Disclosure Rep						Amendment Yes No			
Use this form for gene	eral report and committee i	nformation, 1	nust be signed	and sub	mitted along with o	ther detailed forms.			
Do not use this form t 1. Committee Inform	•								
a. Full Name	lation					c. ID Number			
Kendal L. McBroom						CAD (yumber			
b. Mailing Address (inclu	b. Mailing Address (include City, State and Zip Code) d. Date Filed								
3551 Forestdale Driv						10-31-2016			
Apt. ML, Burnington, NC 27213									
e. Phone Number									
						336-512-2322			
2. Report Year 3	3. Period Start Date (mm/d		Period End Dan/dd/yy)	te	5. Treasurer Full				
2012	7-1-2016		10-22-2016		Kendal McBroom	1			
6. Type of Committe		9. Type of	Report (c)	heck onl	ly one type of report	t from one category)			
Candidate Campaiş PAC		Municipal		State/Co		Referendum			
Independent	Referendum Joint Fundraiser		nizational		Organizational	Organizational			
Expenditure Legal Expense Fun		I I I I I I I I I I I I I I I I I I I	y-five day	(Quarterly	Pre-referendum			
	(if applicable, check one)	Pre-p	rimary	П	First	Final			
Booster Fund"			lection		Second	Supplemental Final			
Building Fund		Pre-ru		\boxtimes	Third	Annual			
			-annual Mid Year		Fourth Semi-annual	Special			
Other:			Year End	П	Mid Year	10. Special Report Name			
		Final	-		Year End				
8. Number of Fundra	isers this Report	Speci	al	F	Final				
					Special				
11. Account Informa a. Financial Institution Fu					nformation tution Full Name				
Bank of America	H (Valic		a, Final	iciai ilisti	tution run Name				
b. Purpose	c. Account Code		b. Purp	ose		c. Account Code			
Campaign	1				20110				
Expenditures	d. Period Begin Balance		11-0	14-16	A10:13 RCVD				
						d. Period Begin Balance			
	\$ 736.58					\$			
CERTIFICATION									
I certify that the Comr	nittee or Fund is in compli	ance with all	applicable prov	isions o	of Article 22A, 22B	, & 22D-22M of Chapter 163 of			
is complete, true and c	es and that no funds are co correct and that I have been	mmingled wi trained by th	th prohibited of	r other n ard of F	ion-disclosed funds. lections	. I further certify that this report			
Kendal L. Mo		tranica by tr	Langell	MC	Six.M	10-31-2016			
	Printed Name of Signer		Signature of	f Appointe	ed Treasurer	Date			
FOR OFFICE USE ON	LY // // //			1	10	D.I. W.I.I			
Date Received:	11-4-16	Emp	loyee:		6	Delivery Method Normal Mail			
Date Postmarked:	Name of the State	Emp	loyee:	and the same of th	art of the Commence of the Com	Registered Mail Hand Delivered			
Date Scanned:	11-4-16	Emp	loyee:	U	G	Electronically Filed Signer has not received			
Date Data Entered	1:	Emp	loyee:	And the second second	The second secon	mandatory training			
Please Note: This	form cannot be used to am	end committe	ee information s	such as t	the committee addre	ess, treasurer, assistant treasurer,			
			formation, or a						
	You must amend the Stater	nem of Organ	nzation (CRO-)	2100A-l	E) to make committ	ee changes.			

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

	2. Type of Report		3. ID Number
McBroom for County Commissioner	3 rd Quarter		
Start of Election Cycle: January 1,	2012	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 736.58	\$ 736.58
RECEIPTS			The second of the second second second
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 20.00	\$ 20.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,525.00	\$ 1,525.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 300.00	\$ 300.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 360.00	\$ 360.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		网络斯里斯 医	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c.	11d and 11e)	\$ 2,185.00	\$ 2, 185.00
EXPENDITURES TO THE PARTY OF TH			
13) Disbursements		And the second	
13a) Operating Expenditures	(CRO-1310)	\$ 1,805.42	\$ 1,805.42
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 1,805.42	\$ 1,805.42
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 1,116.16	\$ 1,116.16
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	Particular Contraction
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)	\$	\$

