

1. Committee Information				
a. Full Name			c. ID Number	
Bill Brawley Committee			STA-1FC11R-C-001	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
13612 O'Toole Dr Matthews, NC 28105			10/31/2016	
			e. Phone Number	
			828-776-2774	
2. Report Year		3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016		07/01/2016	10/22/2016	Jinger L Kelley
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
4				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Wells Fargo, N.A.				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Account for Receipts & Expenditures	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 109,178.50		\$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
Jinger L Kelley		Jinger L Kelley		10/31/16
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	11-2-16	Employee:	Jes	
Date Postmarked:	10-31-16	Employee:	Jes	
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training				
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Bill Brawley Committee		3rd Qtr		STA-1FC11R-C-001	
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 109,178.50		\$ 20,159.36	
RECEIPTS					
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 Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 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 Committees (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, 15, 16 and 17)		\$ 121,105.12		\$ 192,645.98	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 230,489.38		\$ 230,489.38	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Bill Brawley Committee				STA-IFC11R-C-001		
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	Check		09/27/2016	\$ 40.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	Credit Crd		10/14/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	Credit Crd		10/17/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	Check		10/21/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	Cash		10/22/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	Cash		10/22/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
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<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
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<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page						\$ 265.00
5. Total of ALL CRO-1205 Pages						\$ 265.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Amendment

Pg

of

☐

Yes

☒

No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Haynes Lea 101 N Tryon St Charlotte, NC 28246			Attorney			
			c. Employer's Name/Specific Field			
			Robinson Bradshaw & Hinson PA			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Crd		07/12/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Bryan Box 1929 Lake Oswego, OR 97035-0019			Georgia Gulf Chemical		\$2,000.00 in primary \$5,100.00 in general	
			c. Employer's Name/Specific Field			
			Georgia Gulf Chemical			
					e. Election Sum to Date	
					\$ 7,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		07/15/2016	\$ 5,100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James B. Goodnight 900 Appletree Lane Cary, NC 27513-3000			CEO			
			c. Employer's Name/Specific Field			
			SAS Inc.			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/10/2016	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 6,350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,029.00	

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☒ No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-IFC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Steve A Wordsworth 111 W. Church St Nashville, NC 27856			President			
			c. Employer's Name/Specific Field			
			CPFRM			
					e. Election Sum to Date	
					\$ 1,250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		08/23/2016		\$ 1,250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Elaine S Wordsworth 111 W. Church St. Nashville, N 27856			Homemaker			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 1,250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		08/23/2016		\$ 1,250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Timothy Vaughn 2600 South Cannon Blvd Kannapolis, NC 28083			General Mgr			
			c. Employer's Name/Specific Field			
			Hilbish Ford			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Credit Crd		09/06/2016		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 2,700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,029.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nishith G Patel 4036 Blossom Hill Dr. Weddington, NC 28104			b. Job Title/Profession		d. Comments	
			Hospitality Executive			
			c. Employer's Name/Specific Field			
			Beacon IMG		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/14/2016	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ivan Mothershead PO Box 30036 Charlotte, NC 28230			b. Job Title/Profession		d. Comments	
			Publisher			
			c. Employer's Name/Specific Field			
			UMI Publications		e. Election Sum to Date	
				\$ 700.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/15/2016	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bryant Kinney 721 Governor Morrison St Unit 518 Charlotte NC 28211-4353			b. Job Title/Profession		d. Comments	
			Principal			
			c. Employer's Name/Specific Field			
			Kinney Public Strategies		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Crd		09/18/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,029.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-IFC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Royce Everette Jr. 118 Robin Rd Greenville, NC 27858			President			
			c. Employer's Name/Specific Field			
			Time Investment Corporation			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		09/20/2016		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Thomas 5724 Maylin Lane Charlotte, NC 28210			Real Estate Executive			
			c. Employer's Name/Specific Field			
			Childress Klein			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		09/21/2016		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joe Price 2542 Forrest Drive Charlotte, NC 28211			Retired Executive			
			c. Employer's Name/Specific Field			
			Bank of America			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		09/23/2016		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,029.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charles McGrady 195 Fernbrook Way Hendersonville, NC 28791			Camp operator			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		09/23/2016		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jonathan Hage 800 , 700 , 33334						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Credit Crd		09/26/2016		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Dunne 3716 Singletree Rd Charlotte, NC 28227			Federal Agent			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input checked="" type="checkbox"/>	1	Check		06/30/2016		\$ 50.00
<input type="checkbox"/>	1	Check		09/27/2016		\$ 50.00
<input type="checkbox"/>						\$
4. Total only this Page					\$ 2,050.00	
5. Total of ALL CRO-1210 Pages					\$ 24,029.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Billy B Hines 3815 Mintwood Dr Mint Hill, NC 28227			Retired			
			c. Employer's Name/Specific Field			
			Mecklenburg County			
					e. Election Sum to Date	
					\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		09/27/2016		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Andrew Hahn 9200 Tillot Drive Matthews, NC 28105			Optometrist			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		10/04/2016		\$ 400.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Paul Hearn 16141 Weatherly Way Huntersville, NC 28078			Optometrist			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		10/04/2016		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,029.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Daniel Barbu 8501 Bramshaw Ct Waxhaw, NC 28173		Builder			
		c. Employer's Name/Specific Field			
		Self		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/04/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Stephen Maye 7515 Polyantha Rose Circle Weddington, NC 28104		Real Estate Manager			
		c. Employer's Name/Specific Field			
		Drake Capital		e. Election Sum to Date	
				\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/07/2016	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Thomas Lawing JR 2609 Valencia Ter Charlotte NC 28226-4955		President			
		c. Employer's Name/Specific Field			
		TR Lawing Realty		e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Credit Crd		10/08/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 24,029.00	

Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Paul Gibson 4851 Lindstrom Drive Charlotte, NC 28226			Retired Vice President			
			c. Employer's Name/Specific Field			
			Piedmont Natural Gas			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		10/11/2016		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Willaim Elmore 124 Fairfield Circle, Box 668 Dunn, NC 28335			Owner			
			c. Employer's Name/Specific Field			
			License Tag Agency			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		10/11/2016		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Todd Ford 4910 Gaynor Road Charlotte NC 28211			Owner			
			c. Employer's Name/Specific Field			
			NoDa Brewing Company			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		10/12/2016		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,400.00	
5. Total of ALL CRO-1210 Pages					\$ 24,029.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Marino 3114 Shillington Place Charlotte, NC 28210-4244			Manager			
			c. Employer's Name/Specific Field			
			Olde Mecklenburg Brewery			
					e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/12/2016	\$ 1,000.00	
<input type="checkbox"/>				10 12 2016	\$ 1,000.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Keith Wayne 6326 Fox Chase Drive Davidson, NC 28036-8087			President/CEO			
			c. Employer's Name/Specific Field			
			Wayne Brothers, Incorporated			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/13/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeffrey Owen 2607 Oakmeade Drive Charlotte, NC 28270			Owner and President			
			c. Employer's Name/Specific Field			
			JOSCO Sales			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/14/2016	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,029.00	

Contributions from Individuals

Pg 11 of 11 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Eugene Johnson 920 Berkeley Ave Charlotte, NC 28203			Retired-executive			
			c. Employer's Name/Specific Field			
			United Communications			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		10/17/2016		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jack Levinson 2400 Thornridge Rd Charlotte, NC 28226			Apartment Owner			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		10/21/2016		\$ 75.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kenneth Szymanski 4139 Sulkirk Rd Charlotte, NC 28210			Exec Director			
			c. Employer's Name/Specific Field			
			Apartment Assoc			
					e. Election Sum to Date	
					\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		10/21/2016		\$ 90.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 665.00	
5. Total of ALL CRO-1210 Pages					\$ 24,029.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

