Disclosure Re	eport Cover				Amendment Yes No
	eneral report and committee	information, must	be signed and sul	bmitted along with	other detailed forms.
1. Committee Info	n to update information				
a. Full Name	шанон			<u> </u>	c. ID Number
Kendal L. McBroo	m			-	
-	clude City, State and Zip Code)				d. Date Filed
3551 Forestdale Dr Apt. ML, Burlingto					01-8-2016
, , , , , ,	, - · · - · · · - · ·	01-	11-17P12:3	3 RCVD	e. Phone Number
					336-512-2322
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Perio (mm/dd/y	d End Date	5. Treasurer Fu	ll Name
2012	10-23-2016		2-31-2016	Kendal McBroo	m
6. Type of Commit	tee (Check One)	9. Type of Repo	ort (check or	nly one type of repo	rt from one category)
Candidate Camp	paign Party	Municipal	State/C		Referendum
☐ PAC	Referendum	Organizatio	nal 🔲	Organizational	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five	day	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary	,	First	Final
"Booster Fund"		Pre-election	=	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annua		Fourth	Special
		Mid Y	·	Semi-annual	40.0
Other:		Year E	ind	Mid Year Year End	10. Special Report Name
8 Number of Fund	Iraisers this Report	Special		Final	
o. Ivamber of Func	ruisers this report	special		Special	
11. Account Inform			11. Account		
a. Financial Institution	Full Name		a. Financial Ins	titution Full Name	
Bank of America			l D		
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Expenditures	1	***************************************			
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 1,296.16				\$
CERTIFICATION					
the NC General Stat		ommingled with pr	ohibited or other	non-disclosed fund	3, & 22D-22M of Chapter 163 of s. I further certify that this report
Kendal L.		La control by the 190	well L. MEB		01-8-2016
	Printed Name of Signer		Signature of Appoir		Date
FOR OFFICE USE	ONLY	-			
Date Received:	1-11-2017	Employee	e: <u>carr</u>		Delivery Method Normal Mail
Date Postmarke	***************************************	Employee	e:		Registered Mail Hand Delivered
Date Scanned:	1-19-17	Employee	e: <u> </u>	<u>JG</u>	Electronically Filed Signer has not received
Date Data Ente	red:	Employee	e:		mandatory training
Please Note: Th					ress, treasurer, assistant treasurer,
	custodi You must amend the State	an of books inform ment of Organizati	•		ttee changes

CRO-1000

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
McBroom for County Commissioner	4 th Quarter		-
		Total this	Total this
Start of Election Cycle: January 1,	2012	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 1, 296.16	\$ 1,296.16
RECEIPES			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 125.00	\$ 125.0
6) Contributions from Individuals	(CRO-1210)	\$ 1,259.00	\$ 1,259.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ions <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	lc, 11d and 11e)	\$ 1,384.00	\$ 1,384.00
DANDINOROS DE TARRESTA			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,002.02	\$ 1,002.02
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 1,010.00	\$ 1,010.00
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1		\$ 2,012.12	\$ 2,012.12
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	btract line 18)	\$ 668.04	\$ 668.04
ADDITIONATIONATION		Water State of the Control of the Co	of indicating manager of manager of the second
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	,	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
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

Page

of <u>1</u>

Yes

Amendment

No

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

	ommittee Full N					2. ID I	Number
Mc)	Broom for Count	y Commissione	er				
3. C	ontributor Info	rmation				-	
a. An		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	/)	f. Amount
	Add Remove	1	Online Debit		11-1-201	Ī	\$ 20.00
	Add Remove	1	Online Debit		11-1-201	16	\$ 25.00
	Add Remove	1	Online Debit		11-1-201	16	\$ 5.00
X	Add Remove	1	Online Debit		11-1-201	16	\$ 15.00
	Add Remove	1	Online Debit		11-1-201	16	\$ 15.00
	Add	1	Online		11-1-201		\$ 15.00
	Remove Add	1	Cash		10-31-20	-	\$ 30.00
불	Remove Add						\$
	Remove Add						
	Remove Add						\$
品	Remove Add						\$
昌	Remove Add						\$
	Remove Add	-					\$
	Remove						\$
블	Add Remove						\$
	Add Remove						\$
	Add Remove	7					\$
-	Add Remove						\$
-	Add Remove	_					\$
븎	Add Remove						\$
井	Add						\$
블	Remove Add						\$
	Remove Add						-
☐ 4 T	Remove	Рапо					\$ 125.00
	4. Total only this Page \$ 125.00 5. Total of ALL CRO-1205 Pages						
			ages ummary Page CRO-1100)			\$	125.00