Amendment

No

Disbursem	ants					Amendment
		from the committ	99	Pg for; operating expenses,	1 of	4 L Yes L No
committees and	coordinated party ex	openditures.		ior, operating expenses,	contributions to c	candidate/pontical
	ull Name (and Fun	<u> </u>				2. ID Number
	County Commissione					
3. Type of Disb		ise use separate C	RC	0-1310 forms for each t	pe of Disbursem	ent.)
Operating E	xpenses	Contributions to Ca	ndid	ates/Political Committees		ordinated Party Expenditures
4. Payee Inform			-	.dd 🔲		
ŀ	ng Address & Phone		b	. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)		-			
Facebook, Inc 1601 Willow Ro	and		_	1 In the transfer	· · · · · · · · · · · · · · · · · · ·	
Menlo Park, CA			<u>с.</u>	Level Registered (Specify) Federal	C. I	-
Wiemo runk, Cr	174023		-	_ Federal	County: Municipality:	e. Election Sum to Date
			-		wumerpanty.	e. Election Still to Date
						\$ 75.05
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A		8-15-2016	\$25.03	Facebook Ad's
1	Debit Card	A		8-16-2016	\$50.02	Facebook
						Promotion
4. Payee Inform			T****	dd 💮 🗀	Remove	The Control of the Co
	ng Address & Phone		b.	Coordinated Committee Na	ime	d. Comments
(include city, state, VistaPrint Netho			1			
PO Box 842882			- C.	Level Registered (Specify)		
Boston, MA 022			Ī	Federal 🖂	County:	
			Ī	State	Municipality:	e. Election Sum to Date
					i	¢ (1.24
		r			T	\$ 61.34
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A		8-17-2016	\$61.34	Postcard Design
					<u></u>	
					\$	
4. Payee Inform	ation	П	A	dd 🗍	Remove	L
	ng Address & Phone	<u> </u>	*************	Coordinated Committee Na		d. Comments
(include city, state,	& zip)					
Exxon Mobil-42						
2599 Main Stree			c.	Level Registered (Specify)		
Conway, SC 29:	526		Ļ	☐ Federal ☐	County:	
			L	State	Municipality:	e. Election Sum to Date
						\$ 37.15
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	О		8-19-2016	\$37.15	Travel to
						Meeting
		Avv. Maria	8.000		\$	
5. Total only thi	s Page CRO-1310 Pages					\$ 173.54
	line 13a of Detailed Sum	mary Page CRO-1100	n if i	Oneratina Eynenses)		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100) if (Speruing Expenses) Contrib to Candidates/Politica	ıl Comm)	\$ 1,805.42
				Coordinated Party Expenditus		
7. Purpose Code	s (List detailed exp					
A* - Media	B* - Printing	C* - Fund			D - To Anothe	
E - Salaries 1 - Postage	F* - Equipment J - Penalties	G - Politic			H* - Holding	Public Office Expenses
O* - Other		K* - Offic		•	Q* - Donatior	to Legal Expense Fund
* Codes require	detailed explanati	on in required re	ma	rks field (k)		

Nichurcom	anta				Amendment
Disbursem		C	Pg	<u>2</u> of	4 Yes No
ommittees and	coordinated party ex	from the commit	ee for; operating expenses	, contributions to	o candidate/political
	Full Name (and Fun				3.15.85
	County Commission		<u> </u>		2. ID Number
			RO-1310 forms for each	time of Dickurs	parant)
Operating I	Expenses	Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
. Payee Inform	nation		Add	Remove	2 Application
	ling Address & Phone		b. Coordinated Committee N		d. Comments
nclude city, state,	, & zip)				
Kmart Expres					
529 Huffman M			c. Level Registered (Specify)		
Burlington, NC	27215		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 21.11
Account Code	a Form of D	h Durness Cod-		·	
Account Coue	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	О	8-22-2016	\$21.11	Travel to
					Campaign Meet.
				\$	İ
. Payee Inforn	nation		Add	Remove	
. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments
nclude city, state,	& zip)				
Office Depot					
1825 Church St			c. Level Registered (Specify)		
Burlington, NC	27215		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 69.34
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Postcards
	Debit Card	A	8-29-2016	\$69.34	
				\$	
. Payee Inforn		Ш	Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
nclude city, state, Facebook, Inc.	& zip)				
601 Willow R	nad		a Lavel Desistand (Courte)		
Menlo Park, CA			c. Level Registered (Specify) Federal	County:	_
remo rank, er	()4023		State	Municipality:	e. Election Sum to Date
				with cipanty.	
					\$ 139.76
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	A	9-1-2016	\$64.71	Promotion
			, . 2010	ΨΟ 1.71	
				\$	
Total only th	is Page	1			¢ 155.10
	CRO-1310 Pages				\$ 155.16
	line 13a of Detailed Sun	nmary Page CRO-110) if Operating Expenses)		
	line 12h of Detailed Com		orea		\$ 1.805.42

