	Ame	ndment		
Disclosure Report Cover		Yes	\boxtimes	No
Total Control of the standard and an arrival and an arrival and an arrival along with	~ 41. am a	latailad fam	•• •	

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	mation								
a. Full Name					c. ID Number				
COMMITTEE TO E	ELECT TONY BRASWELI	L			ZGHS15				
b. Mailing Address (incl	ude City, State and Zip Code)		/ \$	TON A	d. Date Filed				
625 MEANDER WAR			S		07/11/2018				
BE110011, 110 2701	, .			1 1 2018	e. Phone Number				
			1 -	יו צוועל יי	010 028 2500				
			100	م/	919-938-2509				
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full	Name				
2018	04/22/2018	06/3	0/2018	JOY W PAUL					
6. Type of Committ	ee (Check One)	9. Type of Report	(check or	ly one type of report	from one category)				
Candidate Campa		Municipal	State/C	County	Referendum				
PAC	Referendum	Organizational		Organizational	Organizational				
Independent	Joint Fundraiser	Thirty-five day	,	Quarterly	Pre-referendum				
Expenditure Legal Expense Fu	md	_	1						
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final				
"Booster Fund"	10 25	Pre-election		Second	Supplemental Final				
Building Fund		Pre-runoff		Third	Annual				
_		Semi-annual		Fourth	Special				
		Mid Year	r	Semi-annual					
Other:		Year End	' □	Mid Year	10. Special Report Name				
		Final		Year End					
8. Number of Fund	raisers this Report	Special Special		Final					
	1			Special					
11. Account Inform	ation		11. Account	Information					
a. Financial Institution 1	Full Name		a. Financial Ins	titution Full Name					
a. Pinanciai Institution i									
FIRST CITIZENS	BANK								
	SANK c. Account Code		b. Purpose		c. Account Code				
FIRST CITIZENS E	The same of the sa		b. Purpose		c. Account Code				
FIRST CITIZENS E	The same of the sa		b. Purpose		c. Account Code				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND	The same of the sa	e	b. Purpose		c. Account Code d. Period Begin Balance				
b. Purpose CAMPAIGN ACCOUNT FOR	c. Account Code 1 d. Period Begin Balanc	e	b. Purpose		d. Period Begin Balance				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND	c. Account Code	e	b. Purpose						
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION	c. Account Code 1 d. Period Begin Balanc \$ 1710.54				d. Period Begin Balance				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Con	c. Account Code 1 d. Period Begin Balanc \$ 1710.54	iance with all applica	able provisions	of Article 22A, 22B,	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General State	c. Account Code 1 d. Period Begin Balanc \$ 1710.54 mmittee or Fund is in complutes and that no funds are co	iance with all applica	able provisions	non-disclosed funds.	d. Period Begin Balance				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Statis complete, true and	c. Account Code 1 d. Period Begin Balanc \$ 1710.54 mmittee or Fund is in complutes and that no funds are collected and that I have bee	iance with all applica	able provisions	non-disclosed funds. Elections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General State	c. Account Code 1 d. Period Begin Balance \$ 1710.54 mmittee or Fund is in completes and that no funds are collected and that I have bee UL	iance with all applica ommingled with prol n trained by the	able provisions hibited or other State Board of	non-disclosed funds. Elections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Statis complete, true and JOY W PA	c. Account Code d. Period Begin Balance \$ 1710.54 mmittee or Fund is in complutes and that no funds are collected and that I have bee UL Printed Name of Signer	iance with all applica ommingled with prol n trained by the	able provisions	non-disclosed funds. Elections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Statis complete, true and	c. Account Code d. Period Begin Balance \$ 1710.54 mmittee or Fund is in complutes and that no funds are collected and that I have bee UL Printed Name of Signer DNLY	iance with all applica ommingled with prol n trained by the	able provisions hibited or other State Board of	non-disclosed funds. Elections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 7 Date				
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Statis complete, true and JOY W PA	c. Account Code d. Period Begin Balance \$ 1710.54 mmittee or Fund is in complutes and that no funds are collected and that I have bee UL Printed Name of Signer	iance with all applica ommingled with prol n trained by the	able provisions hibited or other State Board of	non-disclosed funds. Elections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report Date Delivery Method				
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b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Statis complete, true and JOY W PA FOR OFFICE USE C	c. Account Code d. Period Begin Balance \$ 1710.54 Inmittee or Fund is in complutes and that no funds are collected and that I have been been been been been been been be	iance with all applica ommingled with prob n trained by the	able provisions hibited or other State Board of	non-disclosed funds. Elections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report Date Delivery Method				
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b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Statis complete, true and JOY W PA FOR OFFICE USE O Date Received: Date Postmarke Date Scanned: Date Data Enter	d. Period Begin Balance \$ 1710.54 Inmittee or Fund is in completes and that no funds are collected and that I have been been been been been been been be	iance with all applications application of the MC services and the MC services are applicated by the MC serv	able provisions nibited or other State Board of Lignature of Appoin	non-disclosed funds. Elections. Intel Treasurer	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report Date				