Use this	form to report indi	ividual contributions of	over \$50) or contrib	outions	under	r \$50 if form CR	O 1205 is no	ot used	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1. Committee Full Name (and Fund if applicable)								2. ID Nun		
McBroor	m for County Com	missioner					_			
	ibutor Informatio			Add		Remo	ove	1		-
	me, Mailing Address &	& Phone		b. Job Titl		ssion		d. Comment	ts	
	city, state, & zip)			Retired						
Dana Courtney 2521 Rogers Road c. Employer's Name/Specific Field						ter_ tot .ta	_			
	Graham, NC 27253 Social Worker						effic Field	4		
	110 27 200			Doora,	VOIRE			e. Election S	Sum to Date	
								\$	100.00	-
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	tion		j. Date (mm/dd/yy	/yy)	k. Amount	
	1	Check					10-24-20	016	\$	100.00
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add		Remo	ove			T
	me, Mailing Address &	& Phone		b. Job Titl	le/Profes	sion	Many and different	d. Comments	is	
	city, state, & zip)			Retired						
Henry Ti	mmons rningstar Drive				- N.			1		
	on, NC 27217			c. Employe			ific Field	-		
Duringo	11, 110 2/21/			W CSIGIII	Elecui	IC	!	e. Election Si	um to Date	
							1			
	1	Т						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descript	tion		j. Date (mm/dd/yyy	уу)	k. Amount	
	1	Check					10-24-20)16	\$	100.00
		_							\$	
									\$	
3. Contri	ibutor Informatio)n		Add [Remo	ove			
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Title				d. Comments	s	
	city, state, & zip)			Realtor						
Beulah M	Iitchell Free Court									
	lle, NC 27249			c. Employe Self-Emp				İ		
GIODOII 7 1.	10, 110 212-15			Agent	pioyea	Ktai i	Estate	e. Election Si	um to Date	
				18			ŀ			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descript		 -T	j. Date (mm/dd/yyy	\$ vv)	50.00 k. Amount	
	1	Check					10-31-20		\$	50.00
									\$	
									\$	
4. Total	l only this Page	3						\$		250.00
5. Total	of ALL CRO-	-1210 Pages						•		
(This line	must be on line 6 of I	Detailed Summary Page Cl	RO-1100)	i				\$		

CRO-1210

Contributions from Individuals

Contr	ibutions froi	n Individuals			Pg	2 of	5	Amendment Yes	□ No
		vidual contributions o	ver \$50	or contribution					
		and Fund if applicat					2. ID Num		
McBroom	n for Community	Commissioner				-			
3. Contri	ibutor Informatio	on		Add	Rem	ove	<u> </u>		
	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Comment	ş	
	city, state, & zip)			Family Thera	pist				
Lisa McE									
	estdale Drive			c. Employer's N		ecific Field			
Burlington, NC 27215				Exchange Sca Alamance	an or		e. Election S	um to Date	
				Alamance					
							\$	105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Online				11-1-20	16	\$	55.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add 🔲	Rem	ove			
	ne, Mailing Address é	& Phone		b. Job Title/Prof	ession		d. Comments	3	
	city, state, & zip)		- 405	Student					
-	es Vignes			71 1 1 3		-e			
	ipel Hill Road NC 27707			c. Employer's Na Duke Univers		cine Field			
Durnam,	110 27 707			Duke Offivers	sity		e. Election S	um to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	 Lind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Online				11-1-20		\$	50.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add 🗌	Rem	ove			
	ne, Mailing Address &			b. Job Title/Prof			d. Comments	3	
(include	city, state, & zip)			Entrepreneur					
Ian Baltu	tis]					

