Amendment		
☐ Yes	\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							c. ID Number				
Bill Brawley Comm	ittee						STA-1FC11R	-C-001			
b. Mailing Address (incl	b. Mailing Address (include City, State and Zip Code)										
13612 O'Toole Dr Matthews, NC 2810	5				ル ┗= \ 		10/31/20	16			
				\ <u></u>	u N(OV 0 2 2016	e. Phone Number				
	828-776-2	774									
2. Report Year	3. Period Start Date (mm/d	d/yy)	4. Period E (mm/dd/yy)	nd Da	ic Stal	5. Treasurer Full	Name				
2016	07/01/2016		1	2/2016		Jinger L Kelley					
6. Type of Committ	tee (Check One)	9. Typ	e of Report	(c	heck on	ly one type of report	from one category)				
Candidate Campa	aign Party	Munici	pal		State/C	County	Referendum				
PAC	Referendum		Organizational			Organizational	Organizational				
Independent Expenditure Legal Expense Fi	Joint Fundraiser		Thirty-five day			Quarterly	Pre-referendum				
7. Type of Fund	(if applicable, check one)		Pre-primary		П	First	Final				
"Booster Fund"	(у аррисаме, спеси опсу		Pre-election			Second	Supplemental Fit	nal			
Building Fund		lĦ	Pre-runoff		\boxtimes	Third	Annual				
L Dunding rand			Semi-annual		H	Fourth	Special				
			Mid Year			Semi-annual					
Other:			Year End			Mid Year	10. Special Report	Name			
			Final			Year End					
8. Number of Fund	raisers this Report		Special			Final					
4	-					Special					
11. Account Inform	nation			11. A	count	Information					
a. Financial Institution				a. Fina	ncial Ins	titution Full Name					
Wells Fargo, N.A.											
b. Purpose	c. Account Code			b. Pur	ose		c. Account Code				
Campaign	1										
Account for	1										
Receipts &	d. Period Begin Balance	е					d. Period Begin Bala	nce			
Expenditures	\$ 109,178.50						\$				
CERTIFICATION											
the NC General Stat	nmittee or Fund is in complutes and that no funds are collicorrect and that I have been	mming	led with proh	ibited o	or other	non-disclosed funds.	& 22D-22M of Chap I further certify that	ter 163 of this report			
Jinger L Ke		i uumot	a by the reco	\mathcal{I}		Loble	10/3/116				
Jiliger L K	Printed Name of Signer			enature	Appoir	nted Treasurer	Date				
FOR OFFICE USE O				<u> </u>							
Date Received:	11-2-16		Employee:		17	_>	Delivery Method Normal Mail				
Date Postmarke	ed: 10-31-110		Employee:		70	2>	Registered Ma Hand Delivere	d			
Date Scanned:			Employee:				☐ Electronically ☐ Signer has not mandatory trai	received			
Date Data Enter	red:		Employee:				manuatory trai	umg			
Please Note: Th	is form cannot be used to ar					s the committee addre	ess, treasurer, assistar	nt treasurer,			

Amendment

Yes Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information. \boxtimes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Bill Brawley Committee	3rd Qtr		STA-1FC11R-C-001
Start of Election Cycle: January 1,	2015	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 109,178.50	
RECEIPTS		109,176.30	\$ 20,159.36
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 265.00	\$ 375.00
6) Contributions from Individuals	(CRO-1210)	\$ 24,029.00	\$ 55,229.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 109,272.00	\$ 124,272.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 108,850.00	\$ 223,100.00
9) Loan Proceeds	(CRO-1410)	\$	\$
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	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, 11	lc, IId and IIe)	\$ 242,416.00	\$ 402,976.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 28,367.96	\$ 72,061.61
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$ 42,085.00	\$ 68,600.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 116.16	\$ 548.37
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$ 200.00
17) In-Kind Contributions	(CRO-1510)	\$ 50,536.00	\$ 51,236.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 121,105.12	\$ 192,645.98
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	btract line 18)	\$ 230,489.38	\$ 230,489.38
ADDITIONAL INFORMATION			of a strong or more managed by the state of the strong of the state
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	•	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	2 3 2 3 4 2 3 3 4 2 3 3 4 3 4 3 4 3 4 3
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-2200)	\$	\$
28) Contributions to be Refunded NC State Board of Ele	(CRO-1215)	\$	\$ August 2008

<u>1. Ca</u>	mmittee Full	Name (and Fi	C Contributions From Individual Contributions of Contributions of Contributions (Contribution)		2. I	D Number
Bill	Brawley Comn	nittee				STA-IFCIIR-C-001
3. Co	ntributor Info	rmation				
a. Am		b. Account Code	c. Form of Payment	d. In-Kind	e. Date	f. Amount
	Add	1	Cl. I	Description	(mm/dd/yyyy)	75 73 MODILE
<u></u>	Remove	1	Check		09/27/2016	\$ 40.00
<u>.</u>	Add	-1	Credit Crd			
┵	Remove	1	Credit Cru		10/14/2016	\$ 50.00
_	Add	i	Credit Crd			-
ᆗ_	Remove		Credit Crd		10/17/2016	\$ 50.00
╡_	Add	1	Check		10/21/201	
<u></u>	Remove		CHOCK		10/21/2016	\$ 25.00
┽-	Add	- 1	Cash		10/22/2016	70.00
ᆗ_	Remove		- Cushi		10/22/2016	\$ 50.00
-	Add	<u> </u>	Cash		10/22/2016	\$ 50.00
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(This line must be on line 5 of Detailed Summary Page CRO-1100)
CRO-1205

Add

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Remove
4. Total only this Page

5. Total of ALL CRO-1205 Pages

NC State Board of Elections

April 2007

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265.00

265.00

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\$

		m Individuals	01/07 P.5/	0	::a:	Pg	of	.;	Amendmen Yes	_
1. Comn	nittee Full Name	ividual contributions (and Fund if applica	ble)	or contr	ibutior	is unde	er \$50 if form CR	O 1205 is no 2. ID Nu r		 <u>-</u>
1	wley Committee									2.001
	ibutor Informati	on		A 11	<u> </u>			317	A-IFCIIR-C	
	me, Mailing Address		L_	Add	<u> </u>		nove			
	city, state, & zip)	& I hole		b. Job Ti	ttle/Pro	ession		d. Commen	S	
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	e, NC 28246						& Hinson PA	-		
				Rooms	וטו נוטו	iasila vi	oc mison ra	e. Election S	um to Data	
								C. Election S	um to Date	
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	ibutor Informatio			Add		Rem	love		<u> </u>	
	ne, Mailing Address	& Phone		b. Job Ti	tle/Prof	ession		d. Comment	S	·
	city, state, & zip)							\$2,000.00	in primary	
John Bry				Georgia Gulf Chemical				\$5,100.00	in general	
Box 1929		2010					cific Field	1		
Lake Osv	wego, OR 97035-0	1019		Georgi	a Gulf	Chem	ical			
								e. Election S	um to Date	
								\$	7,100.00	į
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	city, state, & zip)						-			
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	etree Lane					me/Spe	cific Field			
Cary, NC	27513-3000			SAS In	c.					
				ı				e. Election S	ım to Date	
	T							\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy		k. Amount	
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		-							\$	
									\$	
4. Total	only this Pag	e						\$		6,350.00
5. Total	l of ALL CRO	-1210 Pages						\$		24,029.00
(This line	e must he on line 6 of	Detailed Summary Page C	RO-1100)						44,U47.UU

Contr	ibutions fro	m Individuals		n	<i>y</i>		Amendme	
		ividual contributions	over \$5	Pg O or contributions und	der \$50 if form CF	r 20 1205 is n	_ L Ye	s 🛛 No
1. Com	nittee Full Name	(and Fund if applica	ble)		der 450 it form Cr	2. ID Nu		
Bill Bray	vley Committee			-			A-IFCIIR-0	C-001
3. Contr	ibutor Informatio	on		Add Re	emove			
	ne, Mailing Address			b. Job Title/Profession		1.0	 	<u> </u>
	city, state, & zip)			B. 300 THIC/T TOTESSION	<u> </u>	d. Commer	<u> </u>	
	Wordsworth			President		}		
111 W. C	Church St			c. Employer's Name/S	nacific Field	4		
Nashville	e, NC 27856			CPFRM	pectite Picio	-		
ļ				CITION		a Flaction I	S 4. D.4.	
ł						e. Election	Sum to Date	
						\$	1,250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			08/23/2	2016	\$	1,250.00
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							\$	
3. Contri	butor Informatio	On .		Add Re	move			
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(include	city, state, & zip)			-				
Elaine S	Wordsworth	<u>_</u>		Homemaker				
111 W. C	hurch St.			c. Employer's Name/S	pecific Field	1		
Nashville	, N 27856			Self	·	1		
						e. Election S	Sum to Date	
						φ.	1.250.00	
f. Prior	a Assert Code	L. P. d.D.	T			\$	1,250.00	
1. 1 1101	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	1	Check	<u> </u>		08/23/2	016	\$	1,250.00
						·	\$	
	<u> </u>	7					\$	
	butor Informatio			Add 🔲 Rei	move			
	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)			_				,
Timothy `	_			General Mgr]		
	th Cannon Blvd			c. Employer's Name/Sp	pecific Field			
Kannapol	is, NC 28083			Hilbish Ford				
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						\$	200.00	į
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Credit Crd			09/06/2	016	\$	200.00
	,						\$	
							\$	
4. Total	only this Page	2				\$	·	2,700.00
5. Total	of ALL CRO	-1210 Pages				\$		24,029.00
(This lìne	must be on line 6 of i	Detailed Summary Page C	RO-1100)				47,029.00

Use this	form to report ind	ividual contributions	over \$5	0 or contril	butions unde	er \$50 if form CR	1205 is n	_ <u> </u>	2 KZ '48
1. Comn	nittee Full Name	(and Fund if applica	ıble)				2. ID Nu		
	wley Committee							A-1FC11R-0	C-001
	ibutor Informatio			Add	Ren	nove	<u></u>		
	me, Mailing Address &	& Phone			tle/Profession		d. Commen	ıfs	
	city, state, & zip)								
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	ossom Hill Dr. gton, NC 28104				er's Name/Spe	ecific Field			
wcuuns	1011, INC 20104			Beacon	IMG				
							e. Election	Sum to Date	
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-i	Kind Descript	tion	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Check			09/1			\$	500.00
								\$	
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	ibutor Informatio			Add [Rem	nove	· · · ·		
	ne, Mailing Address &	& Phone		b. Job Titl	le/Profession		d. Commen	ts	
	city, state, & zip)			│	_				
Ivan Motl PO Box 3				Publishe		100 201 11	_		
	, NC 28230				er's Name/Spe	ecific Field	-		
	, , , , , , , , , , , , , , , , , , , ,			Oniii	Ulivations		e. Election S	Sum to Date	
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(include of Bryant Ki	city, state, & zip)				•				
	inney ernor Morrison St U	Unit 518		Principal c Employe	i! er's Name/Spe	:Ga Field			
	NC 28211-4353	Jill Jio			Public Strate		•		
				1		Sies	e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descripti	ion	j. Date (mm/dd/yy	 уу)	k. Amount	
	1	Credit Crd				09/18/20		\$	100.00
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4. Total	only this Page	e					\$		800.00
5. Total	of ALL CRO-	-1210 Pages					Ф.		24.020.00
							\$		24,029.00

Contributions from Individuals

NC State Board of Elections

April 2007

Use this	form to report ind	ividual contributions	over \$5	0 or contrib	bution	s unde	r \$50 if form CR	O 1205 is r	··· ontused	
1. Comm	nittee Full Name	(and Fund if applica	ble)					2. ID Nu		
Bill Bray	wley Committee				A-IFC11R-	C-001				
	ibutor Informati	<u></u> -		Add		Rem	nove	4		-
1	me, Mailing Address	& Phone		b. Job Tit	le/Prof	ession		d. Comme	nts	
	city, state, & zip)									
118 Rob	verette Jr.			Presider				_		
	le, NC 27858			c. Employ			orporation	-		
ļ	•			, ,,,,	140000	on o	лроганоп	e. Election	Sum to Date	
								\$	1,000.00	
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	city, state, & zip)			Ţ						
Robert T	homas ylin Lane			Real Estate Executive c. Employer's Name/Specific Field						
	e, NC 28210			Childres			cific Field	-		
2	, 110 20210			Citicalos)5 IX.O.	151		e. Election	Sum to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	 Kind Descript	tion		j. Date (mm/dd/yy	vv)	k. Amount	
	1	Check	 				09/21/26		\$	250.00
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Joe Price				Retired I	Execu	tive				
	rest Drive			c. Employe			cific Field			
Charlotte.	, NC 28211			Bank of	Amer	ica		-		
									Sum to Date	,
 	,							\$	500.00	
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	1	Check	ļ				09/23/26	016	\$	500.00
									\$	<u></u>
									\$	
4. Total	l only this Page	e						\$		1,750.00
5. Total	of ALL CRO	-1210 Pages						\$		24,029.00
/Mrs 1 11		D . 11 10	1DA 114/	N.				4		,0_,.00

Contributions from Individuals

Contr	ibutions fro	m Individuals		n	,		Amendme	
		ividual contributions	over \$5	Pg O or contributions und	der \$50 if form CR	20 1205 is n	Ye	s 🔀 No
1. Com	nittee Full Name	(and Fund if applica	ble)		act \$50 H form Cr	2. ID Nu		
Bill Brav	wley Committee						A-1FC11R-0	C-001
3. Contr	ibutor Informati	on		Add Re	emove	<u> </u>		
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	.4-	
	city, state, & zip)			Di SON THE TOTAL SAIGH	<u> </u>	a. Commen	its	
Charles 1		-		Camp operator				
195 Fern	brook Way			c. Employer's Name/S	pecific Field			
Henderso	onville, NC 28791			Retired	£	=		
						e. Election S	Sum to Date	
j								-
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							\$	
							\$	
	butor Informatio			Add Re	move			
	ne, Mailing Address a	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			_				
Jonathan	_					_		
800	, 700 , 33334			c. Employer's Name/S	pecific Field]		
	, 33334							
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						\$	1,000.00	
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	1	Credit Crd			09/26/2	016	\$	1,000.00
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3. Contri	butor Informatio	on		Add Rei	move		·	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	is	
(include	city, state, & zip)							
John Dun				Federal Agent				
_	gletree Rd			c. Employer's Name/Sp	ecific Field]		
Charlotte	, NC 28227			Retired				
						e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			06/30/2	016	\$	50.00
	1	Check			09/27/2	2016	\$	50.00
							\$	
4. Total	only this Pag	е	•			\$		2,050.00
5. Total	of ALL CRO	-1210 Pages				•		24 020 00
		Detailed Summary Page C	RO-1100)		\$		24,029.00

NC State Board of Elections

April 2007

CRO-1210

Contr	ibutions fro	m Individuals			Pg	\ .		Amendmen	_	
		ividual contributions	over \$5	0 or contr	rg ibutions unde	of er \$50 if form CR	O 1205 is n	_ L Yes	s 🔀 No	
1. Comn	nittee Full Name	(and Fund if applica	ble)			7 000 II 101III C.1	2. ID Nu			
Bill Brav	vley Committee						STA	A-1FC11R-C	C-001	
3. Contr	ibutor Informatio	on		Add	□ Ren	nove				
a. Full Nar	me, Mailing Address	& Phone			itle/Profession	1070	d. Commen	.+0	 	
	city, state, & zip)						u. comme.			
Billy B F				Retired	d					
3815 Mir	ntwood Dr			c. Emplo	yer's Name/Sp	ecific Field	†			
Mint Hill	, NC 28227				enburg Count		1			
1						•	e. Election 5	Sum to Date		
								<u> </u>	· · · · · · · · · · · · · · · · · · ·	
f, Prior	g. Account Code	h. Form of Payment	1: 6- 1	Kind Darri		T. B. ()	\$	600.00		
	j. Necount Code	Check	1, 10-F	Kind Descri	pnon	j. Date (mm/dd/yy		k. Amount		
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	butor Informatio	<u>. </u>		Add	☐ Rem	iove				
	ne, Mailing Address é	& Phone		b. Job Ti	itle/Profession		d. Comment	ts		
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Andrew F				Optom		· · · · · · · · · · · · · · · · · · ·	_			
9200 Till					yer's Name/Spe	cific Field	1			
Matthews	s, NC 28105			Self						
							e. Election S	um to Date		
	- -						\$	400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check				10/04/20	016	\$	400.00	
								\$		
								\$		
3. Contri	butor Informatio)n	- 	Add	Rem	iove		<u> </u>	T	
	ne, Mailing Address &			,	tle/Profession		d. Comment	ts.	1	
(include	city, state, & zip)									
Paul Hear	n			Optome	etrist					
16141 W	eatherly Way			c. Employ	yer's Name/Spe	cific Field	1			
Huntersvi	ille, NC 28078			Self						
							e. Election S	um to Date		
				ļ			\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	ption	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check				10/04/20	016	\$	100.00	
								\$		
								\$		
4. Total	only this Page	e					\$		700.00	
	of ALL CRO								24 020 00	
		Detailed Summary Page C	RO-1100)			\$		24,029.00	