(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 F* - Equipment
J - Penalties E - Salaries G - Political Party H* - Holding Public Office Expenses I - Postage K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

Disbursem	ents		Pg	3 of	Amendment 4 Yes No
Use this form to	report expenditures	from the committee	ee for; operating expenses,	contributions to	candidate/political
Contraction and the contraction of the contraction	coordinated party ex full Name (and Fun				14
	County Commission				2. ID Number
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each t	ype of Disbursen	ient.)
Operating I	Expenses	Contributions to Car	ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mail (include city, state,	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
Office Depot	& zip)				
1825 S Church	Street		c. Level Registered (Specify)		†
Burlington, NC	27215		Federal 🖂	County:	1
			State	Municipality:	e. Election Sum to Date
					\$ 125.44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	Α	9-19-2016	\$45.88	Postcards
			7-17-2010	943.00	
1	Debit Card	A	10-5-2016	\$10.22	Postcards
4. Payee Inform			Add	Remove	7. 12 E 18 E 18 B
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, Al Van's Adver					
3290 Van Drive	_		c. Level Registered (Specify)		
Burlington, NC	27215		Federal 🖂	County:	-
			State	Municipality:	e. Election Sum to Date
					\$ 1,230.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	10-11-2016	\$500.00	Yard Signs
			10 11 2010	\$300.00	W. LO
[Debit Card	A	10-20-2016	\$730.19	Yard Signs
4. Payee Inform	***************************************		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
Office Depot	& zip)				
1825 S. Church	Street		c. Level Registered (Specify)		
Burlington, NC	27215		Federal 🖂	County:	
		į	State	Municipality:	e. Election Sum to Date
					\$ 202.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	10-14-2016	\$77.22	Postcards
				\$	
5. Total only thi	s Page				£ 12(2.51
	CRO-1310 Pages				\$ 1,363.51
	line 13a of Detailed Sum				¢ 1.005.42
(This line goes in line 13b of Detailed Summary Page CRO-1100			if Contrib to Candidates/Politica	al Comm)	\$ 1,805.42
	line 13c of Detailed Sum es (List detailed exp		if Coordinated Party Expenditus	res)	
A* - Media	B* - Printing	C* - Fundi		D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Politica	al Party	H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Office	e Expenses	Q* - Donation	n to Legal Expense Fund
	detailed explanati	on in required re	marks field (k)		