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

Pg _____ of _____ Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James McLawhorn 2619 Beverwyck Rd Charlotte, NC 28211			President			
			c. Employer's Name/Specific Field			
			Marsh Properties			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/21/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Porter III 253 King Owen Ct Charlotte, NC 28211			Real Estate Investor			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/21/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Timothy Hose 8524 Winged Bourne Charlotte, NC 28210			Real Estate Investor			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/21/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,029.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Chad Hagler 313 Rocklyn Place Charlotte, NC 28209Self		Real Estate Investor			
		c. Employer's Name/Specific Field			
		Self			
				e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/21/2016	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kevin Burns Box 7168 Statesville, NC 28687		President			
		c. Employer's Name/Specific Field			
		Burns & Sons, Inc			
				e. Election Sum to Date	
				\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/21/2016	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Cathy Wilhelm 200 Chimeneas Pl Chapel Hill, NC 27517		CAO			
		c. Employer's Name/Specific Field			
		Strata Solar			
				e. Election Sum to Date	
				\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/22/2016	\$ 2,500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 3,150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 24,029.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-IFC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mark Ellis 1972 Maryland Ave Charlotte, NC 28209			Doctor		Hosted fundraising Event as In Kind	
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
					\$ 264.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In Kind	Food & Drinks	09/21/2016	\$ 264.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page \$ 264.00						
5. Total of ALL CRO-1210 Pages \$ 24,029.00						
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Political Party Committees

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) Bill Brawley for NC House				2. ID Number STA-1F311R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) North Carolina Republican Party PO Box 12905 Raleigh, NC 27605				b. Comments	
				c. Election Sum to Date	
				\$ 124,272.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
	In Kind	Research	08/23/2016	\$ 10,500.00	
	In Kind	Print/Postage for Direct Mail	09/23/2016	\$ 7,367.35	
	In Kind	Print/Postage for Direct Mail	09/29/2016	\$ 6,280.93	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) North Carolina Republican Party PO Box 12905 Raleigh, NC 27605				b. Comments	
				c. Election Sum to Date	
				\$ 124,272.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
	In Kind	Print/Postage for Direct Mail	10/05/2016	\$ 6,280.93	
	In Kind	Print/Postage for Direct Mail	10/12/2016	\$ 6,280.93	
	In Kind	Print/Postage for Direct Mail	10/14/2016	\$ 6,280.93	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) North Carolina Republican Party PO Box 12905 Raleigh, NC 27605				b. Comments	
				c. Election Sum to Date	
				\$ 124,272.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
	In Kind	Print/Postage for Direct Mail	10/14/2016	\$ 6,280.93	
1	Wire		10/20/2016	\$ 60,000.00	
				\$	
4. Total only this Page				\$ 109,272.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 109,272.00	

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Friends of Kelly Hastings Box 488 Cherryville, NC 28021		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 400.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		08/30/2016	\$ 200.00	
1	Check		09/28/2016	\$ 200.00	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Jason Saine Committee 417 East Main Street, Suite 103 Lincolnton, NC 28092		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		3,000.00 5,100.00	
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 8,100.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		08/30/2016	\$ 2,500.00	
1	Check		10/13/2016	\$ 1,600.00	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Friends of Tim Moore 395 East Kings St Kings Mountain, NC 28086-3418		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		\$5,100.00 in primary \$5,100.00 in general	
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 10,200.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		08/30/2016	\$ 5,100.00	
				\$	
				\$	
4. Total only this Page				\$ 9,600.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 108,850.00	

Pg 1 of 1 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Adams for NC House 332 3rd Avenue NE Hickory, NC 28601		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 200.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/20/2016	\$ 200.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
John Fraley for NC House 1311 Fernhill Road Mooresville, NC 28117		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> 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	
1	Check		10/12/2016	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Horn for NC House 5909 Bluebird Hill Lane Weddington, NC 28104		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> 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		10/12/2016	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 1,700.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