Contr	ibutions fro	m Individuals				Da	of		Amendme		
		lividual contributions	over \$5	0 or contri	ibutior	Pg is unde	ot er \$50 if form CR	1205 is	L Yes	s 🔀 No	
1. Comn	nittee Full Name	(and Fund if applica	ıble)				A WOV II TOTHI CIL	2. ID Nu			
Bill Brav	wley Committee							T	ΓA-1FC11R-C	C-001	
	ibutor Informatio			Add		Ren	nove				
a. Full Nar	me, Mailing Address	& Phone		b. Job Tit	tle/Pro			d. Comme	nts		
	city, state, & zip)			<u> </u>				W 25	1145		
Daniel Ba				Builder	ſ						
	amshaw Ct				yer's N	ame/Spe	ecific Field]			
w ахпаw,	, NC 28173			Self							
								e. Election	Sum to Date		
	<u>. </u>							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	ption		j. Date (mm/dd/yy	/yy)	k. Amount		
 -	1	Check					10/04/20	016	\$	00.001	
									\$		
									\$		
	ibutor Informatio			Add		Rem	nove			T	
l.	ne, Mailing Address &	& Phone		b. Job Tit	de/Prof	ession		d. Commer	nts		
	city, state, & zip)										
Stephen N	viaye yantha Rose Circle	^		Real Es							
_	ton, NC 28104	e e		Drake C			ecific Field	1			
,, eap.	Join, 110 2010 ;			Diane	Japitai	•		e Election	Sum to Date		
							ļ				
							†	\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	ition		j. Date (mm/dd/yy	уу)	k. Amount		
 	1	Check	<u> </u>			!	10/07/20	016	\$	500.00	
· <u> </u>		ļ							\$		
									\$		
	ibutor Informatio	·		Add		Rem	ove				
	ne, Mailing Address &	& Phone		b. Job Tit	le/Profe	ession		d. Commer	ats		
	city, state, & zip) Lawing JR	····		Presider	4					!	
2609 Vale	_			c. Employ		me/Sne	noific Field				
	NC 28226-4955		!	TR Law			CHIC PICIU				
			İ	110 20	1115 111	2011	,	e. Election	Sum to Date		
l								\$	200.00	:	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Descrip	otion		j. Date (mm/dd/yy)	уу)	k. Amount		
	1	Credit Crd					10/08/20)16	\$	100.00	
								<u>-</u>	\$		
									\$		
	l only this Page							\$		700.00	
5. Total	l of ALL CRO	-1210 Pages						\$		24,029.00	
(This line	a must be on line 6 of	Detailed Summan Bage C	100 L100	n				Ψ		24,027.00	

NC State Board of Elections

April 2007

		m Individuals	ντιο υ Φ <i>Ε</i> Ι	Pg	of		Amendmen Yes	
1. Comn	nittee Full Name	vidual contributions ((and Fund if applica	hle)	or contributions unc	ier \$50 if form CR	2. ID Nun		
i .	vley Committee							
						STA	A-1FC11R-C	C-001
	ibutor Informatio	=			move			
1	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	<u> </u>	d. Comment	ts	
Paul Gib				Dating 3 37: - D	1 ,			
ı	dstrom Drive			Retired Vice Presi c. Employer's Name/S		-		
1	, NC 28226			Piedmont Natural		-		
	,			Treamont (vaturar	Gas	e. Election S	um to Date	
								<u>-</u>
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	/yy)	k. Amount	
	1	Check			10/11/2	016	\$	200.00
							s	
							\$	
3. Contr	ibutor Informatio	n		Add Re	move			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Profession	,	d. Comment	s	-1
	city, state, & zip)					 -		
Willaim				Owner				
4	ield Circle, Box 66	68	c. Employer's Name/S ₁					
Dunn, N	28335			License Tag Agend	су			
						e. Election S	um to Date	
	T	,				\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. ln-k	kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			10/11/2	016	\$	200.00
				<u> </u>			\$	
							\$	
3. Contri	butor Informatio	n		Add 🗌 Rei	nove			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	5	
	city, state, & zip)					İ		
Todd For				Owner				
4910 Gay	nor Road NC 28211			c. Employer's Name/Sp		-		
Charlotte	NC 20211			NoDa Brewing Co.	mpany	e. Election S	um to Data	
						\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	<u> </u>	k. Amount	
	1	Check		ķ	10/12/20		\$	1,000.00
							\$	
							\$	
4. Total	only this Page	e				\$	<u> </u>	1,400.00
	of ALL CRO					\$	·	-
(This line	(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Use this	form to report ind	ividual contributions	over \$5	0 or contrib	utions unde	er \$50 if form CR	O 1205 is n	ot used	
1. Com	nittee Full Name	(and Fund if applica	ble)				2. ID Nu		
Bill Brav	vley Committee						ST	A-IFCIIR-0	C-001
	ibutor Informati			Add [Ren	nove			
1	ne, Mailing Address	& Phone		b. Job Title	e/Profession		d. Commer	ıts	
John Mai	city, state, & zip)							·	
	rino llington Place			Manager		· · · · · · · · · · · · · · · · · · ·			
	, NC 28210-4244				er's Name/Spe		1		
	, 110 20210 4244			Olde Me	ecklenburg	Brewery	a Floation	Sum to Date	
							· · · · · ·		····
							\$	2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	ion	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				10/12/2	016	\$	1,000.00
						10 12 2	2016	\$	1,000.00
								\$	
	butor Informatio			Add [Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title	/Profession		d. Commen	ts	
	city, state, & zip)								
	Keith Wayne 6326 Fox Chase Drive				t/CEO		_		
	Davidson, NC 28036-8087				r's Name/Spe Brothers, Inc	·			
	247.43011, 110 20030 0007			wayne E	nothers, in	corporated	e. Election 5	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. ln-k	Kind Descripti	ion	j. Date (mm/dd/yy	yy)	k. Amount	-
	1	Check				10/13/20	016	\$	250.00
			-					\$	
						-		\$	
3. Contri	butor Informatio	n		Add [Rem	ove	· · ·		
	e, Mailing Address &	k Phone		b. Job Title	/Profession		d. Commen	ts	
(include Jeffrey O	city, state, & zip)				10 11				
	meade Drive				nd Presiden r's Name/Spe				
	NC 28270			JOSCO S		eme Field			
							e. Election S	Sum to Date	
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descripti	on	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				10/14/20	016	\$	500.00
								\$	
								\$	
4. Total	only this Page	e					\$		1,750.00
5. Total	of ALL CRO	-1210 Pages					. •		24.020.00
		Detailed Summary Page C	'RA_1100	,			\$		24,029.00

Contributions from Individuals

Contr	ibutions fro	m Individuals		Pi	g of		Amendme	_
		ividual contributions	over \$50	or contributions un	der \$50 if form CR	O 1205 is no	ntused	s 🗵 No
1. Com	aittee Full Name	(and Fund if applica	ble)			2. ID Nur		
Bill Brav	wley Committee					STA	A-1FC11R-0	 C-001
3. Contr	ibutor Informatio			Add Re	emove	<u> </u>		
	me, Mailing Address			b. Job Title/Profession	· · · · · · · · · · · · · · · · · · ·	d. Comments		
	city, state, & zip)			D. GOD TRIC/TTOJESSIO	·	u. Commen	ts	 -
Eugene J				Retired-executive				
920 Berk	celey Ave			c. Employer's Name/S		1		
	e, NC 28203			United Communic		-		
ļ						e. Election S	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-J	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Check			10/17/2	016	\$	500.00
		}					\$	-
							\$	
3. Contr	ibutor Informatio	on		Add Re	emove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Profession	****	d. Comment	ts	
(include	city, state, & zip)							
Jack Levi		.		_Apartment Owner				
	ornridge Rd			c. Employer's Name/S	pecific Field]		
Charlotte	Charlotte, NC 28226			Self				
						e. Election S	um to Date	
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	1	Check			10/21/2	016	\$	75.00
			}				\$	
							\$	-
3. Contri	ibutor Informatio	n		Add 🗌 Re	move		<u>.</u>	
a. Full Nan	ne, Mailing Address é	& Phone		b. Job Title/Profession	 !	d. Comment	S	
	city, state, & zip)							
	Szymanski			Exec Director		_		
4139 Sull				c. Employer's Name/S	pecific Field			
Charlotte	, NC 28210			Apartment Assoc				
						e. Election S	um to Date	
						\$	90.00	
f. Prior	g. Account Code	h. Form of Payment	i. ln-K	(ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			10/21/2	016	\$	90.00
							\$	
							\$	
4. Total	l only this Page	e				\$		665.00
5. Total	l of ALL CRO	-1210 Pages				\$		24,029.00
(This line	e must be on line 6 of .	Detailed Summary Page C	RO-1100)		Ψ		21,027.00

Contr	ibutions fro	m Individuals				Pg	of		Amendme			
Use this	form to report ind	ividual contributions	over \$5	0 or contr	ibutions	unde	er \$50 if form CR	O 1205 is n	Ye ot used	s 🗵 No		
1. Comm	ittee Full Name	(and Fund if applica	ble)					2. ID Nu				
Bill Brav	vley Committee							STA	A-1FC11R-0	C-001		
3. Contr	ibutor Informatio	o n		Add		Ren	nove	<u> </u>				
a. Full Nar	ne, Mailing Address	& Phone			itle/Profes			d. Commen	d. Comments			
	city, state, & zip)				•	-	· · · · · · · · · · · · · · · · · · ·					
	cLawhorn			Preside				_				
	verwyck Rd						ecific Field					
Charlotte	, NC 28211			Marsh	Properti	es						
1								e. Election S	Sum to Date	.		
								\$	250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	· · · · · · · · · · · · · · · · · · ·		
	I	Check					10/21/2	016	\$	250.00		
									\$			
						-			\$			
	butor Informatio			Add		Rem	iove					
	ie, Mailing Address &	& Phone		b. Job Ti	tle/Profes	sion		d. Comments				
John Port	city, state, & zip)			, , , , , , , , , , , , , , , , , , ,								
	53 King Owen Ct				state Inv			-				
_	253 King Owen Ct Charlotte, NC 28211				yer's Nan	ie/Spe	ecific Field	ł				
	,			Self				e. Election S	Sum to Date			
								\$	250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descri	ption		j. Date (mm/dd/yy	<u>yy)</u>	k. Amount			
	1	Check					10/21/20	016	\$	250.00		
					·				\$			
									\$			
	butor Informatio			Add		Rem	ove					
	ie, Mailing Address &	k Phone		b. Job Ti	tle/Profes:	sion		d. Comment	ts			
Timothy I	city, state, & zip)			Bool E	otata Imr.							
•	ged Bourne				state Inv		cific Field					
	NC 28210			Self	yer sivam	Сърс	CIRC P CIG	_				
Ź								e. Election S	oum to Date			
								\$	250.00			
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					10/21/20	016	\$	250.00		
									\$			
	·								\$			
	only this Page							\$		750.00		
5. Total of ALL CRO-1210 Pages								\$		24,029.00		

Cont	ributions fro	m Individuals					Amendme	nt
		lividual contributions	over \$5	A or contributions up	of	1005:	Ves	s 🔲 No
1. Com	nittee Full Name	(and Fund if applica	ble)	o or contributions th	ider \$50 II form CF	2. ID Nu		
	wley Committee					1	A-1FC11R-C	2.001
3. Contr	ributor Informati	ion		A 1.1 - 70		317	4-IFCIIK-C	-
	me, Mailing Address			·	emove	·		
	city, state, & zip)	& I none		b. Job Title/Profession	<u> </u>	d. Commen	its	
Chad Ha			-	Real Estate Inves	ton			
	klyn Place			c. Employer's Name/				
Charlotte	e, NC 28209Self			Self	Specime Field	+		
						e. Election 9	Sum to Date	
							-	
f. Prior	g Assount Cala	1 72 65	T			\$	250.00	
	g. Account Code	h. Form of Payment	i. [n-]	Kind Description	j. Date (mm/dd/y	*	k. Amount	
	1	Check			10/21/2	2016 	\$	250.00
							\$	
						·	\$	
	ibutor Informati	·		Add Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts	
	city, state, & zip)	<u>.</u>						<u>.</u>
Kevin B				President				
Box 716				c. Employer's Name/S	 .			
Statesvil	le, NC 28687			Burns & Sons, Inc	c			
						e. Election S	Sum to Date	
						\$	400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	1	Check			10/21/2	016	\$	400.00
							\$	
							\$	
	ibutor Informatio		<u> </u>	Add Re	emove		Ψ	1
	ne, Mailing Address		<u> </u>	b. Job Title/Profession		d. Comment	· ·	
	city, state, & zip)			J. GOD THEO/T TOTESSION	<u> </u>	u. commen		
Cathy W		·		CAO				
200 Chin				c. Employer's Name/S	Specific Field	1		
Chapel H	Iill, NC 27517			Strata Solar		1		
						e. Election S	um to Date	
						\$	2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description	j. Date (mm/dd/yy	.l /yy)	k. Amount	
	1	Check			10/22/2	·	\$	2,500.00
			 				\$	
			 			-	\$	<u> </u>
4 Tota	l only this Pag	ie.				\$	Ψ	3,150.00
T. IVIA	i omly unit i ag	, ~				Φ		2,120.00

5. Total of ALL CRO-1210 Pages

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

24,029.00

\$

Conti	ributions fro	m Individuals					Amendmen	ıt
				Pg 0 or contributions unde	er \$50 if form CR	1205 in	Yes	No
1. Com	nittee Full Name	(and Fund if applica	able)	o or contributions unde	er \$50 ii ioriii Cr	2. ID Nun		
	wley Committee						A-IFCIIR-C	C-001
3. Contr	ributor Informati	ion	П	Add Ren	move			
	me, Mailing Address	& Phone		b. Job Title/Profession	11046	d. Comment	te	
(include Mark Ell	e city, state, & zip)							
	aryland Ave			Doctor		Hosted fundraing Event as In Kind		
	e, NC 28209				c. Employer's Name/Specific Field Self			
						e. Election S	Sum to Date	
						\$	264.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	ууу)	k. Amount	
	ļ.,	In Kind	Foor	d & Drinks	09/21/2	2016	\$	264.00
	<u> </u>						\$	
							\$	
	ibutor Informatio			Add 🗌 Rem	nove		<u></u>	
	me, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments	s	
(Include	city, state, & zipj			-				
				c. Employer's Name/Spe	ecific Field	1		
						<u> </u>		
						e. Election Si	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
				!		_	\$	
							\$	
			T				\$	
	ibutor Informatio	\ >n	\perp	Add Rem	love		1	<u></u>
a. Full Nam	ne, Mailing Address &		<u> </u>	b. Job Title/Profession	OVC	d. Comments	<u> </u>	<u> </u>
(include	city, state, & zip)	<u> </u>			-			
			İ	c. Employer's Name/Spec	oifia Fiald	<u> </u>		
			ļ	e. Employer s tvame/spec	Cinc Field	1		i
			ļ			e. Election Su	um to Date	
			1			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	(ind Description	j. Date (mm/dd/yy	<u> </u> yy)	k. Amount	
							\$	
		"-					\$	
							\$	
4. Total	l only this Page	e				\$	2	64.00