						e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind	l Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Online			11-1-20)16	\$	100.00
							\$	
							\$	
4. Tota	l only this Pag	e				\$	· · · · · · · · · · · · · · · · · · ·	205.00
İ	l of ALL CRO	\$		1,289.00				

c. Employer's Name/Specific Field

Vibrations Solutions

2516 S Maury Arch

Burlington, NC 27215

		0			Amen	dment	
Contributions from Individuals	Pg	· 5	of	_5		Yes	No
Use this form to report individual contributions over \$50 or contributions	s unde	r \$50 if form	cRO	1205 is no	t used		
1. Committee Full Name (and Fund if applicable)		·		2. ID Num	ber		

1. Comi	littee Full Name	(and Fund if applica	.ble)			2. ID Num	ıber	
McBroom	m For County Con	nmissioner						
3. Contr	ributor Informatio	on		Add Rer	move	<u></u>		
a. Full Nar	me, Mailing Address	& Phone	www.	b. Job Title/Profession		d. Comment	is	
	city, state, & zip)			Retired Educator				
Harlece J								
	ellars Mill Road			c. Employer's Name/Sp				
Burlingto	on, NC 27217			Alamance Burlingt	on			
				School System		e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			10-31-20	016	\$	50.00
							\$	
							\$	_
	ibutor Informatio			Add Ren	move			
	me, Mailing Address é	& Phone		b. Job Title/Profession		d. Comments	s	
	city, state, & zip)	•		Retired Educator				
_	Yarborough							
	dhaven Drive			c. Employer's Name/Sp				İ
Burlington, NC 27217				Alamance Burlingto	on			
				School System		e. Election Su	um to Date	
	1	1				\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			10-31-20	016	\$	50.00
		1	-				\$	
	- T						\$	
	ibutor Informatio		<u> Ц</u>	· · · · · · · · · · · · · · · · · · ·	nove			
	ne, Mailing Address & city, state, & zip)	& Phone	1	b. Job Title/Profession		d. Comments	<u> </u>	
Kendal M								
	estdale Drive		1	c. Employer's Name/Spe	esifia Field	1		
	on, NC 27215		1	C. Employer 5 Maint/Spi	ecine Field			
Du	11, 110 27210		ŀ		ŀ	e. Election Su	um to Date	
						\$	354.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yyy	vy)	k. Amount	
\boxtimes	1	Check			10-31-20		\$	200.00
	1	Check			11-07-2	.016	\$	154.00
							\$	
4. Total	l only this Page	e				\$		454.00
	of ALL CRO	~				\$		
(This line	e must be on line 6 of I	Detailed Summary Page C	'RO-1100))		ľ		

		m Individuals ividual contributions	over \$5	P _i		5 0.1205 is n	Amendmen Yes	t No
		(and Fund if applica		o or contributions and	der \$50 ir form ex	2. ID Nu		
	m for City Council							
3. Conti	ributor Informatio	on		Add Re	emove		· 1	
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts	
(include	e city, state, & zip)			Pastor				
Dray Bla	and							
	ries Street			c. Employer's Name/S	Specific Field]		
Burlingt	on, NC 27217			First Baptist Chur	ch			
						e. Election	Sum to Date	
		_				\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Online			11-09-2	016	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commer	its	
	city, state, & zip)			Billings Associate	;			
Tayler G								
	nuche Way			c. Employer's Name/S		_		
Holly Sp	orings, NC 27540			Dental Hygeine In	ıdustry		~	
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Online			11-01-2	016	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commer	nts	1
(include	city, state, & zip)			Student				
-	oadwater							
	Laughlin Drive			c. Employer's Name/S	pecific Field			
Greensb	oro, NC27406							
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Online			11-01-2	016	\$	50.00
							\$	
							\$	
4. Tota	l only this Pag	e				\$		150.00