Disbursen	ients				Amendment	
		from the commit	P _i tee for; operating expens	g <u>4</u> of	4 Yes No	
committees and	i coordinated party e	xpenditures.	toe for, operating expens	ses, contributions to	candidate/pontical	
	Full Name (and Fur				2, ID Number	
	County Commission					
3. Type of Disl		ase use separate (CRO-1310 forms for eac	h type of Disbursen	nent.)	
Operating 4. Payee Inform		Contributions to Ca	andidates/Political Committees		oordinated Party Expenditures	
	ling Address & Phone	<u> </u>	Add b. Coordinated Committe	Remove		
(include city, state			p. Coordinated Committe	e Name	d. Comments	
USPS	, 32 21 21		1			
405 Maple Ave	enue		c. Level Registered (Speci	fy)		
Burlington, NO	27217		Federal			
			State	Municipality:	e. Election Sum to Date	
					\$ 1.21	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	I	10-21-2016	\$1.21		
			10 21 2010	ψ1.21		
				\$		
4. Payee Inform			Add [Remove		
	ing Address & Phone		b. Coordinated Committee	Name Name	d. Comments	
(include city, state Sean Ewing	, & zip)		_			
304 Stratford D)rive		c. Level Registered (Specif	3.1	_	
Mebane, NC 2			Federal	County:		
,			State	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	A	10-11-2016	\$100.00	Buttons	
				\$		
4. Payee Inform			A 3.31			
	ing Address & Phone	<u>LJ</u> _	Add b. Coordinated Committee	Remove		
(include city, state,			b. Coordinated Committee	Name	d. Comments	
Bank of Americ						
100 N Tryon St			c. Level Registered (Specif	y)	1	
Charlotte, NC 2	28202		Federal X	County:	-	
			State	Municipality:	e. Election Sum to Date	
					\$ 12.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Draft	0	10-12-2016	\$12.00	Bank Fee	
				\$		
5. Total only th				, j	\$ 113.21	
	CRO-1310 Pages line 13a of Detailed Sun		O if Opposition Francisco			
			0 if Operating Expenses) 0 if Contrib to Candidates/Poli	itical Comm)	\$ 1,805.42	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100) if Coordinated Party Expend	itures)		
7. Purpose Cod	es (List detailed ex			,		
A* - Media	B* - Printing	C* - Fund	Iraising	D - To Anoth		
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic	eal Party ce Expenses	H* - Holding	Public Office Expenses	
0* 04	- i cindities	K - Oilie	r ryhenses	Ų^ - Donatio	n to Legal Expense Fund	

Contributions from Political Party Committees

Pg of Amendment Yes No

Use this form to report contributions from a political party 1. Committee Full Name (and Fund if applicable) 2. ID Number McBroom for County Commissioner 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) Democratic Party of Alamance County 122 N. Main Street Burlington, NC 27215 c. Election Sum to Date 300.00 g. Date d. Account Code e. Form of Payment f. In-Kind Description h. Amount (mm/dd/yyyy) 1 Check 9-14-2016 \$ 300.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) c. Election Sum to Date \$ g. Date d. Account Code e. Form of Payment f. In-Kind Description h. Amount (mm/dd/yyyy) \$ \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) c. Election Sum to Date g. Date d. Account Code e. Form of Payment f. In-Kind Description h. Amount (mm/dd/yyyy) \$ \$ 4. Total only this Page \$ 300.00 5. Total of ALL CRO-1220 Pages \$ 300.00 (This line must be on line 7 of Detailed Summary Page CRO-1100)

Contributio	ns from Other Politi	cal Com	mittees	Pş	~	1 of		Amendment Yes No
	eport contributions from other					<u>1</u> of	1	Yes No
1. Committee Fu	ll Name (and Fund if applica						2. ID	Number
McBroom for Co	ounty Commissioner		-					
3. Contributor In	oformation	Π	Add	Пр	emove			
a. Full Name, Mailin				f Committee	CHIOVE		d. Co	mments
(include city, state.				Candidate	\boxtimes	PAC	4,00	unicités
1	nen of Alamance Co.			Referendum				
PO Box 1815 Burlington, NC 2	7215		c. Level R	egistered (Speci			-	
Burnington, 140 2	7213			State		County: Municipality:	e Flee	ction Sum to Date
							<u> </u>	
f. Account Code	g. Form of Payment	1 7 7/					\$	360.00
1. Account Code		n. in-Kin	d Description	1	i. Da	te (mm/dd/yyyy)	j. Amount
	Check					7-20-2016		\$ 360.00
								\$
								\$
3. Contributor In	formation		Add	□ Re	emove			
a. Full Name, Mailing		***************************************	b. Type of	Committee			d. Cor	nments
(include city, state,	& zip)			Candidate		PAC		
			a Level D	Referendum	e \			
			c. Level R	egistered (Specif Federal	(y)	County:		
				State		Municipality:	e. Elec	tion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i. Date (mm/dd/yyyy))	j. Amount
								\$
								\$
					-			
3. Contributor In	formation	П	Add	Г П р.	emove			\$
a. Full Name, Mailing				Committee	JIHOVC	***	d. Con	oments
(include city, state,	& zip)			Candidate		PAC		
				Referendum				
			c. Level Re	egistered (Specif	(y)	Caustin		
				State		County: Municipality:	e Elec	tion Sum to Date
							\$	tion built to bate
f. Account Code	g. Form of Payment	h In-Kin	l Description		i Dat	to (mm/dd/		
	g	II. III-JKIRC	Description		i. Dai	te (mm/dd/yyyy)		j. Amount
					-		·	\$
								\$
							1:51	\$
4. Total only this		4.1					\$	360.00
5. Total of ALL C	RO-1230 Pages i line 8 of Detailed Summary Page C	RO-1100)					\$	360.00