5. Total of ALL CRO-1210 Pages

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

24,029.00

\$

Amendment

Contributio	ous from Politic	al Party Comm	ittees		Pg	of			Yes 🔀 No
Use this form to	report contribution	s from a political part	У		* 5			. Ш	169 🔯 140
1. Committee Fu	ıll Name (and Fund i		,				2 11	Numb	nar
Bill Brawley for	NC House						1		
3 Contribute I								OIA-IF	311R-C-001
3. Contributor I			Add	_Ц	Rem	ove			
a. Full Name, Mailin (include city, state							b. Co	mments	-
North Carolina R							1		
PO Box 12905	copacinean runty								
Raleigh, NC 276	05						c. Elec	ction Sur	n to Date
								-	
<u> </u>							\$	124,2	272.00
d. Account Code	e. Form of Payment	f. In-Kind Description				g. Date (mm/dd/yyy	y)	h. An	ount
	In Kind	Research				08/23/2	016	\$	10,500.00
	In Kind	Print/Postage for				00/00/0	016		
	III IXIIIQ	Direct Mail				09/23/2	016	\$	7.367.35
	In Kind	Print/Postage for				09/29/2	016	\$	6,280.93
2 Cr-4-11-11		Direct Mail							0,260.73
3. Contributor In			Add	<u> </u>	Remo	ve			
a. Full Name, Mailing (include city, state	_						b. Cor	nments	
North Carolina R PO Box 12905	epublican Party								
Raleigh, NC 276	05						c. Elec	tion Sun	to Date
							\$	124,2	272.00
d. Account Code	e. Form of Payment	f. In-Kind Description				g. Date mm/dd/yyy	/)	h. Am	ount
	In Kind	Print/Postage for Direct Mail				10/05/20		\$	6,280.93
	In Kind	Print/Postage for Direct Mail				10/12/2	016	\$	6,280.93
-	In Kind	Print/Postage for Direct Mail				10/14/2	016	\$	6,280.93
3. Contributor In	formation		Add		D come of				
a. Full Name, Mailing			100	<u> </u>	Remo	ve	h Con	ıments	
(include city, state,							o, Con	intents	
North Carolina R									
PO Box 12905									
Raleigh, NC 2760	05						c. Elec	tion Sum	to Date
						·	\$	124,2	272.00
d. Account Code	e. Form of Payment	f. In-Kind Description				. Date mm/dd/yyyy	·)	h, Am	ount
	In Kind	Print/Postage for Direct Mail				10/14/20		\$	6,280.93
1	Wire					10/20/2	016	\$	60,000.00

4. Total only this Page

5. Total of ALL CRO-1220 Pages

(This line must be on line 7 of Detailed Summary Page CRO-1100)

109,272.00

109,272.00

\$

Contributio	ns from Other Pol	itical Com	mittoog					Amen	dment	
	eport contributions from ot			1 2		of of			Yes	No No
1. Committee Fu	ll Name (and Fund if app	licable)		or rac comm	ittees		2 ID	Numbe		
Bill Brawley Con							<u> </u>		HIR-C	-001
3. Contributor la		П	Add			 			11K-C	-001 ———
a. Full Name, Mailing			··· ·	f Committee	emove	. <u></u>	1.6			
(include city, state,			\boxtimes	Candidate		PAC	d. Con	iments		<u></u>
Friends of Kelly l	Hastings		15	Referendum		TAC				
Box 488			c. Level F	Registered (Specif	(v)	····	1			
Cherryville, NC 2	28021			Federal		County:	1			
]				State		Municipality:	e. Elec	tion Sum	to Date	
				<u> </u>			\$	400.0		
f. Account Code	g. Form of Payment	h. In-Kir	d Descriptio		i Da	te (mm/dd/yyyy		i. Amo		·
1	Check									
1	CHECK					08/30/2016		\$	200.00	l
1	Check					09/28/2016		\$	200.00)
								\$		
3. Contributor In	formation		Add	□ Re	move			!		
a. Full Name, Mailing	Address & Phone		b. Type of	f Committee			d. Com	ments		-
(include city, state,	& zip)			Candidate		PAC		00.00		
Jason Saine Comr				Referendum				00.00		
417 East Main Str			c. Level R	egistered (Specify	y)					
Lincolnton, NC 2	8092		$ \Box$	Federal		County:				
				State		Municipality:	e. Elect	ion Sum	to Date	
							\$	8,100	.00	
f. Account Code	g. Form of Payment	h. In-Kin	d Description	n	i. Da	te (mm/dd/yyyy))	j. Amo	unt	
1	Check					08/30/2016	;	\$	2,500.0)0
1	Check					10/13/2016	•	\$	1,600.0)0
						-		\$		
3. Contributor In	formation		Add	T Re	move				$\overline{}$	
a. Full Name, Mailing	Address & Phone		b. Type of	Committee		"	d. Com	ments		
(include city, state,	& zip)			Candidate		PAC	\$5,10			
Friends of Tim M				Referendum			in pri	mary		
395 East Kings St			c. Level R	egistered (Specify	y)		\$5,10	0.00		
Kings Mountain, 1	NC 28086-3418			Federal		County:	in ger			
				State		Municipality:	e. Elect	ion Sum	to Date	
							\$	10,200	0.00	
f. Account Code	g. Form of Payment	h, In-Kin	d Description	1	i, Dat	te (mm/dd/yyyy)	İ	j. Amo	ınt	
1	Check					08/30/2016	,	\$	5,100.0)0
								\$		
								\$		
4. Total only this	Page	•					\$	9,60	00.00	
5. Total of ALL C	CRO-1230 Pages						•	100 0	50.00	

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NC State Board of Elections

April 2007

Contribution	ns from Other Pol	itical Com	mittees			c-		Amendment	
	eport contributions from other			* į	_	of		∐ Yes	⊠ No
	ll Name (and Fund if app						2. ID	Number	
Bill Brawley Con	amittee							TA-1FC11R-	-C-001
3. Contributor In			Add				<u> </u>		
a. Full Name, Mailing					emove		r		
(include city, state,			B. Type (of Committee Candidate		PAC	d. Con	ments	 -
Adams for NC Ho			18	Referendum	ш	PAC			
332 3rd Avenue N	NE .		c. Level	Registered (Speci	fv)				
Hickory, NC 2860	01			Federal	<u>"</u>	County:			
				State	Ħ	Municipality:	e. Eleci	tion Sum to Da	te
f. Account Code			<u></u>				\$	200.00	
	g. Form of Payment	h. In-Kin	d Description	<u> </u>	i. Da	te (mm/dd/yyyy) 	j. Amount	
<u> </u>	Check					09/20/2016		\$ 200.	.00
								\$	
								\$	
3. Contributor In	formation		Add	☐ Re	emove			<u>.L.</u>	·
a. Full Name, Mailing	Address & Phone		b. Type o	of Committee			d. Com	ıments	L.,,,
(include city, state,	& zip)		\boxtimes	Candidate		PAC			
John Fraley for N				Referendum					
1311 Fernhill Roa			c. Level I	Registered (Specif	fy)				
Mooresville, NC 2	28117			Federal		County:		***	
				State		Municipality:	e. Elect	tion Sum to Da	te
							\$	1,000.00	
f. Account Code	g. Form of Payment	h, In-Kin	d Descriptio	n	i, Dat	te (mm/dd/yyyy)		j. Amount	
1	Check					10/12/2016		\$ 1,00	0.00
				···		-		\$	
								\$	_
3. Contributor In	formation		Add	Re	emove			J	
a. Full Name, Mailing	Address & Phone		b. Type o	f Committee			d. Com	ments	
(include city, state,				Candidate		PAC			
Horn for NC Hous				Referendum					
5909 Bluebird Hil			c. Level F	Registered (Specif	y)				
Weddington, NC	28104			Federal	片	County:			
				State		Municipality:	e. Elect	ion Sum to Da	te
							\$	500.00	
f. Account Code	g. Form of Payment	h. In-Kin	d Descriptio	n	i, Dat	te (mm/dd/yyyy)		j. Amount	
1	Check					10/12/2016		\$ 500.	00
								\$	
								\$	
4. Total only this	Page	,					\$	1,700.00)
5. Total of ALL C	CRO-1230 Pages						•	100 050 00	· · · · · · · · · · · · · · · · · · ·

\$

Contribution	ns from Other Pol	itical Com	mittees	g $^{1}\widehat{\Diamond}$ of		Amendment
	eport contributions from other			g <u> </u>		∐ Yes ⊠ No
1. Committee Fu	ll Name (and Fund if app	licable)			2. ID	Number
Bill Brawley Con	nmittee				ST	ΓA-1FC11R-C-001
3. Contributor In			Add R	emove	<u></u>	
a. Full Name, Mailing			b. Type of Committee		d. Com	ments
(include city, state,			Candidate	PAC	†	
Bob Steinburg for	· NC House		Referendum			
Box 703	22		c. Level Registered (Speci	fy)]	
Edenton, NC 2793	32		Federal Federal	County:		
			State	Municipality:	e. Elect	tion Sum to Date
					\$	2,500.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check			10/19/2016		\$ 2,500.00
						\$
						\$
3. Contributor In	formation		Add Re	emove		
a. Full Name, Mailing	Address & Phone		b. Type of Committee		d. Com	ments
(include city, state,			Candidate	PAC	<u> </u>	
Committee to Elec	ct Kenny Smith		Referendum			
3300 Ferncliff Rd			c. Level Registered (Specif	fy)]	
Charlotte, NC 282	311		Federal	County:		
			State	Municipality:	e. Elect	ion Sum to Date
·					\$	150.00
f. Account Code	g. Form of Payment	h. In-King	l Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check			10/21/2016	5	\$ 150.00
						\$
						\$
3. Contributor In	formation		Add Re	emove		
a. Full Name, Mailing			b. Type of Committee		d. Com	ments
(include city, state,	& zip)		Candidate	☐ PAC		
			Referendum		}	
			c. Level Registered (Specif		ŧ	
			Federal State	County:		C t- D-t-
			State	Municipality:	e. Electi	ion Sum to Date
	p			-	\$	
f. Account Code	g. Form of Payment	h, In-Kind	l Description	i. Date (mm/dd/yyyy)	<u>'</u>	j. Amount
1						\$
						\$
						\$
4. Total only this	Page	<u>.</u>			\$	2,650.00

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CRO-1230

5. Total of ALL CRO-1230 Pages

NC State Board of Elections

April 2007

\$

Amendment **Contributions from Other Political Committees** Yes \boxtimes Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number STA-1FC11R-C-001 Bill Brawley Committee 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate \boxtimes PAC Nelson Mulllins NC PAC Referendum Box 11070 c. Level Registered (Specify) Columbia, SC 2921 \Box Federal County: \boxtimes State Municipality: e. Election Sum to Date \$ 500.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 08/10/2016 \$ 500.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate ☑ PAC Sprint Corporation PAC Referendum 12502 Sunrise Valley Drive c. Level Registered (Specify) Reston, VA 20196 \boxtimes Federal State Municipality: e. Election Sum to Date 400.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 08/11/2016 400.00 \$ \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate PAC Piedmont Natural Gas PAC Referendum 4720 Piedmont Row Dr c. Level Registered (Specify) Charlotte, NC 28210-4269 Federal County: \boxtimes State Municipality: e. Election Sum to Date

h. In-Kind Description

CRO-1230

4. Total only this Page

5. Total of ALL CRO-1230 Pages

f. Account Code

1

1

g. Form of Payment

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Check

Check

NC State Board of Elections

April 2007

2,250.00

j. Amount

1,000.00

250.00

\$

\$

\$

2,150.00

108,850.00

\$

\$

i. Date (mm/dd/yyyy)

08/11/2016

10/17/2016

Contributio	ns from Other Pol	itical Com	mittees p.	of .		Amendment
	eport contributions from of		* E	· v.		∐ Yes ⊠ No
	ll Name (and Fund if app				2. ID	Number
מויים					1	
Bill Brawley Con			·		21	ΓA-1FC11R-C-001
3. Contributor In			Add 🗌 Re	emove		
a. Full Name, Mailing			b. Type of Committee		d. Com	iments
(include city, state,			Candidate			
Merck Employees 601 Pennsylvania			Referendum		_	
Washington, DC			c. Level Registered (Specif		_	
washington, DC	20004		Federal	County:	<u> </u>	
			State	Municipality:	e. Elect	tion Sum to Date
					\$	500.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check			08/12/2016) 	\$ 500.00
						\$
						\$
3. Contributor In	formation		Add Re	emove		
a. Full Name, Mailing	Address & Phone		b. Type of Committee		d. Com	ments
(include city, state,	& zip)		Candidate		1	
AT&T NC PAC			Referendum	_		
150 Fayetteville S			c. Level Registered (Specif	ý)	1	
Raleigh, NC 2760	1		Federal	County:	<u> </u>	
			State	Municipality:	e. Elect	ion Sum to Date
	·				\$	4,000.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check			08/29/2016	5	\$ 2,500.00
						\$
						\$
3. Contributor In	formation		Add Re	move		
a. Full Name, Mailing			b. Type of Committee		d. Com	ments
(include city, state,			Candidate		1	-
Centurylink Inc, E			Referendum	·		
1099 New York A			c. Level Registered (Specify	<u> </u>	1	
Washington, DC 2	20001		Federal State	County: Municipality:	- 1010	ion Sum to Date
			State	Nunicipanty:	e. r.iecu	ion Sum to Date
	Y-''-				\$	2,500.00
f. Account Code	g. Form of Payment	h. In-Kine	d Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check			08/29/2016	5	\$ 1,500.00
						\$
						\$

Amendment

\$

\$

4,500.00

108,850.00

4. Total only this Page

5. Total of ALL CRO-1230 Pages

Contributio	ns from Other Politi	aal Cama		<i>/</i> ·		Amendment
	eport contributions from other		1 g			Yes N
	ll Name (and Fund if applica		or or or or or or or or or or or or or o		2. ID	Number
Bill Brawley Con	nmittee		•		T	TA-1FC11R-C-001
3. Contributor In	formation	П	Add Re	emove	⊥	
a. Full Name, Mailing	Address & Phone		b. Type of Committee	move	d. Con	
(include city, state,			Candidate		\$5,10	
Duke Energy Cor	p PAC	· · · · · ·	Referendum	ZJ TAC	1 -	
550 South Tryon	-		c. Level Registered (Specify	(v)	\$5,10	imary
Charlotte, NC 282	· ·		Federal	County:	⊣ `	
			State	Municipality:	in ger	tion Sum to Date
			Z State		e. Eleci	uon sum to Date
f. Account Code	- Farrage D			<u> </u>	\$	10,200.00
i. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy	<u>) </u>	j. Amount
1	Check			09/03/2016	•	\$ 5,100.00
					_	\$
· · · · · · · · · · · · · · · · · · ·						\$
3. Contributor In	formation		Add Re	move		·]
a. Full Name, Mailing	Address & Phone		b. Type of Committee		d. Com	ments
(include city, state,	& zip)		Candidate	PAC		
NC Beer & Wine	Wholesalers Assoc PAC		Referendum	_		
210 North Person	St		c. Level Registered (Specify		1	
Raleigh, NC 2760	1		Federal	County:	1	
			State	Municipality:	e. Elect	tion Sum to Date
					\$	3,500.00
f. Account Code	g. Form of Payment	h, In-Kin	d Description	i. Date (mm/dd/yyyy	<u> </u>	j. Amount
1	Check			09/06/2016	5	\$ 1,500.00
						\$
						\$
3. Contributor In	formation		Add Rei	move		
a. Full Name, Mailing	Address & Phone		b. Type of Committee		d. Com	ments
(include city, state,	& zip)		Candidate	PAC		
GlaxoSmithKline	PAC		Referendum	_	}	
5 Moore Drive			c. Level Registered (Specify	·)	1	
Research Triangle	Park, NC 27709		Federal	County:	1	
			State	Municipality:	e. Elect	ion Sum to Date
					\$	500.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy))	j. Amount
1	Check			09/06/2016	5	\$ 500.00
						\$
						\$
4. Total only this	Page				\$	7,100.00