5. Total of ALL CRO-1210 Pages

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

\$1,259.00

\$

		m Individuals vidual contributions o	wer \$50) or contri	hutions	Pg	of the control of the	5 a	Amendment Yes	☐ No
	·	and Fund if applica		or contri	Dutions	unde	r \$50 ii ioiiii CR	2. ID Nur		<u> </u>
McBroon	n for County Com	missioner								
3. Contr	ibutor Informatio)n		Add		Rem	ove			
ł	ne, Mailing Address &	& Phone			tle/Profes	sion		d. Commen	ts	
Mr. Robe	city, state, & zip)			Retired Profess						
	arlotte Lane			c. Employ		1e/Spe	cific Field	-		
	on, NC 27215				nce Regi			1		
				Center				e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	kind Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Online					11-01-2	016	\$	100.00
									\$	
					•				\$	
3. Contr	ibutor Informatio	on .		Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Tit			cc.	d. Commen	ts	
	city, state, & zip) . McRoy, II			l Law En	nforceme	ent O	incer			
-	nmer Walkway Pa	rkway		c. Employ	yer's Nam	e/Spe	cific Field	_		
Mechanic	esville, VA 23116			Richmo	ond Polic	ce De	epartment			
								e. Election S	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount	
		Check					10-28-2	016	\$	50.00
									\$	
									\$	
	butor Informatio	and the same of th		Add		Rem	ove	*		
	ne, Mailing Address &	& Phone		b. Job Tit		sion		d. Comment	ts	
Connie C	city, state, & zip) hen			Homem	naker					
	toway Terrace			c. Employ	yer's Nam	e/Spe	cific Field			
Burlingto	n, NC 27215									
								e. Election S	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount	
		Check					11-4-20	16	\$	50.00

	\$	
	\$	
4. Total only this Page	\$ 200.	.00
5. Total of ALL CRO-1210 Pages		
(This line must be on line 6 of Detailed Summary Page CRO-1100)		

Disbursem	ants					Amendment			
		from the committee	-00	Pg for; operating expenses,		3 Yes No			
committees and	coordinated party ex	nom me commu menditures	.66	ior, operating expenses,	contributions to	candidate/pontical			
	ull Name (and Fun					2. ID Number			
	County Commissione								
3. Type of Disb	ursement <u>(Plea</u>	ise use separate C	RO	0-1310 forms for each t	ype of Disbursen	nent.)			
Operating E				lates/Political Committees		ordinated Party Expenditures			
4. Payee Inform	ation		P	Add .	Remove				
	ng Address & Phone		b	. Coordinated Committee N	ame	d. Comments			
(include city, state,	& zip)		-						
Facebook, Inc	•		L			_			
1601 Willow Ro			C.	Level Registered (Specify)					
Menlo Park, CA	1 94023			Federal State	County:	Eller Marc Co. As Do A			
			┝	State	Municipality:	e. Election Sum to Date			
						\$ 583.13			
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	\$507.81	Facebook Ad's			
1					\$				
					Ψ				
4. Payee Inform		<u> </u>		Add	Remove				
	ng Address & Phone		b	. Coordinated Committee N	ame	d. Comments			
(include city, state, First Source Rea			\parallel						
608 Chapel Hill			-	Loval Dogistanad (Crosife)		4			
Burlington, NC			F	Level Registered (Specify) Federal	County:	-			
Burnington, 140	2,213		╽╞	State	Municipality:	e. Election Sum to Date			
			-			, <u>, , , , , , , , , , , , , , , , , , </u>			
						\$ 46.18			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Debit	F		10-31-2016	\$46.18	Generator			
					\$				
4. Payee Inform		· <u> </u>	,	dd 🔲	Remove				
	ng Address & Phone		b.	. Coordinated Committee N	ame	d. Comments			
(include city, state,	& zip)		-						
USPS 125 Science Dri	N/O		H	Y 1 D:		-			
Durham, NC 27			Γ.	Level Registered (Specify) Federal	County:	-			
Durnam, NC 27	707		╽╞	State	Municipality:	e. Election Sum to Date			
			┢		- Waincipanty.				
				VALUE		\$ 2.57			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Debit Card	I 		10-31-2016	\$1.36				
					\$				
5. Total only thi	s Page				1	\$ 555.35			
	CRO-1310 Pages			· · · · · · · · · · · · · · · · · · ·					
	line 13a of Detailed Sun					\$ 987.21			
	(1 his une goes in tine 136 of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								
			_	Coordinated Party Expenditu	ires)				
7. Purpose Code A* - Media	es (List detailed ex B* - Printing				D 7 4 4	G. F.L.			
E - Salaries	B^ - Printing F* - Equipment	C* - Func G - Politic			D - To Anoth H* - Holding	er Candidate			