Pg 18 of Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bob Steinburg for NC House Box 703 Edenton, NC 27932		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments 	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date \$ 2,500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/19/2016	\$ 2,500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Committee to Elect Kenny Smith 3300 Ferncliff Rd Charlotte, NC 28211		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments 	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				e. Election Sum to Date \$ 150.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/21/2016	\$ 150.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments 	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1				\$	
				\$	
				\$	
4. Total only this Page				\$ 2,650.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Nelson Mullins NC PAC Box 11070 Columbia, SC 2921		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Sprint Corporation PAC 12502 Sunrise Valley Drive Reston, VA 20196		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Piedmont Natural Gas PAC 4720 Piedmont Row Dr Charlotte, NC 28210-4269		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,250.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		08/11/2016	\$ 1,000.00	
1	Check		10/17/2016	\$ 250.00	
				\$	
4. Total only this Page				\$ 2,150.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Merck Employees PAC 601 Pennsylvania Ave Washington, DC 20004		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		08/12/2016	\$ 500.00
					\$
					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
AT&T NC PAC 150 Fayetteville St, St 800 Raleigh, NC 27601		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 4,000.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		08/29/2016	\$ 2,500.00
					\$
					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Centurylink Inc, Employees PAC 1099 New York Ave NW, Ste 250 Washington, DC 20001		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,500.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		08/29/2016	\$ 1,500.00
					\$
					\$
4. Total only this Page				\$ 4,500.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

Contributions from Other Political Committees

Pg 1 of 1 Amendment ☐ Yes ☒ 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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Duke Energy Corp PAC 550 South Tryon St, DEC37D Charlotte, NC 28202		b. Type of Committee		d. Comments \$5,100.00 in primary \$5,100.00 in general	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 10,200.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/03/2016	\$ 5,100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Beer & Wine Wholesalers Assoc PAC 210 North Person St Raleigh, NC 27601		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 3,500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/06/2016	\$ 1,500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GlaxoSmithKline PAC 5 Moore Drive Research Triangle Park, NC 27709		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/06/2016	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 7,100.00	
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 108,850.00	

Pg 6 of Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) McGuireWoods Federal PAC 800 East Canal St Richmond, VA 23219-3916		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 3,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/06/2016	\$ 2,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Assoc of Health Underwriters PAC Box 38905 Greensboro, NC 27408		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/12/2016	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Delhaize America PAC Box 1330 Salisbury, NC 28145-1330		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/12/2016	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 3,500.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Carolina Asphalt Pavement Assoc PAC 1101 Haynes St. Ste 209 Raleigh, NC 27604		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
MECK PAC, meck Medical Society 1112 Harding Place #200 Charlotte, NC 28204		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Friends of Forestry PAC 1600 Glenwood Ave, Suite I Raleigh, NC 27608		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 4,000.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Charlotte Eye Ear Nose Throat PAC 6035 Fairview Road Charlotte, NC 28210		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 750.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/13/2016	\$ 750.00	
				\$	
				\$	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Branch Bank and Trust NC PAC Box 1290 Winston Salem, NC 27102		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,000.00	
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					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
John Deere PAC One John Deere Place Moline, IL 61265		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/14/2016	\$ 1,000.00	
				\$	
				\$	
4. Total only this Page				\$ 3,750.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 108,850.00	

Contributions from Other Political Committees

Pg

27

of

27

Amendment

☐

Yes

☒

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Time Warner Cable NC PAC 19 W Hargett St, Ste 805 Raleigh, NC 27601		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		\$3,500.00	
		<input type="checkbox"/> Referendum		in primary	
		c. Level Registered (Specify)		\$2,800.00	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		in general	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 6,300.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/14/2016	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Merchant's PAC Inc Box 1030 Raleigh, NC 27602		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1,750.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/20/2016	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Chamber PAC 71 Corporate Center Dr, Ste 400 Raleigh, NC 27607		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input checked="" type="checkbox"/> State <input type="checkbox"/> 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		09/20/2016	\$ 1,000.00	
				\$	
				\$	
4. Total only this Page				\$ 3,000.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