5. Total of ALL CRO-1230 Pages

\$

	eport contributions from other				Pg mmitte	of ees		Yes	No No
1. Committee Fu	ll Name (and Fund if applica	ble)					2 10	Number	
Bill Brawley Con						<u> </u>	T	TA-IFCIIR-	-C-001
3. Contributor In			Add		Rem	ove	<u> </u>		
a. Full Name, Mailing			b. Type o	of Committee			d. Cor	nments	<u> </u>
(include city, state,				Candidate	-				
McGuireWoods F				Referendu	m				
800 East Canal St				Registered (S	pecify)				
Richmond, VA 23	3219-3916			Federal		County:			
			14	State		Municipality:	e. Elec	tion Sum to Da	ite
							\$	3,000.00	
f. Account Code	g. Form of Payment	h, In-Kin	d Descriptio	n		i. Date (mm/dd/yyyy)	j. Amount	
1	Check					09/06/2016	i 	\$ 2,00	00.00
			<u>. </u>					\$	
								\$	
3. Contributor In			Add		Rem	ove			
a. Full Name, Mailing			b. Type of Committee			d. Con	ıments		
(include city, state,	& zip) th Underwriters PAC		↓	Candidate		☑ PAC			
Box 38905	th Underwriters PAC			Referendun			Ì		
Greensboro, NC 2	7408		c. Level N	Registered (Sp Federal	pecny)	County:			
				State		Municipality:	e Elec	tion Sum to Da	te
							\$	1,000.00	
f. Account Code	g. Form of Payment	h. In-Kin	d Descriptio	n	i	i. Date (mm/dd/yyyy	\ }	j. Amount	
1	Check					09/12/2016	5	\$ 1,00	0.00
								\$	
								\$	
3. Contributor In			Add		Remo	ove			
a. Full Name, Mailing			b. Type of	Committee			d. Com	ments	
(include city, state, of Delhaize America			↓	Candidate		⊠ PAC			
Box 1330	PAC		- I I F	Referendun					
Salisbury, NC 281	45-1330		c. Level K	legistered (Sp Federal	эесну)	County:			
54.155417, 110 201	43 1330			State		Municipality:	e. Elect	tion Sum to Da	te
							\$	1,000.00	<u>. </u>
f. Account Code	g. Form of Payment	h. In-Kin	d Description	n	l i	. Date (mm/dd/yyyy))	j. Amount	
1	Check				<u> </u>	09/12/2016		1-1	00
	Check					09/12/2016		\$ 500.	
					_			\$	
								\$	
4. Total only this	Page						\$	3,500.00)

Contributions from Other Political Committees

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5. Total of ALL CRO-1230 Pages

NC State Board of Elections

April 2007

\$

108,850.00

Amendment **Contributions from Other Political Committees** Yes \boxtimes Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number Bill Brawley Committee STA-1FC11R-C-001 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate PAC Carolina Asphalt Pavement Assoc PAC Referendum 1101 Haynes St. Ste 209 c. Level Registered (Specify) Raleigh, NC 27604 Federal County: \boxtimes State Municipality: e. Election Sum to Date \$ 4,000.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 09/13/2016 \$ 2,000.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate ☑ PAC MECK PAC, meck Medical Society Referendum 1112 Harding Place #200 c. Level Registered (Specify) Charlotte, NC 28204 Federal County: \boxtimes State Municipality: e. Election Sum to Date 1,500.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 09/13/2016 1,500.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate PAC Friends of Forestry PAC Referendum 1600 Glenwood Ave, Suite I c. Level Registered (Specify)

CRO-1230

4. Total only this Page

5. Total of ALL CRO-1230 Pages

Raleigh, NC 27608

g. Form of Payment

(This line must be on line 8 of Detailed Summary Page CRO-1100)

Check

f. Account Code

1

Federal

State

 \boxtimes

h. In-Kind Description

County:

i. Date (mm/dd/yyyy)

Municipality:

09/13/2016

e. Election Sum to Date
\$ 500.00

\$

\$

\$

4,000.00

108,850.00

\$

\$

j. Amount

500.00

Contributio	ons from Other Poli	itical Com	mittees	Pg of		Amendment Ves No
Use this form to r	report contributions from oth	ner candidate, r	eferendum or PAC cor			Yes 🔀 No
	ll Name (and Fund if appl				2. ID	Number
Bill Brawley Cor	nmittee				S	TA-1FC11R-C-001
3. Contributor In	nformation	П	Add \square	Remove		
a. Full Name, Mailin	g Address & Phone		b. Type of Committee	110111010	d Co	nments
(include city, state.			Candidate	⊠ PAC	u. c.o.	milens
	r Nose Throat PAC		Referendun	_		
6035 Fairview Ro			c. Level Registered (Sp	ecify)	1	
Charlotte, NC 28	210		Federal	County:	1	
!			State	Municipality:	e. Elec	ction Sum to Date
					\$	750.00
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	i. Date (mm/dd/yyyy	/)	j. Amount
1	Check			09/13/2016	5	\$ 750.00
						\$
					<u> </u>	\$
						\$
3. Contributor In			Add 🔲	Remove		
a. Full Name, Mailing			b. Type of Committee		d. Con	nments
(include city, state,			Candidate			
Branch Bank and	Trust NC PAC		Referendum]	
Box 1290	IC 05100		c. Level Registered (Sp		_	
Winston Salem, N	NC 27102		Federal Federal	County:		
			State	Municipality:	e. Elec	tion Sum to Date
					\$	2,000.00
f. Account Code	g. Form of Payment	h. In-Kir	nd Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check			09/13/2010	5	\$ 2,000.00
						\$
						\$
3. Contributor In	formation		Add	Remove		
a. Full Name, Mailing	Address & Phone		b. Type of Committee	· · · · · · · · · · · · · · · · · · ·	d. Con	ments
(include city, state,	& zip)		Candidate			· · · · · · · · · · · · · · · · · · ·
John Deere PAC			Referendum			
One John Deere P			c. Level Registered (Spe	ecify)]	
Moline, IL 61265			Federal	County:		
			State	Municipality:	e. Elec	tion Sum to Date
					\$	2,000.00
f. Account Code	g. Form of Payment	h. In-Kir	d Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check			09/14/2016	5	\$ 1,000.00
						\$
						\$
4. Total only this	Page	— l			\$	3,750.00

5. Total of ALL CRO-1230 Pages

\$

Contribution	ns from Other Pol	itical Com	mittags		چىر <i>ت.</i>	_	Amendmen	
	eport contributions from ot			Pg or PAC comm		<u></u>	Yes	No No
	ll Name (and Fund if app			- The contin		2. ID	Number	
Dill Describer Con-								C 001
Bill Brawley Con		~ 					TA-1FC11R	C-001
3. Contributor In			Add		emove			
a. Full Name, Mailing (include city, state,			b. Type of	Committee			nments	
Time Warner Cab			- 남	Candidate		\$3,50		
19 W Hargett St,			a Land D	Referendum			imary	
Raleigh, NC 2760			c. Level Ke	gistered (Specif Federal		\$2,80		
<i>J</i> ,			12	State	County: Municipality	in ge	neral tion Sum to Da	
•			- 		wranterparity	1		ate
f. Account Code	g. Form of Payment					\$	6,300.00	
		h. In-Kir	nd Description		i. Date (mm/dd/yy)	yy)	j. Amount	<u> </u>
1 	Check				09/14/201	6	\$ 1,00	00.00
				_			\$	
							\$	
3. Contributor In	formation		Add	Re	move		<u>' </u>	
a. Full Name, Mailing			b. Type of	Committee		d. Com	ments	1
(include city, state,			_ <u> </u>	Candidate	☑ PAC			
NC Merchant's PA	AC Inc			Referendum				
Box 1030	2		c. Level Re	gistered (Specif				
Raleigh, NC 2760	12			Federal	County:	<u> </u>		
				State	Municipality	e. Elect	tion Sum to Da	ite
						\$	1,750.00	
f. Account Code	g. Form of Payment	h. In-Kin	d Description	· ,	i. Date (mm/dd/yyy	<u></u>	j. Amount	
1	Check				09/20/201	16	\$ 1,00	00.00
							\$	
				<u>.</u>			\$	<u></u>
3. Contributor Int	formation		Add	☐ Re	move			
a. Full Name, Mailing	Address & Phone		b. Type of C			d. Com	ments	
(include city, state, a	& zip)			Candidate				
NC Chamber PAC				Referendum		_}		
71 Corporate Cent			c. Level Re	gistered (Specify	y)			
Raleigh, NC 2760	7		I 	Federal	County:			
				State	Municipality:	e. Elect	ion Sum to Da	te
			<u> </u>			\$	1,500.00	
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i. Date (mm/dd/yyy	у)	j. Amount	
1	Check				09/20/201	16	\$ 1,00	00.00
							\$	
							\$	
4. Total only this	Page					\$	3,000.00)
5. Total of ALL C	RO-1230 Pages	····				ď	100 050 00	^

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NC State Board of Elections

April 2007

\$

108,850.00

Contributions from Other Political Committees Amendment \boxtimes Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number Bill Brawley Committee STA-1FC11R-C-001 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate \boxtimes PAC \$4,000.00 Metrolina Radiologists for Quality Med Referendum in primary MARQIM, PAC c. Level Registered (Specify) \$4,000.00 Box 36937 Federal County: in generla Charlotte, NC 28236 \boxtimes State Municipality: e. Election Sum to Date 8,000.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 09/20/2016 \$ 4,000.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate ☑ PAC \$5,000.00 Providence Anesthesiology PAC Referendum in primary 5910 Providence Country Club Dr c. Level Registered (Specify) \$5,000.00 Charlotte, NC 28277 Federal County: in general \boxtimes State Municipality: c. Election Sum to Date 10,000.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 09/20/2016 5,000.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate PAC \$4,000,00 NC Realtors PAC Referendum in primary 4511 Weybridge Lane c. Level Registered (Specify) \$5,100.00 Greensboro, NC 27407 Federal County: in general \boxtimes State Municipality: e. Election Sum to Date 9,100.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 09/21/2016 \$ 5,100.00 \$

4. Total only this Page

5. Total of ALL CRO-1230 Pages

(This line must be on line 8 of Detailed Summary Page CRO-1100)

\$

14,100.00

108,850.00

\$

\$

	ons from Other Poli			Pg	of		☐ Ves ⊠ No
	report contributions from other		ferendum or PA:	C committee	s		
1. Committee Fu	ll Name (and Fund if appli	cable)			· · · · · ·	2. ID	Number
Bill Brawley Con	nmittee						ΓA-1FC11R-C-001
3. Contributor In			Add	Remov	ve	<u> </u>	-
a. Full Name, Mailing			b. Type of Comi			d. Com	ıments
(include city, state,	, & zip)			didate 🔯	РАС	1	
CVS Health Pac				erendum	-		
	ia Ave NW St700		c. Level Register]	
Washington, DC	20004		Fede	<u> </u>	County:		<u></u>
			State	<u> </u>	Municipality:	e. Elect	tion Sum to Date
						\$	1,000.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i.	Date (mm/dd/yyyy)	j. Amount
1	Check				09/21/2016		\$ 1,000.00
							\$
<u> </u>							\$
3. Contributor In	iformation		Add	Remov	/e		
a. Full Name, Mailing	•		b. Type of Comp			d. Com	ments
(include city, state,			Cand	didate 🔀	PAC		
SPACE (Shelter F	-			rendum			
1201 Greenwood Charlotte, NC 282	· · · · · · · · · · · · · · · · · · ·		c. Level Register				
Charlone, INC 202	204		Feder	<u> </u>	County:		- ~
			State	<u>, </u>	Municipality:	<u> </u>	1 000 00
<u> </u>	T					\$	1,000.00
f. Account Code	g. Form of Payment	h. In-Kino	d Description	i.]	Date (mm/dd/yyyy))	j. Amount
1	Check				09/21/2016	5	\$ 1,000.00
							\$
							\$
3. Contributor In	· · · · · · · · · · · · · · · · · · ·	Ц	Add 🗍	Remov	'e	1	
a. Full Name, Mailing			b. Type of Comn		7	d, Com	ments
(include city, state, of linternational Asso			Cand	¥	PAC	ļ	
1750 New York A	_		c. Level Register	rendum		-	
Washington, DC 2			Feder		County:		
11 4411111-01-0, =	20000		State	=	Municipality:	e. Elect	ion Sum to Date
			<u> </u>		<u>,</u>	\$	2,500.00
f. Account Code	g. Form of Payment	h. In-Kind	d Description	i. I	Date (mm/dd/yyyy))	j. Amount
1	Check				09/21/2016	,	\$ 2,500.00
							\$
							\$
4. Total only this	Page					\$	4,500.00
5. Total of ALL C	CRO-1230 Pages					· \$	108,850.00

Contributions from Other Political Committees

Contributions from Other Political Committees Amendment Yes Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number STA-1FC11R-C-001 Bill Brawley Committee 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate PAC Vulcan Materials Company PAC Referendum Box 385014 c. Level Registered (Specify) Birmingham, AL 355238-5014 \boxtimes Federal County: State Municipality: e. Election Sum to Date 250.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 09/22/2016 250.00 8 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate PAC Nationwide Carolina Political Referendum Participation Fund c. Level Registered (Specify) One Nationwide Plaza 1-32-06 Federal \boxtimes County: Columbus, OH 43215 State Municipality: e. Election Sum to Date \$ 5,000.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 09/24/2016 2,000.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate \boxtimes PAC Reyonolds American PAC Referendum Box 718, 401 N. Main St c. Level Registered (Specify) Winston-Salem, NC 27102 Federal County: \boxtimes State Municipality: e. Election Sum to Date 2,000.00 f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) h. In-Kind Description j. Amount Check 09/26/2016 1,000.00

CRO-1230

4. Total only this Page

5. Total of ALL CRO-1230 Pages

(This line must be on line 8 of Detailed Summary Page CRO-1100)

\$

\$

3,250.00

108,850.00

\$

\$

Contributio	ns from Other Politica	al Comi	mittees Pg	/ e		Amendment Yes No
Use this form to re	eport contributions from other ca	andidate, re				∐ Yes ⊠ No
	ll Name (and Fund if applicabl				2. ID	Number
Bill Brawley Com	nmittee				S	ГА-1FC11R-C-001
3. Contributor In			Add Re	emove	<u> </u>	
a. Full Name, Mailing			b. Type of Committee	THE TO	d. Con	nments
(include city, state,			Candidate		†	
JM Family Enterp			Referendum			
Deerfield Beach, I			c. Level Registered (Specify	` — — —	1	
200111010 200011, 2	LD 33772		Federal State	County: Municipality;	e Elec	tion Sum to Date
					 	
f. Account Code	T	T		<u> </u>	\$	1,000.00
	g. Form of Payment	h. In-Kine	d Description	i. Date (mm/dd/yyyy)	<u>) </u>	j. Amount
1	Check	<u> </u>		09/28/2016) 	\$ 1,000.00
						\$
						\$
3. Contributor In	formation		Add Ren	emove		
a. Full Name, Mailing			b. Type of Committee		d. Com	iments
(include city, state, d			Candidate			
Independent Insura Box 1165	rance Agents IIANC PAC		Referendum	·]	
Cary, NC 27512			c. Level Registered (Specify Federal	y) County:	}	
			State	Municipality:	e. Elect	tion Sum to Date
					\$	2,000.00
f. Account Code	g. Form of Payment	h. In-Kinc	d Description	i. Date (mm/dd/yyyy)	<u></u>)	j. Amount
1	Check			09/28/2016	5	\$ 2,000.00
						\$
,						\$
3. Contributor Inf	formation	 	Add Ren	move		<u>L</u>
a. Full Name, Mailing	Address & Phone		b. Type of Committee		d. Com	ments
(include city, state, &			Candidate	☑ PAC		
Credit Union PAC 323 West Jones St.		ı	Referendum			
Raleigh, NC 27603		ı	c. Level Registered (Specify) Federal	County:		
Raidiging 110 m. co.	J	ı	State	Municipality:	e. Elect	ion Sum to Date
		l			\$	500.00
f. Account Code	g. Form of Payment	h. In-Kind	1 Description	i. Date (mm/dd/yyyy))	j. Amount
1	Check			09/29/2016		\$ 250.00
						\$
						\$
4. Total only this l	Page				\$	3,250.00
5. Total of ALL C	RO-1230 Pages		<u> </u>		\$	108,850.00