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

CRO-1000 NC State Board of Elections August 2008

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	PRE-PRIMARY		ZGHS15
Start of Election Cycle: January 1,	2018	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1710.54	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 80.00
6) Contributions from Individuals	(CRO-1210)	\$ 2700.00	\$ 3400.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 605.20
9) Loan Proceeds	(CRO-1410)	\$ 2400.00	\$ 3458.16
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 Organizati	ons <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, 11	c, 11d and 11e)	\$ 5100.00	\$ 7543.36
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4969.39	\$ 5702.21
13b) Contributions to Candidates/Political Commi	ttees (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)	\$ 4969.39	\$ 5702.21
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	htract line 18)	\$ 1841.15	\$ 1841.15
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	ns) <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)	\$	\$
		The state of the s	Martin Committee

Contributions from Individuals

					Amei	ıament		
Contributions from Individuals	Pg	1	of	4		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if form	n CRO	1205 is no	t used			

1. Committee Full Name (and Fund if applicable)								2. ID Number		
COMMIT	TEE TO ELECT	TONY BRASWELL							ZGHS15	
3. Contri	butor Informatio	n		Add		Remo	ove			
a. Full Nam	e, Mailing Address &	2 Phone		b. Job Ti		ession		d. Comments		
	city, state, & zip)			RETIR	ED					
	OLIVER									
	R AN FARM ROA	AD		c. Emplo	yer's Na	me/Spec	ific Field			
	NC 27576									
919-333-2	2104							e. Election Su	ım to Date	
							80 5-200	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK		75 100			04/26/20)18	\$	100.00
									\$	
						6.			\$	
3. Contri	butor Informatio	n .		Add		Remo	ove			
a. Full Nan	ie, Mailing Address &	Phone		b. Job T	itle/Prof	ession		d. Comments		
(include	city, state, & zip)			LEGA	L CLE	RK				
LILLIAN	C POPE									
	ENTA ROAD						eific Field			
SMITHFIELD NC 27577				MAST LAW FIRM						
919-934-	3662							e. Election Si	ım to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK					04/26/20	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. Comments		
(include	city, state, & zip)			SELF	EMPL	OYED				
CATHY	P HARGIS									
	ANTOCK ROAD						cific Field			
	IELD NC 27577			1		NSTRI	JCTION			
919-934-	3814			COMI	PANY			e. Election S	um to Date	
								\$	150.00	
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					04/26/2	018	\$	150.00
									\$	
								-	\$	
4. Tota	l only this Pag	e						\$		350.00
	l of ALL CRO							\$		2700.00
(This lin	e must be on line 6 of	Detailed Summary Page (:RO-110	U)						

						Amen	lament		
Contributions from Individuals		Pg	2	of	4_		Yes	\boxtimes	No

Jse this form to report individua	l contributions over \$50	or contributions und	er \$50 if form CRO	1205 is not used