Contributions from Other Political Committees

Pg

of

Amendment

☐ Yes

☒ 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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Metrolina Radiologists for Quality Med MARQIM, PAC Box 36937 Charlotte, NC 28236		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		\$4,000.00	
		<input type="checkbox"/> Referendum		in primary	
		c. Level Registered (Specify)		\$4,000.00	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		in general	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Providence Anesthesiology PAC 5910 Providence Country Club Dr Charlotte, NC 28277		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		\$5,000.00	
		<input type="checkbox"/> Referendum		in primary	
		c. Level Registered (Specify)		\$5,000.00	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		in general	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Realtors PAC 4511 Weybridge Lane Greensboro, NC 27407		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		\$4,000.00	
		<input type="checkbox"/> Referendum		in primary	
		c. Level Registered (Specify)		\$5,100.00	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		in general	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> 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				\$ 14,100.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
CVS Health Pac 1275 Pennsylvania Ave NW St700 Washington, DC 20004		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/21/2016	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
SPACE (Shelter Providers PAC) 1201 Greenwood Cliff, Ste 200 Charlotte, NC 28204		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/21/2016	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
International Assoc of Firefighters 1750 New York Avenue NW Washington, DC 20006		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	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 CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Vulcan Materials Company PAC Box 385014 Birmingham, AL 355238-5014		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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
					\$
					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Nationwide Carolina Political Participation Fund One Nationwide Plaza 1-32-06 Columbus, OH 43215		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Reyonolds American PAC Box 718, 401 N. Main St Winston-Salem, NC 27102		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,000.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		09/26/2016	\$ 1,000.00
					\$
					\$
4. Total only this Page				\$ 3,250.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
JM Family Enterprises, Inc PAC 111Jim Moran Blvd. Deerfield Beach, FL 33442		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/28/2016	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Independent Insurance Agents IIANC PAC Box 1165 Cary, NC 27512		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:				\$ 2,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/28/2016	\$ 2,000.00	
				\$	
				\$	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Credit Union PAC of NC 323 West Jones St, Ste 200 Raleigh, NC 27603		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:				\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/29/2016	\$ 250.00	
				\$	
				\$	
4. Total only this Page				\$ 3,250.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

Contributions from Other Political Committees

Pg

20

of

20

Amendment

☐ Yes

☒ No

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Carolinas HealthCare Emp Fed PAC Box 32861 Charlotte, NC 28232-2861		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 5,100.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/01/2016	\$ 5,100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Vending Association PAC 2501 Aerial Center Parkway, Suite 103 Morrisville, NC 27560		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/01/2016	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Carolinas AGC 6115 Hargett St Raleigh, NC 27601		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/03/2016	\$ 2,000.00	
				\$	
				\$	
4. Total only this Page				\$ 7,600.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Automobile Dealers Assoc PAC PO Box 12167 Raleigh, NC 27605		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		\$4,000.00	
		<input type="checkbox"/> Referendum		in primary	
		c. Level Registered (Specify)		\$4,000.00	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		in general	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> 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		10/04/2016	\$ 4,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC State Optometric Society PAC 150 Fayetteville St, St 920 Raleigh, NC 27601		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/04/2016	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Coca Cola Consol Employees for Good Gov 4100 Coca Cola Plaza, Ste 100 Charlotte, NC 28211		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/11/2016	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 5,500.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

Contributions from Other Political Committees

Pg

32

of

Amendment

☐

Yes

☒

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Veterinary Medical Assoc. PAC 1611 Jones Franklin Road, Suite 108 Raleigh, NC 27606-3376		<input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> PAC			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 750.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/11/2016	\$ 750.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Hospital Assoc PAC Box 4449 Cary, NC 27519-4449		<input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> PAC			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> 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		10/12/2016	\$ 5,100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC State Farm Agts NCSFFA PAC 05-07 Box 1105 Raleigh, NC 27602		<input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> PAC			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 2,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/12/016	\$ 2,000.00	
				\$	
				\$	
4. Total only this Page				\$ 7,850.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Home Builders Assoc PAC Box 99090 Raleigh, NC 27624		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,500.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		10/13/2016	\$ 500.00
					\$
					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
CSX Corp Good Government Fund 1331 Pennsylvania Ave NW Ste 560 Washington, DC 20004		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		10/14/2016	\$ 500.00
					\$
					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC FARM Bureau PAC, Inc. Box 27766 Raleigh, NC 27611		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		10/14/2016	\$ 1,000.00
					\$
					\$
4. Total only this Page				\$ 2,000.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