Contributions from Other Political Committees Amendment ☐ Yes 🔀

	sport contributions from other ca		Herendum of PAC o	committees			
1. Committee ru	ll Name (and Fund if applicabl	le)				2. ID	Number
Bill Brawley Con	nmittee					S	TA-1FC11R-C-001
3. Contributor In	formation		Add	Remove	 		
a. Full Name, Mailing			b. Type of Committee			d Cor	nments
(include city, state,			Candidat		PAC	a, Con	aments
	Care Emp Fed PAC		Referend		1110		
Box 32861			c. Level Registered (1	
Charlotte, NC 282	232-2861		Federal Federal		County:	1	
			State		Municipality:	e. Elec	tion Sum to Date
						\$	5,100.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Da	ite (mm/dd/yyyy		j. Amount
1	Check				10/01/2016		
							\$ 5,100.00
							\$
<u> </u>						- <u>-</u>	\$
3. Contributor In			Add 📋	Remove			· · · · · · · · · · · · · · · · · · ·
a. Full Name, Mailing			b. Type of Committe			d. Com	ıments
(include city, state,			Candidate		PAC		I I I I I I I I I I I I I I I I I I I
NC Vending Asso			Referende	_			
2501 Aerial Center Parkway, Suite 103			c. Level Registered (S	Specify)	-		
Morrisville, NC 27560			Federal		County:	l	
			State		Municipality:	e. Elect	tion Sum to Date
				_		\$	500.00
f. Account Code	g. Form of Payment	h. In-Kind	d Description	i. Da	te (mm/dd/yyyy)		j. Amount
1	Check				10/01/2016		\$ 500.00
							\$
			_				\$
3. Contributor Inf	formation		Add	Remove	· · · · · · · · · · · · · · · · · · ·		
a. Full Name, Mailing	Address & Phone		b. Type of Committee			d. Com	ments
(include city, state, d	& zip)		Candidate		PAC	_	
Carolinas AGC			Referendu		l l		
6115 Hargett St			c. Level Registered (S	Specify)			
Raleigh, NC 2760	1	ı	Federal		County:		
		ı	State		Municipality:	e. Elect	ion Sum to Date
			ļ			\$	3,000.00
f. Account Code	g. Form of Payment	h. In-Kind	l Description	i. Dat	te (mm/dd/yyyy)		j. Amount
1	Check				10/03/2016		\$ 2,000.00
							\$
							\$
4. Total only this I	Page					\$	7,600.00
5. Total of ALL C	RO-1230 Pages					\$	108,850.00
(This line must be on	ı line 8 of Detailed Summary Page CRO)-1100)				Ф	100,030.00

Contributio	ns from Other Politic	aal Cam	m:++				,	Amendme	at
	eport contributions from other		_	or PAC con	Pg nmittees	of		Yes	s 🛛 No
	ll Name (and Fund if applica				minuces		2. ID	Number	
				_					
Bill Brawley Con 3. Contributor In							3	TA-1FC11F	E-C-001
a. Full Name, Mailing			Add		Remove	·			
(include city, state,			b. Type of	Committee	57		+	nments	
	Dealers Assoc PAC	_·	┦붜	Candidate Referendum		PAC		00.00	
PO Box 12167	111000		c. Level R	egistered (Sp				imary 00.00	
Raleigh, NC 2760	05			Federal		County:		neral	
				State	一	Municipality:		tion Sum to D	ate
							\$	8,000.00	
f. Account Code	g. Form of Payment	h. In-Kir	d Description	<u> </u>	i. Da	nte (mm/dd/yyyy)	j. Amount	
1	Check					10/04/2016			00.00
								Φ.	
							<u> </u>	\$	
								\$	
3. Contributor In			Add		Remove		_		
a. Full Name, Mailing			b. Type of	Committee			d. Com	ıments	
(include city, state, NC State Optome			┤ ├┤	Candidate	\boxtimes	PAC			
150 Fayetteville S	•		a Lavel Pe	Referendum					
Raleigh, NC 2760			C. Level K	egistered (Spe	city)	County:			
,				State	H	Municipality:	e. Elect	tion Sum to D	ate .
					<u>L</u>		\$	1,000.00	
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i Do	te (mm/dd/yyyy)		j. Amount	
1	Check		- Peser ipiton		(. DA	- · ·		<u> </u>	
	Check					10/04/2016		\$ 1,06	00.00
								\$	
								\$	-
3. Contributor In	formation		Add		Remove				
a. Full Name, Mailing	Address & Phone		b. Type of	Committee			d. Com	ments	
(include city, state,				Candidate	\boxtimes	PAC		-	
	Employees for Good Gov			Referendum					
4100 Coca Cola P Charlotte, NC 282			c. Level Re	gistered (Spe	eify)				
Charlotte, NC 282	311			Federal	님	County:		· 6 · B	
				State		Municipality:	e. Eleci	tion Sum to Da	ate
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i Da	te (mm/dd/yyyy)		1,000.00	
					- 1.54			-	
1	Check					10/11/2016		\$ 500	·.00
								\$	
								\$	
4. Total only this	Page		···				\$	5,500.0	0
5. Total of ALL C	CRO-1230 Pages						\$	108,850.0	0

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

1. Committee Fu	ll Name (and Fund if applical			or rac com	- Inntees	<u> </u>	2 ID	Number	
					·				
Bill Brawley Con							ST	A-IFCIIR-C	-001
3. Contributor In			Add		Remove				
a. Full Name, Mailing			b. Type o	f Committee		- (d. Com	ments	
(include city, state,				Candidate	PAC				·
NC Veterinary M	edical Assoc. PAC			Referendum	_				
	lin Road, Suite 108		c. Level Registered (Specify)						
Raleigh, NC 276	06-3376			Federal	County	/:			
				State	Munic	ipality: e	. Electi	ion Sum to Date	_
							\$	750.00	
f. Account Code	g. Form of Payment	h. In-Kin	d Descriptio	n	i. Date (mm/c	ld/yyyy)		j. Amount	
1	Check				10/11	/2016		\$ 750.00)
				· · · · · · · · · · · · · · · · · · ·				\$	
								\$	
3. Contributor In			Add	F	Remove				
a. Full Name, Mailing	· ·		b. Type of	Committee	····	đ	. Com	ments	
(include city, state,				Candidate				<u> </u>	
NC Hospital Asso	oc PAC			Referendum					
Box 4449			c. Level R	egistered (Spec	ify)				
Cary, NC 27519-4449				Federal	County	: -			
				State	Munici	pality: e.	. Electi	on Sum to Date	
							\$	5,100.00	
f. Account Code	g. Form of Payment	h. In-Kind	d Description		i. Date (mm/d	d/vvvv)		j. Amount	_ _
1	Check								
<u> </u>	CHECK				10/12	2/2016		\$ 5,100.0)0
								\$	
				-				\$	
3. Contributor In	formation		Add	☐ R	Remove				
a. Full Name, Mailing	Address & Phone		b. Type of	Committee		d.	. Comn	nents	
(include city, state,	& zip)			Candidate					
	gts NCSFFA PAC 05-07			Referendum					
Box 1105			c. Level R	egistered (Spec	ify)				
Raleigh, NC 2760	2			Federal	County:				
				State	Municip	oality: e.	Election	on Sum to Date	
							\$	2,000.00	
f. Account Code	g. Form of Payment	h. In-Kind	d Description	1	i. Date (mm/d	d/yyyy)		j. Amount	
1	Check			_	10/1	2/016		\$ 2,000.0	00
				- "		•		\$	
								\$	
4. Total only this	Page				•		\$	7,850.00	
5. Total of ALL C	RO-1230 Pages						•	108 950 00	
	n line 8 of Detailed Summary Page Cl						\$	108,850.00	

Contributions from Other Political Committees Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number

1. Committee Fu	ll Name (and Fund if applicabl			or TAC comm	Hittoes		12. ID	Number
							T	
Bill Brawley Com							3	TA-1FC11R-C-001
3. Contributor In a. Full Name, Mailing		Ц	Add		Remove	·		
(include city, state,			b. Type o	of Committee			d. Con	nments
NC Home Builder	·		┤ ├	Candidate Referendum		PAC		
Box 99090			c. Level I	Registered (Speci	cify)		1	
Raleigh, NC 2762	<u>2</u> 4			Federal		County:	1	
				State		Municipality:	e. Elec	tion Sum to Date
							\$	1,500.00
f. Account Code	g. Form of Payment	h. In-Kin	d Descriptio	n	i. Da	te (mm/dd/yyyy))	j. Amount
1	Check					10/13/2016		\$ 500.00
								\$
								\$
3. Contributor In	formation		Add	$\overline{\square}$ R	Remove			
a. Full Name, Mailing				of Committee			d. Com	ments
(include city, state,				Candidate	\boxtimes	PAC		
CSX Corp Good Government Fund				Referendum				
1331 Pennsylvania Ave NW Ste 560 Washington, DC 20004				Registered (Speci	(fy)	 		
wasungton, DC 2	.0004			Federal State		County: Municipality:	a Flact	tion Sum to Date
				State	<u> </u>	Municipanty.		
			<u>L</u>				\$	1,000.00
f. Account Code	g. Form of Payment	h. In-Kind	d Description	<u>a</u>	i. Dat	te (mm/dd/yyyy)		j. Amount
1	Check					10/14/2016	I .	\$ 500.00
								\$
								\$
3. Contributor Inf			Add	☐ Re	emove			
a. Full Name, Mailing		_	b. Type of	f Committee			d. Com	ments
(include city, state, &			┦┞	Candidate Referendum	\boxtimes	PAC		
Box 27766	Trac, iic.		c. Level R	Referendum Registered (Specif	fv)			
Raleigh, NC 2761	1			Federal	<u>''</u>	County:		
			\boxtimes	State		Municipality:	e. Elect	ion Sum to Date
							\$	1,000.00
f. Account Code	g. Form of Payment	h. In-Kind	d Description	a	i. Dat	te (mm/dd/yyyy)		j. Amount
1	Check					10/14/2016		\$ 1,000.00
								\$
						· · · · · · · · · · · · · · · · · · ·		\$
4. Total only this l	Page			····			\$	2,000.00
5. Total of ALL C	RO-1230 Pages				· ·		\$	108,850.00
(This line must be or	n line 8 of Detailed Summary Page CRO	0-1100)					Ф	100,000.00

Contributions from Other Political Committees Amendment ____ Yes 🖂 No

Use this form to report contributions from other

	cport contributions from other c		Herendum	or PAC com	ımittees			
1. Committee Fu	ıll Name (and Fund if applicab	ole)					2. ID	Number
Bill Brawley Con	nmittee						S	TA-1FC11R-C-001
3. Contributor In	aformation	П	Add	n	Remove			
a. Full Name, Mailing					Keinove		T	
(include city, state,			D. Type o	of Committee	<u> </u>		d. Con	nments
	venience Markerters PAC		┦片	Candidate	\boxtimes	PAC	1	
7300 Glenwood A			<u> </u>	Referendum]	
Raleigh, NC 2760			c. Level I	Registered (Spe	zeify)			
Maiolgii, NC 2700	12			Federal		County:		
				State		Municipality:	e. Elec	tion Sum to Date
			<u> </u>				\$	3,000.00
f. Account Code	g. Form of Payment	h. In-Kin	ıd Descriptio	ðn	i. Da	ate (mm/dd/yyyy)	j. Amount
1	Check					10/14/2016	· 	\$ 2,000.00
								\$
	<u></u>						-	\$
3. Contributor In			Add		Remove			
a. Full Name, Mailing			b. Type c	of Committee	*****		d. Com	ıments
(include city, state,				Candidate	\square	PAC	<u> </u>	
Parker Poe Adam	s & Bernstein PAC		1 🗍	Referendum	_	!		
Box 389			c. Level I	Registered (Spec			1	
Raleigh, NC 2760)2			Federal		County:	ſ	
				State	Ħ	Municipality:	e Elect	tion Sum to Date
			<u> </u>		<u> </u>	with oparty.	C. Litte	Non Sum to Date
	T	-^- <u>-</u> -					\$	750.00
f. Account Code	g. Form of Payment	h. In-Kind	d Descriptio	n	i. Daf	te (mm/dd/yyyy))	j. Amount
1	Check		<u> </u>			10/15/2016	<u>;</u>	\$ 500.00
								\$
								\$
3. Contributor In	formation		Add		Remove			<u> </u>
a. Full Name, Mailing	Address & Phone		b. Type of	f Committee			d. Com	ments
(include city, state,	& zip)			Candidate	\square	PAC		 -
Carolink PAC			1 🗍	Referendum		1		
Box 368			c. Level P	Registered (Spec	cify)			
Yadkinville, NC 2	27055			Federal		County:	l	
				State	\Box	Municipality:	e. Elect	ion Sum to Date
							\$	1,750.00
f. Account Code	g. Form of Payment	h, In-Kinc	d Description	n	i. Dat	te (mm/dd/yyyy)		j. Amount
1	Check					10/17/2016		\$ 1,250.00
		+			+			
		+						\$
· = · · · · · ·						 :		\$
4. Total only this l						·	\$	3,750.00
5. Total of ALL C	<u> </u>					4	\$	108,850.00
(This line must be or	n line 8 of Detailed Summary Page CR	<i>O-1100)</i>					•	

Contributions from Other Political Committees Pg of Ves No Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number

			eterendum	or PAC con	imittees		
1. Committee Ful	ll Name (and Fund if applica	ble)				2. ID	Number
Bill Brawley Con	nmittee					S	TA-1FC11R-C-001
3. Contributor In	formation		Add		Remove	1	
a. Full Name, Mailing			b. Type o	of Committee		d. Con	nments
(include city, state,				Candidate	PAC		
	olitical Action Committee	-		Referendum			
Box 279			c. Level	Registered (Spe	ecify)	1	
Winton, NC 2798	6			Federal	County:	1	
				State	Municipality:	e. Elec	tion Sum to Date
							1 450 00
F. A G. 1						\$	1,000.00
f. Account Code	g. Form of Payment	b. In-Kir	nd Description	n	i. Date (mm/dd/yyyy)	j. Amount
1	Check				10/19/2016		\$ 1,000.00
····							\$
							\$
3. Contributor In	formation		Add		Remove		
a. Full Name, Mailing	Address & Phone		b. Type o	f Committee		d. Com	iments
(include city, state,				Candidate		\$2,50	
NC Energy Worke		· - ·		Referendum	_	in pri	
50101 Governors			c. Level Registered (Specify)			\$4,000.00	
Chapel Hill, NC 27517				Federal	County:	in gei	
			\boxtimes	State	Municipality:		tion Sum to Date
				·		\$	6,500.00
f. Account Code	g. Form of Payment	h. In-Kin	d Descriptio	п	i. Date (mm/dd/yyyy)		j. Amount
1	Check		<u> </u>				
	CHECK				10/21/2016		\$ 4,000.00
	· · · · · · · · · · · · · · · · · · ·						\$
				<u>_</u>			\$
3. Contributor Inf			Add		Remove		
a. Full Name, Mailing			b. Type of	Committee		d. Com	ments
(include city, state, &	odging Assoc PAC		↓	Candidate			
222 N Person St #	~ ~		 	Referendum			
Raleigh, NC 2760			c. Level N	egistered (Spec			
Raicign, NC 2700	ı			Federal State	County:	T	
			<u> </u>	State	Municipality:	e. Elect	ion Sum to Date
f. Account Code	g. Form of Payment	1 7 72	<u> </u>	······································		\$	2,000.00
i. Account Code		n, in-Kin	d Description	0	i. Date (mm/dd/yyyy)		j. Amount
1	Check				10/21/2016		\$ 1,000.00
							\$
							\$
4. Total only this I	Page					\$	6,000.00
5. Total of ALL C	RO-1230 Pages						100.055
	line 8 of Detailed Summary Page Cl	RO-1100)				\$	108,850.00