	1. Committee Full Name (and Fund if applicable)						2. ID Number				
A. Full Name, Mailing Address & Phone (Include city, state, & 20)	COMMITTE	E TO ELECT	TONY BRASWELL	-						ZGHS15	
	3. Contribute	or Informatio	n		Add		Remo	ove			
C. Employer's Name/Specific Field C. Employer's Name/Specific	a. Full Name, M	failing Address &	Phone				ession		d. Comments		
4500 PARRISH MANOR DRIVE GARRER NC 27529 919-422-7529 919-4					RETIR	ED					
CARNER NC 27529 919-422-5219											
919-422-5219			DRIVE		c. Employ	yer's Na	me/Spec	cific Field			
S 100.00								}	a Flantion Co	um to Data	
Check In-Kind Description J. Date (mm/dd/yyyyy) K. Amount	919-422-5219	9							e. Election St	III to Date	
									\$	100.00	
	f. Prior g. a	Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yyy	/y)	k. Amount	
			CHECK					04/26/20	18	\$	100.00
3. Contributor Information							2			\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED									5/85(1)	\$	*
a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED	3. Contribut	or Informatio	n	П	Add	П	Rem	ove			
RETIRED RETIRED RETIRED RETIRED RETIRED RETIRED RETIRED						tle/Prof			d. Comments		
BETSY M SUMMERLIN 10 LAFOY DRIVE CLAYTON NC 27527 919-810-7408					RETIR	ED					
CLAYTON NC 27527 919-810-7408					1						
Pilor Section Sum to Date Section Sum	10 LAFOY D	DRIVE			c. Employ	yer's Na	me/Spe	cific Field			
S 250.00	CLAYTON 1	NC 27527									
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount □ 1 CHECK 04/26/2018 \$ 250.00 □ \$ \$ 3. Contributor Information □ Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession d. Comments FAYE C STARLING P O BOX 10 c. Employer's Name/Specific Field 103 LA BELLE DRIVE PINE LEVEL NC 27568 919-965-8171 c. Employer's Name/Specific Field § 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount □ 1 CHECK 05/16/2018 \$ 300.00	919-810-740	8							e. Election St	ım to Date	
☐ 1 CHECK 04/26/2018 \$ 250.00 ☐ S \$ \$ \$ \$ 3. Contributor Information Add Remove Remove Comments									\$	250.00	
\$ 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) FAYE C STARLING P O BOX 10 103 LA BELLE DRIVE PINE LEVEL NC 27568 919-965-8171 6. Employer's Name/Specific Field c. Employer's Name/Specific Field c. Employer's Name/Specific Field f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK O5/16/2018 \$ 300.00	f. Prior g.	Account Code	h. Form of Payment	i. In-k	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) FAYE C STARLING P O BOX 10 103 LA BELLE DRIVE PINE LEVEL NC 27568 919-965-8171 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK S 300.00			CHECK					04/26/20)18	\$	250.00
3. Contributor Information										\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) FAYE C STARLING P O BOX 10 103 LA BELLE DRIVE PINE LEVEL NC 27568 919-965-8171 c. Employer's Name/Specific Field e. Election Sum to Date \$ 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK 05/16/2018 \$ 300.00										\$	
(include city, state, & zip) FAYE C STARLING P O BOX 10 103 LA BELLE DRIVE PINE LEVEL NC 27568 919-965-8171 c. Employer's Name/Specific Field e. Election Sum to Date \$ 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK 05/16/2018 \$ 300.00	3. Contribut	tor Informatio	n		Add		Rem	ove			
FAYE C STARLING P O BOX 10 103 LA BELLE DRIVE PINE LEVEL NC 27568 919-965-8171 c. Employer's Name/Specific Field e. Election Sum to Date s 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK 05/16/2018 \$ 300.00	a. Full Name, M	Mailing Address &	k Phone		b. Job Ti	tle/Prof	fession		d. Comments		
P O BOX 10	(include city,	, state, & zip)			RETIR	ED					
103 LA BELLE DRIVE						-					
PINE LEVEL NC 27568					c. Emplo	yer's N	ame/Spe	cific Field			
919-965-8171 \$ 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	1								e Election S	um to Date	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 CHECK 05/16/2018 \$ 300.00											
☐ 1 CHECK 05/16/2018 \$ 300.00			I	T							
	f. Prior g.	Account Code	h. Form of Payment	i. In-H	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
			CHECK					05/16/20	018	\$	300.00
						2.00				\$	
\$										\$	
	4. Total or					-		To see the part of the seek transmit			
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 2700.00									\$		650.00
\mathbf{z}											