Contributions from Other Political Committees

Pg

37

of

Amendment

☐

Yes

☒

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Petroleum & Convenience Marketers PAC 7300 Glenwood Ave Raleigh, NC 27602		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/14/2016	\$ 2,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Parker Poe Adams & Bernstein PAC Box 389 Raleigh, NC 27602		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 750.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/15/2016	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Carolink PAC Box 368 Yadkinville, NC 27055		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,750.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/17/2016	\$ 1,250.00	
				\$	
				\$	
4. Total only this Page				\$ 3,750.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NUCOR Corp. Political Action Committee Box 279 Winton, NC 27986		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
1	Check			10/19/2016	\$ 1,000.00
					\$
					\$
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Energy Workers PAC 50101 Governors Dr, Ste 280 Chapel Hill, NC 27517		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		\$2,500.00 in primary \$4,000.00 in general	
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 6,500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
1	Check			10/21/2016	\$ 4,000.00
					\$
					\$
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Resturant & Lodging Assoc PAC 222 N Person St #210 Raleigh, NC 27601		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
1	Check			10/21/2016	\$ 1,000.00
					\$
					\$
4. Total only this Page				\$ 6,000.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Apartment Assn of North Carolina AANC PA 7920 ACC Blvd, Ste 220 Raleigh, NC 27617		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Eastern Band of Cherokee Indians PAC Box 455 Cherokee, NC 28719		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Enterprise Holdings PAC 600 Corporate Park Dr St Louis, MO 63105		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/21/2016	\$ 1,000.00	
				\$	
				\$	
4. Total only this Page				\$ 6,600.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 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	
Bill Brawley Committee				STA-1FC11R-C-001	
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Medical Society NCMS PAC Box 25834 Raleigh, NC 27611		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,000.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		10/21/2016	\$ 1,000.00
					\$
					\$
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Lowe's Companies Inc PAC 1000 Lowe's Blvd Mooresville, NC 28117		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,500.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		10/22/2016	\$ 1,000.00
					\$
					\$
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
BAYADA Home Health Care PAC 5505 Creedmoor Road Ste 205 Raleigh, NC 27612		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 800.00	
f. Account Code		g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1		Check		10/22/2016	\$ 500.00
					\$
					\$
4. Total only this Page				\$ 2,500.00	
5. Total of ALL CRO-1230 Pages				\$ 108,850.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)					