Amendment **Contributions from Other Political Committees** \boxtimes Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number STA-1FC11R-C-001 Bill Brawley Committee 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate \boxtimes PAC Apartment Assn of North Carolina AANC PA Referendum 7920 ACC Blvd, Ste 220 c. Level Registered (Specify) Raleigh, NC 27617 Federal County: \boxtimes State Municipality: e. Election Sum to Date 500.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 10/21/2016 \$ 500.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate ☑ PAC Eastern Band of Cherokee Indians PAC Referendum Box 455 c. Level Registered (Specify) Cherokkee, NC 28719 Federal \boxtimes State Municipality: e. Election Sum to Date 5,100.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 1 Check 10/21/2016 5,100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) PAC Candidate **Enterprise Holdings PAC** Referendum 600 Corporate Park Dr c. Level Registered (Specify) St Louis, MO 63105 Federal County: State Municipality: e. Election Sum to Date 1,000.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount

4. Total only this Page

5. Total of ALL CRO-1230 Pages

1

Check

10/21/2016

\$

\$

\$

6,600.00

108,850.00

\$

\$

1,000.00

	ons from Other Pol			Pg <u>7</u> of	<u> </u>	Amendment ☐ Yes ⊠ N
Use this form to i	report contributions from ot	ther candidate, r	eferendum or PAC com	mittees		
1. Committee Fu	ıll Name (and Fund if app	licable)			2. ID	Number
Bill Brawley Cor	mmittee				S	TA-1FC11R-C-001
3. Contributor I			Add 🔲 I	Remove		
a. Full Name, Mailin			b. Type of Committee		d. Con	nments
(include city, state NC Medical Soci			Candidate			
Box 25834	icty NCMS PAC		Referendum	74.	1	
Raleigh, NC 276	11		c. Level Registered (Spec		-	
•			State	County: Municipality:	e Fler	tion Sum to Date
					\$	3,000.00
f. Account Code	g. Form of Payment	h. In-Kir	d Description	i. Date (mm/dd/yyyy	<u></u>	j. Amount
1	Check					
	CHECK			10/21/2016	·	\$ 1,000.00
						\$
						\$
3. Contributor In			Add R	lemove		
a. Full Name, Mailing			b. Type of Committee		d. Com	ments
(include city, state,			Candidate	PAC		· · · · · · · · · · · · · · · · · · ·
Lowe's Companie			Referendum			
1000 Lowe's Blvo			c. Level Registered (Spec	ify)		
Mooresville, NC	28117		Federal	County;		<u> </u>
			State	Municipality:	e. Elect	ion Sum to Date
					\$	1,500.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy))	j. Amount
1	Check			10/22/2016	; ,	\$ 1,000.00
						\$
						\$
3. Contributor In	formation		Add R	emove		
a. Full Name, Mailing			b. Type of Committee		d. Com	ments
(include city, state,			Candidate			
5505 Creedmoor	Health Care PAC		Referendum			
Raleigh, NC 2761			c. Level Registered (Speci			
Raicign, NC 2701	. 2		State	County: Municipality:	o Floor	ion Sum to Date
			<u>ga</u> state	withherpancy.	\$	800.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy)		j. Amount
1	Check			10/22/2016		\$ 500.00
			<u>.</u>			<u> </u>
						\$
4 Total and the	Dogo				<u></u>	
4. Total only this	гиде				\$	2,500.00

5. Total of ALL CRO-1230 Pages

(This line must be on line 8 of Detailed Summary Page CRO-1100)

\$

108,850.00

Disbursem	aents			-	•	Amendment
Use this form to	o report expenditures	s from the commit	ttee for; operating exp	Pg	of	Yes No
committees and	d coordinated party ex	xpenditures.	tee for, operating exp	enses,	, contributions to	o candidate/political
1. Committee I	Full Name (and Fun	ad if applicable)				2 ID Mumber
Bill Brawley C	Committee					2. ID Number STA-1F311R-C-001
3. Type of Disb		ase use separate (CRO-1310 forms for a	each i	tone of Disburse	pmonf)
Operating F	Expenses	Contributions to Ca	andidates/Political Committ	itees		Coordinated Party Expenditures
4. Payee Inform			Add		Remove	Societimes and surprise
	ling Address & Phone		b. Coordinated Comm	ittee N		d. Comments
(include city, state,						
Blessed Assurated 13001 Idlewild						
Matthews, NC			c. Level Registered (Sp	pecify)		
iviatine vvo, 140	28105		Federal	Ц	County:	
			State	<u> </u>	Municipality:	e. Election Sum to Date
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	/v)	j. Amount	k. Required Remarks
1	Check			<u>"</u> —	 	BBQ fundraiser
	Check	0	10/17/2016	_	\$100.00	tickets for vol
	Ţ .				1	HOROLO TOT YOU
					\$	
4. Payee Inform			Add		Remove	
	ling Address & Phone	,	b. Coordinated Commi	ittee Ne	ame	d. Comments
(include city, state,	& zip)		<u></u>			
Hilbish Ford	151 3	'				
2600 S Cannon		,	c. Level Registered (Spe	ecify)		
Kannapolis, NC	28083	!	Federal		County:	
		ļ	State		Municipality:	e. Election Sum to Date
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	y)	j. Amount	k. Required Remarks
1	Check	0				Car for Parade
<u>'</u>	Check	i	09/28/2016		\$100.00	Event
ſ	[]				ф	
	<u></u>	<u></u>			\$	
4. Payee Inform			Add		Remove	
	ing Address & Phone	J	b. Coordinated Commit	ttee Na	me	d. Comments
(include city, state, & In Touch NC	& zip)		1			
_		1	- :- : 1/6			
1854 Henderson Asheville, NC 28		ļ	c. Level Registered (Spe	ecify)		
Ashevino, 140 2	8803	J	Federal State	H	County:	
		ŀ	State State	Ш_	Municipality:	e. Election Sum to Date
		J	l			\$ 12,740.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	<i>(</i>)	j. Amount	k. Required Remarks
1	Check	0	08/17/2016		Ø6 740 00	Fundraing
	Clicck	<u> </u>	08/17/2010		\$6,740.00	Consulting
	1	1			\$	
					, Ф l	
5. Total only this 6. Total of ALL	is Page CRO-1310 Pages					\$ 6,940.00
	CKO-1310 Pages line 13a of Detailed Sumi		o the contine Evenings			l
			o if Operating Expenses) O if Contrib to Candidates/i	Palitic	-1 Cause)	\$ 28,367.96
			o if Coordinated Party Exp			
	es (List detailed exp			Elem.	esj	
A* - Media	B* - Printing	C* - Fund			D - To Anot!	her Candidate
E - Salaries	F* - Equipment	G - Politica	al Party		H* - Holding	g Public Office Expenses
I - Postage	J - Penalties	K* - Offic	e Expenses		Q* - Donatio	on to Legal Expense Fund

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) Bill Brawley Committee 3. Type of Disbursement Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordinated Party Expension Coordin	∑ No C-001	
1. Committee Full Name (and Fund if applicable) Bill Brawley Committee 3. Type of Disbursement Chersting Exercise (Please use separate CRO-1310 forms for each type of Disbursement.)	C-001	
Bill Brawley Committee 3. Type of Disbursement Chersting Exercise (Please use separate CRO-1310 forms for each type of Disbursement.)	C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)	C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)		
1 Daniel I. C		
4. Payee Information Add Remove		
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip)		
Charlotte Media Group		
194 Rea Rd # 6420 c. Level Registered (Specify)		
Charlotte, NC 28277 Charlotte, NC 28277 Federal County:		
State Municipality: e. Election Sum to Date	e. Election Sum to Date	
\$ 9,133.30		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks		
1 Debit A 09/15/2016 \$740.60 Mailers		
Debit A 09/26/2016 \$740.60 Mailers		
4. Payee Information Add Remove		
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments		
(include city, state, & zip)		
Charlotte Media Group		
194 Rea Rd # 6420 c. Level Registered (Specify)		
Charlotte, NC 28277		
State Municipality: e. Election Sum to Date		
\$ 9,133.30		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks		
Debit A 10/03/2016 \$740.60 Mailers		
1 Debit A 10/11/2016 \$740.60 Mailers		
A Development of the second of		
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments		
(include city, state, & zip)		
Charlotte Media Group		
194 Rea Rd # 6420 c. Level Registered (Specify)		
Charlotte, NC 28277		
State Municipality: e. Election Sum to Date		
\$ 9,133.30		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks		
1 Debit A 10/17/2016 \$740.60 Mailers		
\$		
5. Total only this Page \$ 3,703.00		
6. Total of ALL CRO-1310 Pages		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 28,367.96		
(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		
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses O* - Other H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (k)		

Disbursem	ents				Amendment
		from the commit	P ₁ tee for; operating expens	g of	U Yes No
committees and	coordinated party ex	xpenditures	ice for, operating expens	ses, contributions to	o candidate/political
1. Committee F	ull Name (and Fun	d if applicable)			2 ID N
Bill Brawley Co	ommittee		<u> </u>		2. ID Number STA-1F311R-C-001
3. Type of Disb	ursement (Plea	ase use separate (CRO-1310 forms for eac	h tune of Dishurse	mant l
Operating E	expenses	Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	Daponardo
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,					
Cleveland Marr					!
26300 Harvard			c. Level Registered (Specif	fy)	7
Warrensville Heights, OH 44122			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,741.70
f. Account Code	g. Form of Payment	h. Purpose Code	: Date (m. 1884		
A recount Code	g. Form of Layment	n. r ur post code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	0	07/14/2016	\$ 200.00	Nat'l Conventio Travel
1	Debit	0	07/18/2016	\$1,541.70	Natl Convention
4 Danie 1-6			_ <u>_</u>		Travel
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee	e Name	d. Comments
(include city, state, Jinger Kelley	& Zip)				
3103 Julian Gle	n Cr		a Lovel Desistand (Consider	E.A.	_
Waxhaw, NC 28			c. Level Registered (Specif	7	
	0173		State	County: Municipality:	e. Election Sum to Date
			<u> </u>		e. Election Sum to Date
				_	\$ 1,456.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	0	08/11/2016	\$489.04	Treasurer Fees
1	Check	0	08/19/2016	\$382.50	Treasurer Fees
4. Payee Inform	ation		Add	Remove	· · · · · · · · · · · · · · · · · · ·
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,					
Marriott Columb					
1200 Hampton S			c. Level Registered (Specif	y)	
Columbia, SC 2	9201		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 132.43
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	О	09/21/2016	\$ 19.45	Travel-food
1	Debit	0	09/22/2016	\$112.98	Travel-hotel
5. Total only thi	s Page	·			\$ 2,745.67
	CRO-1310 Pages	•			,
		nmary Page CRO-110	0 if Operating Expenses)		e 20.267.06

CRO-1310

A* - Media E - Salaries

I - Postage

O* - Other

NC State Board of Elections

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

C* - Fundraising G - Political Party

K* - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

* Codes require detailed explanation in required remarks field (k)

B* - Printing F* - Equipment

J - Penalties

December 2009

28,367.96

\$

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

D - To Another Candidate

Disbursen	ients				D.,	G)		Amendment	5 -21
Use this form to	o report expenditures	s from the commit	tee	for operating evi	Pg	(of	Yes	⊠ No
committees and	coordinated party e	xpenditures.		ror, operating exp	penses,	continuutions	to candida	ate/political	
1. Committee	Full Name (and Fu						·	2. ID Number	
Bill Brawley C	ommittee					-		STA-1F311	
3. Type of Disl	oursement (Ple	ase use separate (CR(0-1310 forms for	each t	vne of Dishur	sement)	SIA-IF311	K-C-001
Operating 1	Expenses	Contributions to Ca	ındic	dates/Political Commi	ttees			d Party Expenditures	
4. Payee Infor				Add	ĪΤ	Remove	Coordinate	d I arty Expenditures	· · · · · · · · · · · · · · · · · · ·
a. Full Name, Mai	ling Address & Phone		Tb	. Coordinated Com	nittee N		d. Co	mments	
(include city, state	, & zip)					· ·			
Metro-Print			l						
800 W Central			c	. Level Registered (S	pecify)				
Mt Holly, NC 2	28120		[Federal		County:	<u>-</u>		
1			Ш	State Municipality:			e. Election Sum to Date		
							\$ 1	1,134.22	
f. Account Code	g. Form of Payment	h. Purpose Code	<u></u>	i. Date (mm/dd/yy		j. Amount		quired Remarks	
1	Dobit				7.77		Print		
	Debit	Α		10/14/2016		\$1,134.22		Mailers	
!						\$			
4. Payee Inform	nation		A	ıdd	\Box	Remove	L		
a. Full Name, Mail	ing Address & Phone			. Coordinated Comm	iittee Na		d. Cor	mments	
(include city, state,	& zip)					·	, Su		
Mint Hill Event			7						
4430 Mint Hill			c. Level Registered (Specify)						
Mint Hill, NC 2	28277		Federal			County:			
			L	State		Municipality:	e. Elec	ction Sum to Date	
							\$ 2	75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount			k. Rea	uired Remarks	 _	
1	Check	0					Dona		-
	CHECK	0	_ [09/01/2016		\$150.00		sponsor	
						\$		<u>• </u>	
4 D T-C		<u> </u>	لِــــ		F	Ψ			
4. Payee Inform			_	dd		Remove			
	ng Address & Phone		b.	Coordinated Comm	ittee Na	me	d, Con	nments	·
(include city, state, Office Depot	& zip)	-	-						
10025 E Indepe	ndance Blvd		<u>_</u>	Level Registered (Sp	nocify)				
Matthews, NC 2			F	Federal		County:	\dashv		
,				State	H	Municipality:	e. Elec	ction Sum to Date	
			<u> </u>		<u>-</u>				
			<u> </u>		··-		\$ 30	68.04 —	
f. Account Code	g. Form of Payment	h. Purpose Code	\dashv	i. Date (mm/dd/yyy	у)	j. Amount		uired Remarks	
1	Debit	0		09/06/2016		\$ 7.21	Office	e Supplies	
1	Debit	0		09/19/2016		\$311.51	Office	e Supplies	-
5. Total only th	is Page						\$	1,602.94	
	CRO-1310 Pages							· · · · · · · · · · · · · · · · · · ·	
	line 13a of Detailed Sun						\$	28,367.96	
	line 13b of Detailed Sun						Ψ	40,307.70	
	line 13c of Detailed Sum				penditui	es)			
7. Purpose Code A* - Media	es (List detailed ex					n	4 6 "		
A*-Media B*-Printing C*-Fund E - Salaries F*-Equipment G-Politic				~				idate Office Expenses	
I - Postage	J - Penalties	K* - Offic		•				onice Expenses gal Expense Fund	
O* - Other			-	-				, L	

* Codes require detailed explanation in required remarks field (k)

