALL CRO	-1210 Pages						\$		700.00
(This lin	e must be on line 6 of	Detailed Summary Page (	CRO-110	0)				_		

Amendment

## **Contributions from Other Political Committees**

Pg 1 of 1 $\square$ Ves $\square$					 		
	Pg	1	of	1	Yes	$\boxtimes$	No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full		2. ID Number							
TONY BRASWE	LL FOR NC HOUSE						ST	A-U8R3H0-	-C-001
3. Contributor In	formation		Add		Remov	e			
a. Full Name, Mailing	Address & Phone		b. Type o	f Committe	e		d. Com	ments	
(include city, state,	& zip)		$\rfloor \boxtimes$	Candidate	_	PAC			
P O BOX 701				Referend					
CLAYTON NC 2	7528		c. Level I	Registered (	Specify)	1 0			
919-669-6598				Federal State	<u>L</u> .	County:  Municipality:	e Fleet	ion Sum to Da	ta
				State		ividincipanty.			ic .
							\$	605.20	
f. Account Code	g. Form of Payment	h. In-Kin	d Description	n	i. I	Date (mm/dd/yyyy)		j. Amount	
1	СНЕСК					04/10/2018		\$ 605.	20
								\$	
								\$	9
3. Contributor In	formation		Add		Remov	е			
a. Full Name, Mailing	Address & Phone		b. Type o	of Committe	ee		d. Com	ments	
(include city, state,	& zip)			Candidat	е 🗀	PAC			
				Referend					
			c. Level I	Registered (	Specify)	1 0			
			H	Federal State	<u></u>	County: Municipality:	a Flact	ion Sum to Da	to
				State		ividincipanty.		ION SUM TO DA	ic .
							\$		
f. Account Code	g. Form of Payment	h. In-Kir	nd Description	on	i. 1	Date (mm/dd/yyyy)	)	j. Amount	
								\$	
								\$	
								\$	
3. Contributor In	formation		Add		Remov	re			
a. Full Name, Mailing	Address & Phone		b. Type o	of Committe	ee		d. Com	ments	
(include city, state,	& zip)			Candidat	te 🗌	] PAC			
				Referend					
			c. Level	Registered (	(Specify)	1			
				Federal State	<u> </u>	County: Municipality:	a Flact	tion Sum to Da	te
***				State				non Sam to Da	
				- 4			\$	T	
f. Account Code	g. Form of Payment	h. In-Kir	nd Description	o <b>n</b>	i. ]	Date (mm/dd/yyyy	)	j. Amount	
								\$	
								\$	
000000							· · · · · · · · · · · · · · · · · · ·	\$	
4. Total only this	Page						\$	605.20	
5. Total of ALL C	CRO-1230 Pages n line 8 of Detailed Summary Pag	re CRO-1100)					\$	605.20	

TO 0	-	rsem	
	4 <b>b</b> 44	MCI A MA	A 10 4 C

g 1

Amendment Yes

1

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

	. Committee Full Name (and Fund if applicable) 2. ID Number							
	O ELECT TONY E				ZGHS15			
3. Type of Disbu			RO-1310 forms for each	type of Disbursem	ent.)			
Operating Ex			didates/Political Committees		ordinated Party Expenditures			
4. Payee Inform			Add	Remove				
	ALCOHOL PURCHER STREET, THE REST OF THE REST OF THE SECOND STREET, THE		b. Coordinated Committee I		d. Comments			
	ng Address & Phone		D. Coordinated Committee I	vanic	u. Comments			
(include city, state, d								
REID'S PRINT		1			4			
112 W ANDERS	SON STREET	i	c. Level Registered (Specify)		4			
SELMA NC 27	576	i	Federal	County:				
919-965-7292		i	State	Municipality:	e. Election Sum to Date			
		i						
		i			\$ 243.92			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1. Account Code	g. roim of rayment	- I pose code	Date (min/uu/yyyy)	J. ramount	<del></del>			
1	DEBIT CARD	B*	03/06/2018	\$77.39	CAMPAIGN			
					HANDOUT CARDS			
1	DEBIT CARD	B*	04/16/2018	\$166.53	CAMPAIGN			
	LULII CARD		0 1/ 10/2010	4.50.55	HANDOUT CARDS			
4. Payee Inform	ation		Add 🔲	Remove				
	ng Address & Phone		b. Coordinated Committee I		d. Comments			
(include city, state,								
FIRST CITIZEN			1					
			o Lovel Desisters 1/6 10		1			
P O BOX 27131			c. Level Registered (Specify	1.444.4.4	4			
RALEIGH NC	27611		Federal	County:				
888-323-4732			State	Municipality:	e. Election Sum to Date			
					\$ 5.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
		-		-	PAPER STATEMENT			
1	DRAFT	0	03/30/2018	\$5.00	BANK FEE			
					DAINK FEE			
	1			\$	1			
4. Payee Inform	ation		Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	Name	d. Comments			
(include city, state,								
	SIGN DESIGN INC							
P O BOX 2371			c. Level Registered (Specify					
SMITHFIELD 1	VC 27577		Federal	County:	1			
	40 41311				e. Election Sum to Date			
919-934-9436			State	Municipality:	c. Election Sum to Date			
					\$ 90.74			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	-	D.1.		600 7:	MAGNETIC SIGN			
1	CHECK	B*	04/10/2018	\$90.74	FOR CAMPAIGN			
				\$				
5. Total only thi	s Page				\$ 339.66			
	CRO-1310 Pages							
		ımarı Pane CDA 110	00 if Operating Expenses)					
				tical Comm	\$ 674.66			
	-		00 if Contrib to Candidates/Poli					
and the second s	photos de la companya della companya de la companya de la companya della companya		0 if Coordinated Party Expend	uures)	1			
	es (List detailed ex							
A* - Media	B* - Printing	C* - Fund			ner Candidate			
E - Salaries	F* - Equipment				g Public Office Expenses			
I - Postage	J - Penalties		ce Expenses	Q* - Donatio	on to Legal Expense Fund			
O* - Other								
* Codes requir	e detailed explanat	ion in required r	emarks field (k)					