Contributions from Individuals Pg 3 of 4 Amendment Yes No

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

COMMITTEE TO ELECT TONY BRASWELL SCHILL SC
A. Full Name Mailing Address & Phone (include \text{iv, state, & zip)}
TERESA C ARTHUR 107 N PEEDIN AVENUE PINE LEVEL NC 27568 919-965-9730
107 N PEEDIN AVENUE PINE LEVEL NC 27568 919-965-9730
PINE LEVEL NC 27568 919-965-9730
919-965-9730
S 200.00 S 200.00 S 200.00
F. Prior g. Account Code h. Form of Payment l. In-Kind Description j. Date (mm/dd/yyyy) k. Amount S. 200.00
S
3. Contributor Information Add Remove Add Add Remove Add Add
A. Full Name, Mailing Address & Phone (include city, state, & zip) SELF EMPLOYED
A. Full Name, Mailing Address & Phone (include city, state, & zip) SELF EMPLOYED
SELF EMPLOYED SANGE SANG
REVIN M DOUGHERTY 3534 STEVENS CHAPEL ROAD SMITHFIELD NC 27577 919-965-5661 ADVENTURE DEVELOPMENT S 500.00
SASSANDE ROAD SMITHFIELD NC 27577 919-965-5661 ADVENTURE DEVELOPMENT E. Election Sum to Date S 500.00
ADVENTURE DEVELOPMENT
919-965-5661 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK 05/17/2018 \$ 500.00 CHECK 05/17/2018 \$ 500.00 S CONTributor Information Add Remove \$ \$ a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY T DUPREE P O BOX 366 E. Election Sum to Date \$ 500.00
\$ 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK 05/17/2018 \$ 500.00 CHECK 05/17/2018 \$ 500.00 \$ 3. Contributor Information
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1
1
\$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY T DUPREE P O BOX 366 C. Employer's Name/Specific Field
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY T DUPREE P O BOX 366 C. Employer's Name/Specific Field
3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MARY T DUPREE P O BOX 366 c. Employer's Name/Specific Field
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY T DUPREE P O BOX 366 b. Job Title/Profession RETIRED c. Employer's Name/Specific Field
(include city, state, & zip) MARY T DUPREE P O BOX 366 RETIRED c. Employer's Name/Specific Field
MARY T DUPREE P O BOX 366 c. Employer's Name/Specific Field
MARY T DUPREE P O BOX 366 c. Employer's Name/Specific Field
P O BOX 366 c. Employer's Name/Specific Field
I 103 HERRING STREET
PINE LEVEL NC 27568 e. Election Sum to Date
\$ 500.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount
☐ 1 CHECK 05/20/2018 \$ 500.00
□ s
□
4. Total only this Page \$ 1200.00

Contributions from Individuals

				Amei	ndment		
Pg	4	of	4_		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 (a	and Fund if applical	ole)					2. ID Numi	per	
СОММІТ	TEE TO ELECT	TONY BRASWELL							ZGHS15	
3. Contri	butor Informatio	n		Add		Remo	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Ti	tle/Professi	ion		d. Comments		
(include	city, state, & zip)			RETIR	ED					
	OSWELL				Salara de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición	Application to the second				
	ELL MILL ROAI	D		c. Emplo	yer's Name	e/Spec	rific Field			
	NC 27576									
919-625-8	3988			1				e. Election Su	m to Date	
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	СНЕСК					06/04/20	018	\$	500.00
							300000		\$	
									\$	
3. Contri	butor Informatio	n		Add		Remo	ove			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Ti	itle/Profess	ion		d. Comments		
(include	city, state, & zip)									
				c. Emplo	yer's Name	e/Spec	cific Field			
								e. Election Su	m to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	-								\$	
									\$	
									\$	
3. Contr	ibutor Informatio	on		Add		Rem	ove			
	ne, Mailing Address &			b. Job T	itle/Profess	sion		d. Comments		
	city, state, & zip)									
				c. Emplo	yer's Nam	e/Spe	cific Field			
								e. Election Su	ım to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
									\$	
									\$	
									\$	
4. Tota	l only this Pag	e						\$		500.00
	l of ALL CRO		ana ssa	0)				\$		2700.00
(This lin	e must be on line 6 of	Detailed Summary Page	KU-1100	")			TARVAS ALIENSAS AND A			