Dispursem				Pg	of		Vo
Use this form to) report expenditures	from the commit	tee for; operating expe	enses,	contributions to	candidate/nolitical	10
committees and	coordinated party e	xpenditures.		,		variateuro, pontriour	
1. Committee I	Full Name (and Fur	ıd if applicable)		-	····	2. ID Number	_
Bill Brawley C		·				STA-1F311R-C-001	-
3. Type of Dish		ase use separate (CRO-1310 forms for e	ach t	ype of Disburser	ment.)	_
Operating I	expenses	Contributions to Ca	andidates/Political Committe	ees		oordinated Party Expenditures	_
4. Payee Inform			Add		Remove		_
	ling Address & Phone		b. Coordinated Commi	ttee Na	ame	d. Comments	
(include city, state,	, & zip)		_				_
Joan Owen 409 Stratfordsh	ilia D.						
Matthews, NC			c. Level Registered (Spe	ecify)			
Maunews, NC	20103		Federal County:				_
			State		Municipality:	e. Election Sum to Date	
						\$ 2,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	: Doto (/33/		T		_
		Tarpost Cout	i. Date (mm/dd/yyyy	<i>'</i>)	j. Amount	k. Required Remarks	
1	Check	0	07/05/2016		\$250.00	Rent	
ſ					<u> </u>	Rent	_
1	Check	0	08/01/2016		\$250.00	Kent	
4. Payee Inform	nation		Add	\Box	Remove	<u> </u>	_
a. Full Name, Maili	ing Address & Phone		b. Coordinated Commit	tee Na		d. Comments	_
(include city, state,	& zip)						_
Joan Owen			1				
409 Stratfordshi			c. Level Registered (Spe	cify)	 -	-	
Matthews, NC 2	28105		Federal County:			7	
			State		Municipality:	e. Election Sum to Date	
						£ 2,000,00	_
		т				\$ 2,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount			k. Required Remarks	
1	Check	О	08/31/2016		\$250.00	Rent	
1	Check	0	10/03/2016	i	\$250.00	Rent	
4. Payee Inform	Lation	Ļ 	A 1 1				
	ng Address & Phone		Add b. Coordinated Commit	too No.	Remove	1.0	
(include city, state,	==		b. Coordinated Commit	tee Mai	ine	d. Comments	_
Paypal							
2211 North First	t Street	1	c. Level Registered (Spe	cify)			
San Jose, Califo	rnia 95131		Federal		County:		
			State	Ħ	Municipality:	e. Election Sum to Date	_
							_
						\$ 156.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)) [j. Amount	k. Required Remarks	_
1	Draft		00/29/2016		Φ46.15	Bank Fees	_
1	Diale	О	09/28/2016	į	\$46.15		
1	Draft	0	10/18/2016		\$ 6.70	Bank Fees	
			10/16/2010		\$ 0.70		
5. Total only thi						\$ 1,052.85	
	CRO-1310 Pages						
	line 13a of Detailed Sum					\$ 28,367.96	
			if Contrib to Candidates/I if Coordinated Party Expe			•	
	es (List detailed exp			enaitur	es)		_
A* - Media	B* - Printing	C* - Fund			D - To Anoth	or Candidata	4
E - Salaries	F* - Equipment					er Candidate g Public Office Expenses	
I - Postage	J - Penalties		e Expenses			on to Legal Expense Fund	
Ok Othor							

Pg

Disbursements

Amendment

Dispuisell					Pg	0	f
Use this form to	report expenditures	s from the comm	ittee	for; operating exp	enses	, contributions	r U Yes ⊠ N to candidate/political
TOTAL TITLE OF LITTE	r coordinated party e	xpenditures.				,	our and action political
1. Committee	Full Name (and Fu	nd if applicable					2. ID Number
Bill Brawley C							STA-1F311R-C-001
3. Type of Dist		ase use separate	: CR	O-1310 forms for	each	type of Disburs	ement.)
Operating	expenses	Contributions to	Candi	dates/Political Commit	tees		Coordinated Party Expenditures
4. Payee Inform				Add		Remove	
	ling Address & Phone			o. Coordinated Comm	ittee N		d. Comments
(include city, state	, & zip)						
Kelly Tain							
3443 Twelve O			7	. Level Registered (Si	pecify)		
Charlotte, NC 2	28270		П	Federal	\Box	County:	
			Ìſ	State	$\overline{\sqcap}$	Municipality:	e. Election Sum to Date
							\$ 13,781.92
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
1	Check	0				1	Consulting
	Check			07/06/2016		\$1,500.00	Consuming
1	Check	0		09/01/2016		## 000 00	Consulting
<u></u>	<u></u>			08/01/2016		\$2,000.00	
4. Payee Inforn				Add		Remove	
	ing Address & Phone		b	. Coordinated Commi	ittee N	ame	d. Comments
(include city, state,	& zip)			· ·		<u> </u>	
Kelly Tain			_				
3443 Twelve O	aks Pl		c	Level Registered (Sp	ecify)	 	
Charlotte, NC 2	8270			Federal	\Box	County:	-
			ſĒ	State	Ħ	Municipality:	e. Election Sum to Date
							
							\$ 13,781.92
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	y)	j. Amount	k. Required Remarks
1	Check	О				#D 000 00	Consulting
	CHCCK	<u> </u>		09/01/2016		\$2,000.00	
1	Check	О	7	10/05/2016			Consulting
<u> </u>				10/05/2016		\$2,000.00	
4. Payee Inform	ation		Α	.dd		Remove	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Commi	ttee Na	ıme	d. Comments
(include city, state,	& zip)						
Red Rocks							
4223-B Provide	nce Rd		c.	Level Registered (Spe	ecify)		
Charlotte, NC 2	8211			Federal		County:	
				State		Municipality:	e. Election Sum to Date
				<u> </u>			
							\$ 1,080.64
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	')	j. Amount	k. Required Remarks
1	Debit	С		10/07/2016		¢1 000 C4	Fundraising
'				10/07/2016		\$1,080.64	Food/Bev
}		-				ø.	
						\$	
5. Total only thi							\$ 8,580.64
	CRO-1310 Pages						
	line 13a of Detailed Sum						\$ 28.27T.07
(This line goes in	line 13b of Detailed Sum	mary Page CRO-11	00 if (Contrib to Candidates/.	Politica	al Comm)	\$ 28,367.96
	line 13c of Detailed Sum				enditu	res)	
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fu					her Candidate
E - Salaries	F* - Equipment	G - Polit					g Public Office Expenses
I - Postage J - Ponalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other							
	tanalaya balietah	on in monstead .		wke field (l-)			
Codes require	detailed explanati	on in required i	еша	irks neia (K)			

Amendment

II d'ac					Pg	of	
Use this form t	o report expenditures	from the commit	tee f	or; operating ex	penses	, contributions t	o candidate/political
Committees and	i coordinated party e	xpenaitures.					
Dill Provider	Full Name (and Fur	id if applicable)					2. ID Number
Bill Brawley (STA-1F311R-C-001
3. Type of Disl Operating		ase use separate (CRO	<u>-1310 forms for</u>	each	type of Disburs	ement.)
		Contributions to Ca		ates/Political Comm	ittees		Coordinated Party Expenditures
4. Payee Infor				dd		Remove	
	ling Address & Phone		b.	Coordinated Com	mittee N	ame	d. Comments
(include city, state Quality Inn	, & zip)		4				
4716 New Ben	n Avo		<u>_</u>				
Raleigh, NC 2			c.	Level Registered (S	pecify)		
rancign, rac 2	7010		-	Federal	닏	County:	
			-	State	_Ļ_	Municipality:	e. Election Sum to Date
i							\$ 1,059.16
f. Account Code	g. Form of Payment	h. Purpose Code	 	i. Date (mm/dd/yy		1.4	<u> </u>
			\dashv	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks
1	Debit	0		08/01/2016		\$75.88	Hotel-
1	D. L.		-			 	Rep Work Hotel-
1	Debit	0		08/08/2016		\$75.88	i
4. Payee Inform	nation		A	id	П	Remove	Rep work
	ing Address & Phone		, -	Coordinated Comn	aittee N		d. Comments
(include city, state,			-	Con Linux Comm			u. Comments
Quality Inn		<u>-</u> .	1				
4716 New Berr	ı Ave		c, J	Level Registered (S	necify)		
Raleigh, NC 27	' 610			Federal		County:	\dashv
			۱Ħ	State	Ħ	Municipality:	e. Election Sum to Date
				·			
							\$ 1,059.16
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount			j. Amount	k. Required Remarks
1	Debit	0		00/01/2016		075.00	Hotel-
<u> </u>	Deon			09/01/2016		\$75.88	Rep work
						6	
						\$	
4. Payee Inform	·····		Ad	ld		Remove	
a. Full Name, Maili	ing Address & Phone		b. (Coordinated Comm	ittee N	ame	d. Comments
(include city, state,	& zip)	····.					
Stewart Group	`		<u> </u>				
P.O. Box 26508			c. L	evel Registered (S	pecify)		
Raleigh, NC 27	612			Federal	Ц	County:	
				State		Municipality:	e. Election Sum to Date
							\$ 5,500.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy		T :	
Triceount Cour	g. r orm or r ayment		+	i. Date (min/dd/yyy	у)	j. Amount	k. Required Remarks
1	Check	O		09/05/2016		\$2,500.00	Consulting
		<u>.</u>	+				
						\$	
5. Total only th	is Page						\$ 2,727.64
	CRO-1310 Pages						\$ 2,727.64
	line 13a of Detailed Sum	mary Page CRO-110	if O	perating Expenses)			
	line 13b of Detailed Sum				s/Politic	al Comm)	\$ 28,367.96
	line 13c of Detailed Sum						
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund	raisi	ing			her Candidate
E - Salaries	F* - Equipment	G - Politic		•			g Public Office Expenses
I - Postage	J - Penalties	K* - Offic	e Ex	penses		Q* - Donati	on to Legal Expense Fund

I - Postage O* - Other

Disbursements

Amendment

Use this form to	o report expenditures I coordinated party e	s from the committ	Pg tee for; operating expenses	of s, contributions to	
1. Committee !	Full Name (and Fur	nd if applicable)			
Bill Brawley C	committee	in in applicable)			2. ID Number
3. Type of Dist	oursement (Ple	ase use separate (CRO-1310 forms for each	tung of Dishuma	STA-1F311R-C-001
Operating	Expenses	Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	·		Add	Remove	coordinated Party Expenditures
	ling Address & Phone		b. Coordinated Committee !		d. Comments
(include city, state	, & zip)				2, comments
Verizon					
8046 Pineville-			c. Level Registered (Specify))	7
Charlotte, NC 2	28226		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 3,022.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
				j. Amount	k. Required Remarks
1	Debit	0	07/05/2016	\$132.35	Cell phone
1	Debit	0	08/08/2016	\$130.48	Cell phone
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				
Verizon					
8046 Pineville-			c. Level Registered (Specify)		
Charlotte, NC 2	.8226		Federal	County:	
			State	Municipality:	e. Election Sum to Date
<u> </u>					\$ 3,022.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	О	09/06/2016	\$132.44	Cell phone
1	D-Li4				Cell phone
1 D. T.C.	Debit	0	09/14/2016	\$ 59.87	Cert phone
4. Payee Inform		<u></u> _	Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Verizon	& zip)				
8046 Pineville-N	Matthews Rd	ŀ	c. Level Registered (Specify)		_
Charlotte, NC 2			Federal T	County:	
			State	Municipality:	e. Election Sum to Date
			<u> </u>		
f Assessed Code	D en	h Duman Cata		·	\$ 3,022.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	О	09/14/2016	\$ 59.92	Cell phon
1	Debit	O	09/29/2016	\$132.44	Cell phone
5. Total only thi	is Page			J	\$ 647.50
	CRO-1310 Pages			· · · · · · · · · · · · · · · · · · ·	
	line 13a of Detailed Sum				\$ 28,367.96
			if Contrib to Candidates/Politic		Ψ 20,307.70
			if Coordinated Party Expenditu	ires)	
A* - Media	es (List detailed exp B* - Printing	c* - Fund		D T. A	on Com didata
E - Salaries	F* - Equipment	G - Politica		D - To Anoth H* - Holding	er Candidate g Public Office Expenses
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund

Pg

Disbursements

* Codes require detailed explanation in required remarks field (k)

Amendment

No

Yes

Use this form to	O renort evnenditure	from the commit	+a.a. C		Pg	<u> </u>	of	Yes	⊠ No
committees and	o report expenditures d coordinated party e	s nom me commu xpenditures	tee for	; operating e	xpenses	, contribution	is to can	didate/political	
1. Committee	Full Name (and Fur	nd if annlicable)							
Bill Brawley C	Committee	ia ii applicable)						2. ID Number	
3. Type of Disl		ase use separate (CRO_I	310 forms 6	or anal	tung of Disks		STA-1F311	R-C-001
Operating		Contributions to Ca	andidates	s/Political Com	mittees	ype of Disbu			
4. Payee Inform	mation		Add		[7	Remove	Coordii	nated Party Expenditure	S
	ling Address & Phone			oordinated Cor	nmittee N			Comments	
(include city, state								Comments	
Windstream			1				ſ		
1720 Galleria I			c. Le	vel Registered	(Specify)				
Charlotte, NC	28270			Federal		County:			
				State		Municipality	. e.	Election Sum to Date	
f. Account Code	T. F. 65	T. n	 _				\$	571.86	
1. Account Code	g. Form of Payment	h. Purpose Code	i, i	Date (mm/dd/y	уууу)	j. Amount	k.	Required Remarks	
1	Debit	0	0	7/15/2016		\$183.56	In	ternet	
1	Debit	0	0	9/08/2016		\$ 85.65	In	ternet	······································
4. Payee Inform	nation		Add			Remove			
a. Full Name, Mail	ling Address & Phone			ordinated Con	mittee N		4	Comments	
(include city, state,	, & zip)			 -				· · · · · · · · · · · · · · · · · · ·	
Windstream			1						
1720 Galleria E			c. Lev	vel Registered	(Specify)	·			
Charlotte, NC 28270			Federal County:						
				State		Municipality:	e.	Election Sum to Date	
							\$	571.86	-
f. Account Code g. Form of Payment h. Purpose Code			i. Date (mm/dd/yyyy) j. Amount			k.	Required Remarks		
1	Debit	О	0	9/30/2016		\$ 98.51	In	ternet	
						\$			
4. Payee Inforn	nation	<u> </u>	Add			<u> </u>			
	ing Address & Phone	<u> </u>		Add Remove b. Coordinated Committee Name					
(include city, state,			0.00	Adiated Coll	THILLIEC IN		a. ·	Comments	
<u> </u>			}						
			c. Lev	el Registered (Specify)	···			
				Federal		County:			
				State		Municipality:	e. I	Election Sum to Date	
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. E	Date (mm/dd/y	ууу)	j. Amount	k. 1	Required Remarks	
1						\$			
						\$			
5. Total only th	is Page					J	\$	367.72	
	CRO-1310 Pages						.		
	line 13a of Detailed Sum						ø	29 267 06	
	line 13b of Detailed Sum						\$	28,367.96	
	line 13c of Detailed Sum				Expenditu	res)			
	es (List detailed exp		<u>` </u>						
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund				D - To A			
E - Salarics F* - Equipment G - Political I - Postage J - Penalties K* - Office								lic Office Expenses Legal Expense Fund	l