I - Postage

O* - Other

J - Penalties

K* - Office Expenses

 $\boldsymbol{Q^*}$ - Donation to Legal Expense Fund

Disbursements Pg 2 of 3 Yes No										
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political										
committees and coordinated party expenditures.										
	1. Committee Full Name (and Fund if applicable) 2. ID Number									
McBroom for County Commissioner										
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures										
4. Payee Inform				Add	П	Remove	bordinated Farty Experiences			
	ing Address & Phone		$\overline{}$. Coordinated Comm	ittee N		d. Comments			
(include city, state,						-				
Walmart										
3141 Garden Ro			c. Level Registered (Specify)							
Burlington, NC 27215				Federal County:						
				State Municipality: e. Election			e. Election Sum to Date			
							\$ 4.24			
f. Account Code	g. Form of Payment h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks				
1	Debit Card	К		10-26-2016		\$4.24	Stationary			
					-	\$				
4. Payee Inform	 nation			\dd		Remove	- West of the second			
	ing Address & Phone		T .	. Coordinated Comm	ittee Na		d. Comments			
(include city, state,	-									
Office Depot			1							
1825 Church St	reet		c. Level Registered (Specify)							
Burlington, NC	27215			Federal 🖂		County:				
				State Municipality:			e. Election Sum to Date			
							\$ 384.88			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks			
1	Debit Card	В		10-25-2016		\$315.54	Postcards			
						\$				
4.75						L				
4. Payee Inform	The state of the s	<u> </u>	Add Remove							
· ·	ng Address & Phone		b. Coordinated Committee Name			ame	d. Comments			
(include city, state, & zip) Company Shops Market										
^ · · ·				c. Level Registered (Specify)			-			
Burlington, NCC 27215						County:	1			
_				State		Municipality:	e. Election Sum to Date			
							\$ 21.33			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	у)	j. Amount	k. Required Remarks			
1	Debit Card	О		11-07-2016		\$21.33	Props for Rally			
						\$				
5. Total only this Page						1	\$ 410.45			
	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				·			\$			
(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	1. I									
O* - Other			-	<u>.</u>		2011411	·			