Use this	form to report and	ividual contributions	over \$50 or contributions (under \$50 if form Cl	RO 1205 is a	not used	
1. Comn	nittee Full Name	(and Fund if applica	ble)		2. ID Nu	WALLOW WA	
McBroo	m for County Com	nmissioner					2
3. Contr	ibutor Informati	on	☐ Add □	Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profess		d. Comme	nts	
(include	city, state, & zip)		Retired Govern			-	-
Mr. Rob	ert Rouse		Employee				
	Street NW		c. Employer's Nam	e/Specific Field			
Washing	ton, DC 20011						
					e. Election	Sum to Date	
	T "				\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y	yyy) k. Amount		
	1	Check		9-30-2	2016	\$	25.00
						\$	
						\$	
3. Contr	ibutor Informatio	on	Add 🔲 📑	Remove			
a. Full Nar	ne, Mailing Address	& Phone	b. Job Title/Profess	ion	d. Comme	nts	<u>. 1</u>
	city, state, & zip)		Clergy				
David M							
	olin Street		c. Employer's Name				
Burlingto	on, NC 27215		First Baptist Ch	urch		w.;	
					e. Election	Sum to Date	
					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check		9-30-2	016	\$	100.00
						\$	
						\$	-
3. Contri	butor Informatio	n	Add I	Remove		1	
	ne, Mailing Address &	& Phone	b. Job Title/Professi	on	d. Commer	nts	
	city, state, & zip)		Family Counseld	or			
Lisa R. M							
	estdale Drive		c. Employer's Name	****			
Apt. ML	n, NC 27215		Exchange Scan	of Alamance			
Durnigio	II, INC 27213				e. Election	Sum to Date	
		Г			\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	1	Check		9-30-2	016	\$	50.00
						\$	
						\$	
4. Total	only this Page	0			\$		175.00
14.5	of ALL CRO	•			•		
(This line	must be on line K of	Detailed Cummer Buch	DO TION		\$		1,525.00

Contributions from Individuals

Amendment

Yes

No

		m Individuals	(50		Pg 2 of	4	Amendmen Yes	t No
1. Com	mittee Full Name	ividual contributions (and Fund if applica	over \$50	or contributions u	inder \$50 if form CF	(O 1205 is n 2. ID Nu		
	om for County Con			<u>, </u>		2.10,114	· · · · · · · · · · · · · · · · · · ·	
3. Cont	ributor Informati	on		Add 🔲 1	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profess		d. Commer		
	e city, state, & zip) audette Thompson			Registered Nurs	e			
1	oper Road			c. Employer's Name	a/Specific Field	-		
1	, NC 27253			c. Employer s wante	rspecific rieiu			
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			9-30-2	016	\$	50.00
							\$	
							\$	
	ributor Informati			Add 🔲 I	Remove			
a. Full Name, Mailing Address & Phone			•	b. Job Title/Professi	on	d. Commen		1
(include city, state, & zip) Nathaniel Speight 4414 Nire Valley Drive Burlington, NC 27215			Retired c. Employer's Name					
						e. Election S	Sum to Date	
*****						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	ì. In-Ki	nd Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			9-30-2	016	\$	100.00
							\$	
							\$	
	ibutor Informatio			Add 🔲 F	lemove			
	me, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Commen	ts	
Gary Ba				Family Counseld	or			
_	nge Drive			c. Employer's Name	/Specific Field			
Elon, NO	27244			Private Practice		_		
						e. Election S	Sum to Date	
		T				\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			9-30-20)16	\$	100.00
							\$	