Amendment

			' Elliona mont	
Disbursements	Pg <u>1</u>	of <u>2</u>	Yes	No No

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 T	TO ELECT TONY B	ZGHS15				
3. Type of Disbu	rsement (Pleas					
Operating Ex			ndidates/Political Committees	Со	ordinated Party Expenditures	
4. Payee Information			Add	Remove		
a. Full Name, Mailir			b. Coordinated Committee Na		d. Comments	
(include city, state, & RELYUS	& zip)		T. T. C. T.			
	DECKER ROAD		c. Level Registered (Specify)	Canada	4	
HOPE MILLS N	NC 28348		Federal State	County:	o Floation Cross to Pate	
910-221-2700			State	Municipality:	e. Election Sum to Date	
					\$ 1338.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DRAFT	B*	05/08/2018	\$1338.50	FUNDRAISER INVITATIONS	
				\$		
4. Payee Inform	ation		Add 🔲	Remove		
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments	
(include city, state, of FACEBOOK						
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 95.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DRAFT	A*	05/01/2018	\$0.76	SPONSORED AD	
-					SOCIAL MEDIA	
1	DRAFT	A*	05/01/2018	\$94.34	SPONSORED AD SOCIAL MEDIA	
A Davis Tof	ation		Add	Remove	JOSHID MEDIA	
4. Payee Inform			b. Coordinated Committee Na		d. Comments	
a. Full Name, Maili (include city, state, PERSUASION	ng Address & Phone & zip)		b. Cool unlated Committee Na		u. Commence	
	TOWN DRIVE		c. Level Registered (Specify)			
RALEIGH, NC			Federal	County:		
405-371-1451			State Municipality:		e. Election Sum to Date	
					\$ 3500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	B*	05/22/2018	\$3500.00	MAILER FOR CAMPAIGN	
				\$		
5. Total only th	is Page				\$ 4933.60	
	CRO-1310 Pages					
(This line goes in (This line goes in (This line goes in	\$ 4969.39					
The second secon	es (List detailed ex		The second secon			
A* - Media	B* - Printing	C* - Fun	draising		her Candidate	
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politi		H* - Holdin	g Public Office Expenses on to Legal Expense Fund	
PRODUCTION OF THE PROPERTY OF	e detailed explanat	ion in required r	emarks field (k)			

Amendmen

			Amendment		
Disbursements	Pg <u>2</u>	of <u>2</u>	Yes	\boxtimes	N

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				
	TO ELECT TONY I	ZGHS15			
3. Type of Disb	ursement (Plea	nent.)			
Operating E			ndidates/Political Committees		pordinated Party Expenditures
4. Payee Information			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, FIRST CITIZE MARKET STR SMITHFIELD	& zip) NS BANK EET		c. Level Registered (Specify) Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 10.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DRAFT	O*	05/22/2018	\$10.00	FEE FOR CERTIFIED CHECK
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, FACEBOOK					
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 120.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DRAFT	A*	06/01/2018	\$25.79	SPONSORED AD SOCIAL MEDIA
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail (include city, state,	ing Address & Phone & zip)		b. Coordinated Committee Na	ame	d. Comments
1			c. Level Registered (Specify)		
			Federal	County:	
		State	Municipality:	e. Election Sum to Date	
100 pp					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
-3	100	10000		\$	
5. Total only th	nis Page	\$ 35.79			
6. Total of ALI (This line goes in (This line goes in (This line goes in	L CRO-1310 Pages in line 13a of Detailed Sur in line 13b of Detailed Sur in line 13c of Detailed Sur	nmary Page CRO-116 nmary Page CRO-116	00 if Operating Expenses) 00 if Contrib to Candidates/Politio 00 if Coordinated Party Expendits		\$ 4969.39
	les (List detailed ex				
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	K* - Off	ical Party ice Expenses	ther Candidate ng Public Office Expenses ion to Legal Expense Fund	
* Codes requi	re detailed explanat	ion in required i	remarks field (k)		