Disbursements

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					2. ID Number STA-1F311R-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Blessed Assurance 13001 Idlewild Rd Matthews, NC 28105			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/17/2016	\$100.00	BBQ fundraiser tickets for vol	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hilbish Ford 2600 S Cannon Blvd Kannapolis, NC 28083			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	09/28/2016	\$100.00	Car for Parade Event	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) In Touch NC 1854 Hendersonville Rd, #262 Asheville, NC 28803			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 12,740.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	08/17/2016	\$6,740.00	Fundraing Consulting	
				\$		
5. Total only this Page					\$ 6,940.00	
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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 28,367.96	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Charlotte Media Group 194 Rea Rd # 6420 Charlotte, NC 28277						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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	
1	Debit	A	09/26/2016	\$740.60	Mailers	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Charlotte Media Group 194 Rea Rd # 6420 Charlotte, NC 28277						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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	10/03/2016	\$740.60	Mailers	
1	Debit	A	10/11/2016	\$740.60	Mailers	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Charlotte Media Group 194 Rea Rd # 6420 Charlotte, NC 28277						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cleveland Marriott 26300 Harvard Road Warrensville Heights, OH 44122			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1,741.70		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	O	07/14/2016	\$ 200.00	Nat'l Conventio Travel	
1	Debit	O	07/18/2016	\$1,541.70	Nat'l Convention Travel	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jinger Kelley 3103 Julian Glen Cr Waxhaw, NC 28173			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		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	O	08/11/2016	\$489.04	Treasurer Fees	
1	Check	O	08/19/2016	\$382.50	Treasurer Fees	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Marriott Columbia 1200 Hampton St Columbia, SC 29201			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	O	09/21/2016	\$ 19.45	Travel-food	
1	Debit	O	09/22/2016	\$112.98	Travel-hotel	
5. Total only this Page					\$ 2,745.67	
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
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Metro-Print 800 W Central Ave Mt Holly, NC 28120						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date
						\$ 1,134.22
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	A	10/14/2016	\$1,134.22	Printed Mailers	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Mint Hill Events 4430 Mint Hill Village Lane Mint Hill, NC 28277						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date
						\$ 275.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	09/01/2016	\$150.00	Donation hole sponsor	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Office Depot 10025 E Independence Blvd Matthews, NC 28105						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date
						\$ 368.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	O	09/06/2016	\$ 7.21	Office Supplies	
1	Debit	O	09/19/2016	\$311.51	Office Supplies	
5. Total only this Page					\$ 1,602.94	
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)						
<div> <div>A* - Media</div> <div>B* - Printing</div> <div>C* - Fundraising</div> <div>D - To Another Candidate</div> </div> <div> <div>E - Salaries</div> <div>F* - Equipment</div> <div>G - Political Party</div> <div>H* - Holding Public Office Expenses</div> </div> <div> <div>I - Postage</div> <div>J - Penalties</div> <div>K* - Office Expenses</div> <div>Q* - Donation to Legal Expense Fund</div> </div> <div>O* - Other</div>						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joan Owen 409 Stratfordshire Dr Matthews, NC 28105			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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	O	07/05/2016	\$250.00	Rent	
1	Check	O	08/01/2016	\$250.00	Rent	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joan Owen 409 Stratfordshire Dr Matthews, NC 28105			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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	O	08/31/2016	\$250.00	Rent	
1	Check	O	10/03/2016	\$250.00	Rent	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Paypal 2211 North First Street San Jose, California 95131			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 156.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Draft	O	09/28/2016	\$46.15	Bank Fees	
1	Draft	O	10/18/2016	\$ 6.70	Bank Fees	
5. Total only this Page					\$ 1,052.85	
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						
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund						
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kelly Tain 3443 Twelve Oaks Pl Charlotte, NC 28270			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 13,781.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	07/06/2016	\$1,500.00	Consulting	
1	Check	O	08/01/2016	\$2,000.00	Consulting	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kelly Tain 3443 Twelve Oaks Pl Charlotte, NC 28270			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 13,781.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	09/01/2016	\$2,000.00	Consulting	
1	Check	O	10/05/2016	\$2,000.00	Consulting	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Red Rocks 4223-B Providence Rd Charlotte, NC 28211			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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	C	10/07/2016	\$1,080.64	Fundraising Food/Bev	
				\$		
5. Total only this Page					\$ 8,580.64	
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						
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund						
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Quality Inn 4716 New Bern Ave Raleigh, NC 27610						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 1,059.16	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	O	08/01/2016	\$75.88	Hotel-Rep Work	
1	Debit	O	08/08/2016	\$75.88	Hotel-Rep work	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Quality Inn 4716 New Bern Ave Raleigh, NC 27610						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 1,059.16	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	O	09/01/2016	\$75.88	Hotel-Rep work	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Stewart Group P.O. Box 26508 Raleigh, NC 27612						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 5,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	09/05/2016	\$2,500.00	Consulting	
				\$		
5. Total only this Page					\$ 2,727.64	
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
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Verizon 8046 Pineville-Matthews Rd Charlotte, NC 28226			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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	O	07/05/2016	\$132.35	Cell phone	
1	Debit	O	08/08/2016	\$130.48	Cell phone	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Verizon 8046 Pineville-Matthews Rd Charlotte, NC 28226			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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	O	09/06/2016	\$132.44	Cell phone	
1	Debit	O	09/14/2016	\$ 59.87	Cell phone	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Verizon 8046 Pineville-Matthews Rd Charlotte, NC 28226			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 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	O	09/14/2016	\$ 59.92	Cell phon	
1	Debit	O	09/29/2016	\$132.44	Cell phone	
5. Total only this Page					\$ 647.50	
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						
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund						
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Windstream 1720 Galleria Blvd Charlotte, NC 28270			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	O	07/15/2016	\$183.56	Internet	
1	Debit	O	09/08/2016	\$ 85.65	Internet	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Windstream 1720 Galleria Blvd Charlotte, NC 28270			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	O	09/30/2016	\$ 98.51	Internet	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date			
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1				\$		
				\$		
5. Total only this Page						
				\$ 367.72		
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)				\$ 28,367.96		
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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					2. ID Number STA-1F311R-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Republican Party 1506 Hillsborough St Raleigh, NC 27605			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 16,820.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	O	07/14/2016	\$900.00	RNC-travel exp	
1	Debit	O	08/16/2016	\$105.00	RNC-travel exp	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Charlotte Meck Republican Wome 3103 Julian Glen Cr Waxhaw, NC 28173			b. Coordinated Committee Name Charlotte Meck Republican Women		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 360.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	O	08/24/2016	\$30.00	Luncheon	
1	Debit	O	10/19/2016	\$50.00	Luncheon	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Meck Evening Republican Women 8523 Albury Walk Lane Charlotte, NC 28277			b. Coordinated Committee Name Mecklenburg Evening Republican Women		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	O	09/22/2016	\$500.00	Donation	
				\$		
5. Total only this Page					\$ 1,585.00	
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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 42,085.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