Amendment

	n .		
Die	hii	rsem	ente
	w		

g <u>2</u>

of <u>2</u>

Yes

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 Full Name (and Fund if applicable)  2. ID Number									
COMMITTEE TO ELECT TONY BRASWELL							ZGHS15		
3. Type of Disbu			RO-1310 forms for eac	ch tvne	e of Disburseme	ent.)			
Operating E			didates/Political Committees				d Party Expenditures		
	· — —		Add		Remove	- dilluto	Tuty Expenditues		
4. Payee Information						1.0			
	ng Address & Phone		b. Coordinated Committee Name			d. Comments			
(include city, state,									
DOWNTOWN	SMITHFIELD DEV					j			
200 SOUTH FR	ONT STREET	c. Level Registered (Specify)							
SMITHFIELD NC 27577			Federal County:						
919-934-0887			State	_ N	Municipality:	e. Ele	ction Sum to Date		
					\$ 1	135.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i	. Amount	k. Re	quired Remarks		
1111000111100000	8,10,	•	10 22 10 (2222 22 3 3 3 3 7	1. Date (min/dd/yyyy) J. Amount		ВООТН			
1	DRAFT	0	04/16/2018 \$135.00		\$135.00	REGISTRATION			
						KEU	ISTRATION		
				1 9	S				
4. Payee Inform	ation		Add	F	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committe	ee Name	e	d. Co	mments		
(include city, state,	& zip)								
GCCC			ĺ						
5533 NC 42 ST	E A4-1		c. Level Registered (Speci	ifv)	-				
GARNER NC					County:				
			State			- Fla	ection Sum to Date		
919-773-8448			State		Municipality:	e. Ele	ction Sum to Date		
						\$ 2	200.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j	. Amount	k. Re	quired Remarks		
						BOC	-		
1	DRAFT	0	04/16/2018	04/16/2018 \$200.00			SISTRATION		
				-	5	KEQ	IISTRATION		
				9	\$				
				<del>_</del>					
4. Payee Inform			Add Remove						
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		e	d. Co	mments		
(include city, state,	& zip)								
			c. Level Registered (Specify)						
			Federal County:						
			State	=	Municipality:	e Fle	ection Sum to Date		
				<u> </u>	ivianoipanty.	C. Dic	ction outs to Date		
						\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j	. Amount	k. Re	quired Remarks		
							•		
				9	5				
		-							
				1	\$				
F Total amb 41:	ia Daga				j	<u>_</u>	225 00		
5. Total only thi						\$	335.00		
	CRO-1310 Pages								
	-		0 if Operating Expenses)			\$	674.66		
(1 nis line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Canaladies/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)									
A* - Media B* - Printing C* - Fundraising					D - To Another Candidate				
E - Salaries F* - Equipment G - Political Party				H* - Holding Public Office Expenses					
I - Postage	J - Penalties	K* - Offi	ce Expenses		Q* - Donation	n to Le	egal Expense Fund		
O* - Other									
* Codes require detailed explanation in required remarks field (k)									