I - Postage

O* - Other

Disbursements

Q* - Donation to Legal Expense Fund

Amendment

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) STA-1F31 R-C-001	Disburse	ments			_	110	Amendment
Debit O Orificated Committee Sind Sauce O Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Orificated Orificated Committee Orificated Committee Orificated Committee Orificated Orificated Committee Orificated Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Committee Orificated Orificated Committee Orificated Committee Orificated Commit	Use this form	to report expenditure	s from the commi	ttee for: onerating evn	Pg	contributions	f
1. Committee Full Name (and Fund if applicable) STA-1F31 IR-C-001				opolating exp	CHSCS.	, contributions	to candidate/political
STATESTICE Propose STATESTICE STATESTICE	1. Committee	Full Name (and Fu	nd if applicable)				TA ID V
Committee Separate (Committee Name cach inped of Disbursements)	Bill Brawley	Committee		······			CTA IPALID CLOSE
A. Payee Information			ease use separate (CRO-1310 forms for	each 1	one of Dichure	S1A-1F311R-C-001
Add Remove		<u></u>	Contributions to Ca	andidates/Political Commit	tees	The of Disburs	Coordinated Party Fun 1's
Comment Comm						Remove	Coolumated Party Expenditures
Guelade Sity, state, & 2g) Folderal County: Folderal County: Folderal County: Folderal County: Folderal County: Folderal County: Folderal County: Folderal	a. Full Name, Ma	ailing Address & Phone		b. Coordinated Comm	ittee N	ame	d Comments
Solid Hillsborough St. C. Level Registered (Specify) Fodoral County. Municipality E. Election Sum to Date	(include city, stat	tc, & zip)					u. comments
Raleigh, NC 27605 Pederal County: Municipality c. Election Sum to Date	NC Republica	in Party					
State Municipality Election Sum to Date	Dalaish NG 2	ough St		c. Level Registered (Sp	ecify)		
E. Form of Payment h. Purpose Code L. Dute (mm/dd/yyyy) j. Amount k. Required Remarks	Raieigii, NC 2	27605		r 		County:	
F. Account Code				State		Municipality:	e. Election Sum to Date
Execunt Code Form of Payment Purpose Code Date (num/dd/yyyy) J. Amount E. Required Remarks							
Debit O OR/14/2016 S900.00 RNC-travel exp	f Angowat Code	E 47	T				\$ 16,820.00
Debit O 08/16/2016 \$105.00 RNC-travel exp	1. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
4. Payee Information	1	Debit	0	07/14/2016		\$900.00	
4. Payee Information Add Remove a. Full Name. Mailing Address & Phone (include city, state, & zip) Charlotte Meck Republican Wome 3103 Julian Glen Cr C. Level Registered (Specify) Federal County: State Municipality: Safe Municipality: Federal County: Safe Municipality: Safe Safe Municipality: Safe Municipality: Safe Municipality: Safe Municipality: Safe Municipality: Safe Safe Municipality: Safe Safe Municipality: Safe Mu	1	Debit	0	08/16/2016		\$105.00	RNC-travel exp
a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Coordinated Committee Name Charlotte Meck Republican Wome 3103 Julian Glen Cr Waxhaw, NC 28173 E. County: State Charlotte Meck Republican Wome 3103 Julian Glen Cr Waxhaw, NC 28173 E. County: State Charlotte Meck Republican Women C. Level Registered (Specify) State Charlotte Meck Republican Women C. Level Registered (Specify) State Charlotte Meck Republican Women C. Level Registered (Specify) State Charlotte Meck Republican Women C. Level Registered (Specify) State Charlotte Meck Republican Women C. Level Registered (Specify) State Charlotte Meck Republican Women Constitute Committee Name Charlotte Maminicipality Counts Name Charlotte Name Charlotte Name Charlotte Name Charlotte Name Charlotte Maminicipality Counts Name Charlotte Name Charlotte Name Charlotte Maminicipality Counts Name Charlotte Maminicipality Counts Name Charlotte Maminicipality Counts Name Charlotte Maminicipality Counts Name Ch	A Dayon Info	4:	<u> </u>			\$105.00	, and the same of
Charlotte Meck Republican Wome 3103 Julian Glen Cr Waxhaw, NC 28173 Pederal County: Municipality: e. Election Sum to Date Faccount Code Republican Women State Municipality: e. Election Sum to Date Pederal County: Municipality: e. Election Sum to Date						Remove	
Charlotte Meck Republican Wome 3103 Julian Glen Cr Waxhaw, NC 28173 Pederal					ttee Na	me	d. Comments
C. Level Registered (Specify) Federal County: State Municipality: C. Election Sum to Date				4			
Waxhaw, NC 28173 Federal							
State Municipality: c. Election Sum to Date							
\$ 360.00 f. Account Code g. Form of Payment Debit O 08/24/2016 \$30.00 Luncheon 1 Debit O 10/19/2016 \$30.00 Luncheon 1 Debit O 10/19/2016 \$50.00 Luncheon 4. Payee Information	., ., ., ., ., ., ., ., ., ., ., ., ., .	20173		1 🚟	\bowtie	•	
f. Account Code g. Form of Payment b. Purpose Code of the Coordinated Committee Name of Add Sounds of Comments of Check of Ogy/22/2016 store of Payment b. Purpose Code of Ogy/22/2016 store of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Committee Name of Check of Ogy/22/2016 store of Check of Ogy/22/2016 store of Committee Name of Check of Committee Name of Check of Committee Name of Check of Committee Name of Check of Committee Name of Check of Check of Check of Check of Ogy/22/2016 store of Check of				State	Ц_	Municipality:	e. Election Sum to Date
Debit O 08/24/2016 \$30.00 Luncheon 1 Debit O 10/19/2016 \$50.00 Luncheon 4. Payee Information Add Remove a. Full Name. Mailing Address & Phone Include city, state, & zip) Meck Evening Republican Women 8223 Albury Walk Lane Charlotte, NC 28277							\$ 360.00
Debit O 08/24/2016 \$30.00 Luncheon 1 Debit O 10/19/2016 \$50.00 Luncheon 4. Payee Information	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy))]	j. Amount	k. Required Remarks
1 Debit O 10/19/2016 \$50.00 Luncheon 4. Payee Information	1	Debit	0	08/24/2016		\$20.00	
4. Payee Information a. Full Name, Mailing Address & Phone include city, state, & zip) Meck Evening Republican Women 8523 Albury Walk Lane Charlotte, NC 28277 Republican Women Federal County: State Municipality: Election Sum to Date \$500.00 Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Check O 09/22/2016 \$500.00 Donation State S				00/24/2010			
B. Full Name, Mailing Address & Phone	·		О	10/19/2016		\$50.00	Luncheon
Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Committee Name Decordinated Name Decordinated Name Decordinate Name Decordinated Name Decordinate Name D	4. Payee Inform	nation		Add	\Box	Remove	
Meck Evening Republican Women Republican Women Republican Women Republican Women Republican Women C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Municipality: e. Election Sum to Date Sou.00 Municipality: e. Election Sum to Date Municipality: e. Ele				b. Coordinated Committ	tee Nar		d. Comments
C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date	include city, state,	& zip)		Mecklenburg Evenin	ng		
Charlotte, NC 28277 Federal County: Municipality: e. Election Sum to Date				Republican Women			
State Municipality: e. Election Sum to Date \$ 500.00 Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Check O 09/22/2016 \$500.00 Donation Check O 09/22/2016 \$500.00 Donation 5. Total only this Page \$ 1,585.00 Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Condinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) * Media B* - Printing C* - Fundraising D - To Another Candidate - Postage J - Penalties K* - Office Expenses O* - Donation to Legal Expense Fund * Codes require detailed explanation in required remarks field (k)			į	c. Level Registered (Spec	cify)		1
Solution State of Payment Signature Code Solution State (Solution State Code) Check O O9/22/2016 Solution Solution	Charlotte, NC 2	28277		Federal	\boxtimes	County:	
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Check O 09/22/2016 \$500.00 Donation S. Total only this Page \$1,585.00 Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) * - Media B* - Printing C* - Fundraising D - To Another Candidate - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses Other * Codes require detailed explanation in required remarks field (k)				State		Municipality:	e. Election Sum to Date
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Check O 09/22/2016 \$500.00 Donation S. Total only this Page \$1,585.00 Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) * - Media B* - Printing C* - Fundraising D - To Another Candidate - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses Other * Codes require detailed explanation in required remarks field (k)							\$ 500.00
Check O 09/22/2016 \$500.00 Donation 5. Total only this Page \$1,585.00 Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) (Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate A* - Media B* - Printing C* - Fundraising D - To Another Candidate - Postage J - Penalties K* - Office Expenses O* - Other * Codes require detailed explanation in required remarks field (k)	Account Cada	a Form of D	h Dunes - C				Φ 300.00
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A* - Media B* - Printing C* - Fundraising D - To Another Candidate C - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund - Other - Codes require detailed explanation in required remarks field (k)	. Purnose Code	es (List detailed over	enditure code in A	g Cooramatea Party Exper	nanure	3)	
C - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund >* Codes require detailed explanation in required remarks field (k)	A* - Media					D To A	on Condidate
- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund * Codes require detailed explanation in required remarks field (k)							
)* - Other * Codes require detailed explanation in required remarks field (k)				-		Q* - Donatio	on to Legal Expense Fund
		T A 45 * -		•			
		e detailed explanation					

Disburser	nents		_	1.15	Amendment			
		s from the commi	Pg ttee for; operating expense	0	of Ves 🖾 N			
committees an	d coordinated party e	expenditures.	wee for, operating expense	s, contributions	to candidate/political			
1. Committee	Full Name (and Fu	nd if applicable)	· · · · · · · · · · · · · · · · · · ·					
Bill Brawley (Committee				2. ID Number			
3. Type of Dis		ase use separate	CRO-1310 forms for each	tone of Dichum	STA-1F311R-C-001			
Operating	Expenses 🔀	Contributions to C	andidates/Political Committees	Type of Disours	Coordinated Party Expenditures			
4. Payee Infor	mation		Add 🔯	Remove	evolutional arty Expenditures			
	iling Address & Phone		b. Coordinated Committee		d. Comments			
(include city, state	e, & zip)				The comments			
	n House Caucus							
1506 Hillsboro	_		c. Level Registered (Specify)				
Raleigh, NC 2	7605		Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 40,000.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Check	0			Donation Constitution			
	CHCCK	-	10/12/2016	\$15,000.00	Donation			
]	Check	0	10/19/2016	\$25,000.00	Donation			
4. Payee Inform			Add	Remove				
	ling Address & Phone		b. Coordinated Committee N	Name	d. Comments			
(include city, state			1					
P.O. Box 1080	Edmunds Campai							
Raleigh, NC 27			c. Level Registered (Specify)					
Raicigii, NC 21	7003		Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 500.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Check	D	10/05/2016	\$500.00				
				\$				
4. Payee Inform	nation		Add	Remove				
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments			
(include city, state,	& zip)							
			c. Level Registered (Specify)					
			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	ļ			\$				
				\$				
5. Total only th	is Page			J [*]	\$ 40,500.00			
	CRO-1310 Pages				Ψ 40,500.00			
(This line goes in	line 13a of Detailed Sun) if Operating Expenses)) if Contrib to Candidates/Politic	cal Comm)	\$ 42,085.00			

A* - Media

E - Salaries
I - Postage

O* - Other

C* - Fundraising G - Political Party

K* - Office Expenses

(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)

B* - Printing
F* - Equipment
J - Penalties

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Aggregated	Non-Media	Expenditures
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Amendment 1.00

0	ptional f	form used to rep	port NC Non-Med	ia Expenditures	of \$50 or less.	Page of	Yes No		
1. Committee Full Name (and Fund if applicable)					2. ID Number	2. ID Number			
L									
		formation				1 311	001		
	Amend Add	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks		
Ē	Remove Add	1			08 10 2016	\$ 25.00			
Ŀ	Remove	1			09 02 2016	\$ 25.00			
	Add Remove	1			09 28 2016	\$ 10.00			
	Add Remove	1		<u> </u>	07 20 2016	\$ 24.00	 		
	Add Remove	1	-		 	\$ 14.16	 		
	Add		 	 	07 21 2016				
	Remove Add			 	10 11 2016	\$ 3.00			
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4. ′	Total o	nly this Page				\$ 116.16	<u>. </u>		
5. Total of ALL CRO-1315 Pages					\$ 116.16				
(This line must be on line 14 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed expenditure code in (d) above)									
		В* -	Printing	C* - Fundra	ising D -	To Another Candid	ate		
	- Salarie - Postage	es F* -	Equipment enalties	G - Political K* - Office	Party H*	- Holding Public C	Office Expenses		
	* 1 Ostagi		Juanues	ix - Office.	Expenses Q*	- Donations to Leg	ai Expense Fund		

I - Postage O* - Other

* Codes require detailed explanation in required remarks field (g)
RO-1315

NC State Board of Elections

December 2009

Use this form to report non-monetary contributes CRO-1215 if In-Kind Contributions were	outions, donations	, good	is or s		Pg of ices provided to the	ne com	_ mittee	☐ Ves ☑ No e or fund.
1. Committee Full Name (and Fund if appl	licable)	dea w	thin /	/ day	ys.	12. II	D Num	n har
Bill Brawley for NC House						1		
2.00	Add 🗍	Da		—		<u> </u>	_STA	A-1F311R-C-001
a. Full Name, Mailing Address & Phone	Aug		move		~			<u>-</u>
(include city, state, & zip)		1			Contributor ividual	e. Cor	mments	<u> </u>
North Carolina Republican Party			=		ividual ndidate			
PO Box 12905				Party		1		
Raleigh, NC 27605		ן דְּ	_	PAC	•			
		1 [=		erendum	d. Ele	ertion S	Sum to Date
		<u> </u> [Other Receipt Source		\$	itton	alli to Date	
e. Description					f. Date (mm/dd/yyy		G. Fg	ir Market Amount
Research				\longrightarrow			T	
					08/23/2016	5	\$	10,500.00
Printing/Postage for Direct Mail					09/23/2016	6	\$	7,367.35
	rinting/Postage for Direct Mail 09/29/20				09/29/2016	6	6,280.93	
	Add	Ren	nove	_				
a. Full Name, Mailing Address & Phone	_			of C	Contributor	c. Con	nments	
(include city, state, & zip)	-				vidual			
North Carolina Republican Party					didate			
PO Box 12905 Raleigh NC 27605			=	Party	·	1		
Raleigh, NC 27605		-	=	PAC	` <u> </u>			
		-			erendum	d. Elec	tion Su	um to Date
		-] (Other	er Receipt Source	\$		
e. Description				J	f. Date (mm/dd/yyy	yy)	g. Fai	ir Market Amount
Printing/Postage for Direct Mail					10/05/2016		\$	6,280.93
Printing/Postage for Direct Mail				-			Ψ-	U,20U.73
					10/12/2016	j	\$	6,280.93
Printing/Postage for Direct Mail					10/14/2016	5	\$	6,280.93
	Add 🔲	Rem	·					
a. Full Name, Mailing Address & Phone		b.			ontributor	c. Com	ments	
(include city, state, & zip) North Carolina Republican Party		 	=	Indivi	ì	i		
PO Box 12905				Candi Poeta		ı		
Raleigh, NC 27605				Party PAC		ı		
			=		rendum [d Elec	Son Su	ım to Date
					r Receipt Source		AON Ow.	m to Date
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e. Description				_	f. Date (mm/dd/yyyy	y)	g. Fair	r Market Amount
Printing/Postage for Direct Mail					10/14/2016		\$	6,280.93
		·	- <u></u>				\$	
							\$	
4. Total only this Page						\$	49,27	/2.00
5. Total of ALL CRO-1510 Pages						•		4

CRO-1510

(This line must be on line 17 of Detailed Summary Page CRO-1100)

In-Kind Contributions

NC State Board of Elections

December 2007

\$

50,536.00

Amendment

In-Kind Contributions			 n_	_	Amendment	
Use this form to report non-monetary contributions, donation Use CRO-1215 if In-Kind Contributions were as will be a few forms.	ns, goods or :	servi	Pgo ces provided to t	r he con	U Yes 🛛 No nmittee or fund	
The residual contributions were or will be refu	ınded within	7 da	ys.			
1. Committee Full Name (and Fund if applicable)				2. I	D Number	
Bill Brawley for NC House				1	CITA ADDAM	
3. Contributor Information Add	Remove				STA-1F311R-C-001	
a. Full Name, Mailing Address & Phone			Contributor	T c Co	omments	
(include city, state, & zip)			vidual	1	, , , , , , , , , , , , , , , , , , ,	
Mark Ellis		Can	didate			
1972 Maryland Ave Charlotte, NC 28209	İ□	Part	y			
Charlotte, NC 28209	↓닏	PAC				
			erendum	d. Election Sum to Date		
		Otne	er Receipt Source	\$	264.00	
e. Description Food & Drinks for Fundraisng Event			f. Date (mm/dd/yy	<u>'yy</u>)	g. Fair Market Amount	
rood & Dimks for Fundraistig Event			09/21/201	6	\$ 264.00	
					\$	
	<u></u>				\$	
3. Contributor Information Add	Remove				<u></u>	
a. Full Name, Mailing Address & Phone			ontributor	a Co	mments	
(include city, state, & zip)	\boxtimes		ridual	e. Co	annens	
John Marino		Cand		1		
3114 Shillington Place		Party	,			
Charlotte, NC 28210-4244		PAC				
			rendum	d. Ele	ction Sum to Date	
		Othe	Receipt Source	\$	2,000.00	
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Food & Drinks for hosting fundraising event			10/12/2016	5	\$ 1,000.00	
					\$	
			<u> </u>		\$	
3. Contributor Information Add	Remove					
a. Full Name, Mailing Address & Phone		of Co	ntributor	c. Con	nments	
(include city, state, & zip)		Indiv	idual		· · · · · · · · · · · · · · · · · · ·	
		Candi	idate			
		Party				
		PAC	,			
			endum Receipt Source	d. Elec	ction Sum to Date	
			Receipt Source	\$		
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount	
					\$	
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(This line must be on line 17 of Detailed Summary Page CRO-1100) CRO-1510

4. Total only this Page 5. Total of ALL CRO-1510 Pages

NC State Board of Elections

December 2007

1,264.00

\$ 50,536.00