Pg

of

Amendment

☐ Yes

☒ No

No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Bill Brawley Committee					STA-1F311R-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Republican House Caucus 1506 Hillsborough St Raleigh, NC 27605			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> 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	O	10/12/2016	\$15,000.00	Donation	
1	Check	O	10/19/2016	\$25,000.00	Donation	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Reelect Justice Edmunds Campai P.O. Box 10802 Raleigh, NC 27605			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> 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 Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date			
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 40,500.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 42,085.00	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

Amendment
☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)					2. ID Number 1 311 001	
3. Payee Information						
a. Amend <input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Account Code 1	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy) 08 10 2016	f. Amount \$ 25.00	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	 1			09 02 2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	 1			09 28 2016	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	 1			07 20 2016	\$ 24.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	 1			07 21 2016	\$ 14.16	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	 1			10 11 2016	\$ 3.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	 1			10 20 2016	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 116.16	
5. Total of ALL CRO-1315 Pages <small>(This line must be on line 14 of Detailed Summary Page CRO-1100)</small>					\$ 116.16	
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing		C* - Fundraising		D - To Another Candidate
I - Postage		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
O* - Other		J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Pg 1 of 1 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Bill Brawley for NC House		STA-1F311R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
North Carolina Republican Party PO Box 12905 Raleigh, NC 27605		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input checked="" type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
Research		08/23/2016	
		g. Fair Market Amount	
		\$ 10,500.00	
Printing/Postage for Direct Mail		09/23/2016	
		\$ 7,367.35	
Printing/Postage for Direct Mail		09/29/2016	
		\$ 6,280.93	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
North Carolina Republican Party PO Box 12905 Raleigh, NC 27605		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input checked="" type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
Printing/Postage for Direct Mail		10/05/2016	
		g. Fair Market Amount	
		\$ 6,280.93	
Printing/Postage for Direct Mail		10/12/2016	
		\$ 6,280.93	
Printing/Postage for Direct Mail		10/14/2016	
		\$ 6,280.93	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
North Carolina Republican Party PO Box 12905 Raleigh, NC 27605		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input checked="" type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
Printing/Postage for Direct Mail		10/14/2016	
		g. Fair Market Amount	
		\$ 6,280.93	
		\$	
		\$	
4. Total only this Page		\$ 49,272.00	
5. Total of ALL CRO-1510 Pages		\$ 50,536.00	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Pg of Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Bill Brawley for NC House		STA-1F311R-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Mark Ellis 1972 Maryland Ave Charlotte, NC 28209		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
c. Comments		d. Election Sum to Date	
		\$ 264.00	
e. Description		f. Date (mm/dd/yyyy)	
Food & Drinks for Fundraisng Event		09/21/2016	
		g. Fair Market Amount	
		\$ 264.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
John Marino 3114 Shillington Place Charlotte, NC 28210-4244		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
c. Comments		d. Election Sum to Date	
		\$ 2,000.00	
e. Description		f. Date (mm/dd/yyyy)	
Food & Drinks for hosting fundraising event		10/12/2016	
		g. Fair Market Amount	
		\$ 1,000.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
c. Comments		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 1,264.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 50,536.00	