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

Use this form to	report expenditures	from the committee	tee	for; operating expe	Pg enses,	of contributions to	Yes No Yes No Candidate/political		
committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number									
	_								
3. Type of Disb				0-1310 forms for e		ype of Disbursen	<u>ient.)</u>		
Operating E	expenses	Contributions to Ca	ndid	dates/Political Committ	ees	Co	ordinated Party Expenditures		
4. Payee Inform	nation			\dd		Remove			
a. Full Name, Maili	ing Address & Phone		b	. Coordinated Comm	ttee N	ame	d. Comments		
(include city, state,									
Buffalo Wild W	•			·					
3128 Walden L			C.	. Level Registered (Sp			1		
Burlington, NC 2715				Federal County:					
				State	<u>Ц</u>	Municipality:	e. Election Sum to Date		
							\$ 36.22		
f. Account Code g. Form of Payment h. Purpose Code		ļ	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks			
1	Debit	О		11-08-2016		\$26.22	Food for watch		
1	Deoit			11-06-2010		\$36.22	party		
						\$			
4. Payee Inform	ation		A	Add	П	Remove			
	ng Address & Phone		—	. Coordinated Commi	ttee N		d. Comments		
(include city, state,	-								
(1						
			c.	. Level Registered (Sp	ecify)		1		
				Federal		County:	1		
			ΙĒ	State		Municipality:	e. Election Sum to Date		
							¢.		
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks		
						\$			
						\$			
4. Payee Inform	estion	П	_	\dd	П	Remove			
	71711112	<u></u>		Add Remove b. Coordinated Committee Name			d. Comments		
(include city, state,	ng Address & Phone		_	b. Coordinated Committee Name			d. Comments		
(include city, state,	& zip)		-						
			c.	c. Level Registered (Specify)					
			Т	Federal County:					
			١Ē	State	Ħ	Municipality:	e. Election Sum to Date		
						<u> </u>			
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy)	y)	j. Amount	k. Required Remarks		
						\$			
1						\$			
5. Total only th	is Page	<u> </u>				_	\$ 36.22		
6. Total of ALL CRO-1310 Pages									
(This line goes in	\$								
	line 13b of Detailed Sun				,	Ψ			
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
	es (List detailed ex								
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 Exp						g Public Office Expenses			
O* - Other									
	e detailed explanat	ion in required r	em:	arks field (k)					

Disbursements

Amendment

Use this form to report refunds/reimbursements, including contributions returned to the contributor.										
1. Committee Full I	2. ID Number									
McBroom for County Cor										
3. Payee Information Add Remove										
a. Full Name, Mailing A	ddress & Phone		d. Type of Committee		h. C	Original Receipt Date				
(include city, state, &	zip)		☐ Candidate ☐	PAC		10-29-2016				
Wayne Staton			Referendum	Party						
			e. Level Registered (Specify	y)	i. Original Receipt Amount					
			Federal 🖂	County:	\$ 510.00					
		State	Municipality:	\$ 510.00						
			f. Purpose Code		j. E	lection Sum to Date				
					\$	510.00				
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k A	Account Code				
Engineer		Honda	P		1					
			1		1					
l. Form of Payment	m. Required 1	Remarks		n. Date (mm/dd/yy	<u>ј</u> уу)	o. Amount				
Cashier	For T-Shirts	·		11-21-2016		\$ 510.00				
Check				11-21-2010		310.00				
3. Payee Informatio		A	, –							
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date					
(include city, state, & a	zip)		Candidate	PAC		11-07-2016				
Kendal McBroom			Referendum	Party						
3551 Forestdale Drive			e. Level Registered (Specify	<u>') </u>	i. Original Receipt Amount					
Burlington, NC 27215			Federal 🖂	County:	\$ 354.00					
			State	Municipality:	\$ 334.00					
			f. Purpose Code		j. E	lection Sum to Date				
			L		\$	354.00				
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	k. Account Code						
Student		Duke University			1					
l. Form of Payment	m. Required F	Remarks		n. Date (mm/dd/yy	yyy) o. Amount					
Check				(337					
						\$ 500.00				
3. Payee Informatio	n	Ac	ld Remove							
a. Full Name, Mailing Ad	dress & Phone		d. Type of Committee	h. Original Receipt Date						
(include city, state, & 2	zip)		Candidate							
			Referendum	Party						
			e. Level Registered (Specify	')	i. O	riginal Receipt Amount				
			Federal	County:	\$					
			State	Municipality:	9					
			f. Purpose Code		j. Election Sum to Date					
				\$						
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code					
I. Form of Payment	m. Required R		n. Date (mm/dd/yy	yy)	o. Amount					
						\$				
4. Total only this Pa	ge			*****	<u> </u>	S 1,010.00				
		(This line must be on line 16 of Detailed	Summary Page CRO-1100)		\$ 1,010.00					
L - Returned to Contribu	utor	M - Overpayment for Service		Contribution Limit	, 4					
P* - Reimbursement of		O* Other equired remarks field (m)								
Cones redaile neralien	eyhiananon iy l	счин са гешигка пеја (М)								

Refunds/Reimbursements From the Committee Pg 1 of 1