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

NC State Board of Elections

April 2007

4. Total only this Page

\$

250.00

\$

		lividual contributions	over \$50 or contri	Pg ibutions und	<u>3</u> of	0 1205 is n	Yes	s 📙 No
		(and Fund if applica		ioutions unde	er \$30 it form CR	2. ID Nu		
	n for County Con						·····	
3. Contr	ibutor Informati	on	Add	☐ Ren	nove			
	ne, Mailing Address	& Phone		itle/Profession		d. Commer	nts `	-
	city, state, & zip)		Retired	d Educator	· · · · · · · · · · · · · · · · · · ·			
	rian Jeffries							
PO Box			c. Emplo	yer's Name/Sp	ecific Field			
Greensbo	oro, NC 27402							
						e. Election	Sum to Date	
ŀ						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Check			9-30-20	016	\$	100.00
							\$	
			***				\$	
3. Contr	ibutor Informati	on	Add	Ren	nove			
a. Full Nar	ne, Mailing Address	& Phone	b. Job Ti	tle/Profession		d. Commen	its	<u>. L</u>
	city, state, & zip)		Retired	Educator				······································
Joanne L					******			
	olin Street			yer's Name/Spo	ecific Field	_		
Burningto	on, NC 27215		Hampte	on Roads		Til. 12	0 1 10 1	
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			9-30-20)16	\$	100.00
							\$	
							\$	
	butor Information	1772	Add	Ren	iove			
	ne, Mailing Address	& Phone		tle/Profession		d. Commen	ts	
	city, state, & zip)		CEO/Pi	resident				
Blairton I	getown Drive		o Emplo					
Elon, NC	_			yer's Name/Spe / Products	ethe kiela			
2.0,	2,2,,		Century	rioducis		e. Election S	Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			9-30-20		\$	150.00
							\$	
							\$	
	only this Pag					\$		350.00
5. Total	of ALL CRO	-1210 Pages						

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

1,545.00

\$

		m Individuals			Pg <u>4</u> of	4_	Amendmer Yes	r
		vidual contributions		or contributions un	nder \$50 if form CR			
		and Fund if applica	ble)			2. ID Nu	mber	
McBroot	n for County Com	missioner						
	ibutor Informatio			Add R	lemove			
ŧ	ne, Mailing Address	& Phone		b. Job Title/Profession	911	d. Comme	nts	
	city, state, & zip) Richardson			Retired				
8016	remardson			c. Employer's Name	Specific Field			
Elon, NC	27244				• -,	-		
						e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			9-30-2	016	\$	200.00
							\$	
							\$	
3. Contr	 butor Informatio)n		Add □ R	emove			
	ne, Mailing Address &			b. Job Title/Profession		d. Comme		<u> </u>
(include	city, state, & zip)			Dentist				
Roslyn M	•		W					
	olin Street			c. Employer's Name/	Specific Field			
Burlingto	on, NC 27215			Private Practice				
						e. Election	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Check			9-30-20	016	\$	250.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add □ R	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Professio	on	d. Comme	nts	
	city, state, & zip)			Insurance Agent				
John A. F	getown Drive			c. Employer's Name/	Šnasiča Field	1		
Elon, NC	-			Private Practice	specific riciu	=		
				7 11 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e. Election	Sum to Date	
						\$	250.00	· · · · · · · · · · · · · · · · · · ·
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	1	Check			9-30-20	•	\$	250.00
						· · · · · · · · · · · · · · · · · · ·	\$	
							\$	
4. Total	only this Page	Experience of the second				\$		700.00
	of ALL CRO		90.			\$	<u>-</u> -	1,525.00
1 ms une	masi ve on une o of 1	Detailed Summary Page C	KU-1100,					