Amendment

No

Loan Proceeds

Pg 1 of 2 Yes

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

					2. ID Nu	ID Number		
	LECT TONY BRASWELL					ZGHS15		
3. Lender Informatio	n	☐ Add				Remove		
a. Full Name, Mailing Add		b. Job Title				d. Comments		
(include city, state, & zij	p)	BUSINE	SS OWNI	ER				
JIMMY G BRASWEI						e. Start Date (mm/dd/yyyy)		
1170 GOR-AN FARN	W KUAD	o French	r's Name/Sp	ecific Field				
SELMA, NC 27576 919-669-6598			r's Name/Sp NIENCE S			04/30/2018		
VUJ-UJ70		CONVE		_ 5.44		f. End Date (mm/dd/yyyy)		
		7						
g. Rate	h. Security Pledged	i. Account Co	de ;	Form of Payn	nent	k. Amount		
g. Kate				CHECK		\$ 1800.00		
12		1		- ILCK				
I. Full Name of Lending In	ıstitution				m. L	oan Number		
4. Endorsers/Makers	(The people who guarar	ntes the loan.)						
a. Full Name, Mailing Add			itle/Professi	on	c. En	nployer's Name/Specific Field		
(include city, state, & zi								
1								
		d. Perce	ntage		ę. An	mount		
		u. x ci ci	0					
				%	6 \$			
a. Full Name, Mailing Add		b. Job T	itle/Professi	ion	c. En	nployer's Name/Specific Field		
(include city, state, & zi								
		d. Perce	ntage		e. Ar	mount		
				%	6 \$			
a. Full Name, Mailing Add	iress & Phone	b. Job T	itle/Professi	ion	c. En	mployer's Name/Specific Field		
(include city, state, & zi	p)							
		d. Perce	ntage		e. Aı	mount		
				9/6	6 \$			
a. Full Name, Mailing Add	h. Joh T	b. Job Title/Profession			mployer's Name/Specific Field			
(include city, state, & zip)		J. 800			- E31			
		d. Perce	d. Percentage			mount		
				9/	6 \$			
5 Total of ATT	'RΩ_1/10 Pages							
5. Total of ALL (CRO-1410 Pages ne 9 of Detailed Summary Page CRO	0-7/100)				\$ 2400.00		
(I'nis une must be on li).	te y of Detuneu Summary Page Ch	U-1:100)	THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED					

Amendment

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Pg <u>2</u>

2

of

Yes

No

 \boxtimes

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

					2. ID	. ID Number		
COMMITTEE TO EL	LECT TONY BRASWELL						ZGHS15	
3. Lender Information	n		Add				Remove	
a. Full Name, Mailing Add			b. Job Title/Profess				d. Comments	
(include city, state, & zip			BUSINESS OW	VNER				
JIMMY G BRASWEI							a Stort Date (/11/	
1170 GOR-AN FARM	A ROAD		o Familian I St	a/Carata Pi		TY 78.55	e. Start Date (mm/dd/yyyy)	
SELMA, NC 27576 919-669-6598			c. Employer's Nam			74.25(1)	05/21/2018	
71 7-UU7-UJŸ Ö			OOMARINEINC	UIONE			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. A	i. Account Code j. Form of Payment				k. Amount	
%		1		CHECK			\$ 600.00	
l. Full Name of Lending In	stitution				m	. Losn	Number	
wi want or rending It.					na:		_	
4. Endorsers/Makers	(The people who guard	antee the l	oan.)					
a. Full Name, Mailing Add			b. Job Title/Prof	fession	c.	Emplo	oyer's Name/Specific Field	
(include city, state, & zi						-		
• • • • •								
			3 B			A		
			d. Percentage		e.	. Amou	III.	
					% \$			
a. Full Name, Mailing Add	lress & Phone		b. Job Title/Pro	fession	c.	. Emple	oyer's Name/Specific Field	
(include city, state, & zi								
			d. Percentage		e.	. Amou	ınt	
					% \$	\$		
a. Full Name, Mailing Add	iress & Phone		b. Job Title/Pro	fession			oyer's Name/Specific Field	
(include city, state, & zi						_		
7			d. Percentage		A	. Amoı	mt	
8			a. r ci centage					
					% \$	3		
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		C	. Empl	oyer's Name/Specific Field	
(include city, state, & zip)				1/4		F.		
g,, 								
			d. Percentage			e. Amount		
4					% \$	\$		
E Total SATT	TDO 1410 Pages						***	
5. Total of ALL C		DC				\$	2400.00	
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