1. Committee Inform	nation						
a. Full Name						c. I	D Number
Cmmmittee to Elect	Brandon Ector						
b. Mailing Address (inclu	ide City, State and Zip Code)					d. 1	Date Filed
1505 McCuiston Dr	<u>*</u>						11/3/17
Burlington, NC 2721	5		01-26-18F	04:36	Drr.		
					NEF:	e. I	Phone Number
							336-516-0646
2. Report Year	3. Period Start Date (mm/c	dd/yy)	4. Period End	Date	5. Treasurer F	ull Nam	le
2017	7/1/2017	,	12/31/	17	Rhonda Ector	Terrell	
6. Type of Committee	ee (Check One)	9. Ty	pe of Report	(check or	ly one type of rep	ort from	one category)
Candidate Campai		Munici	<u> </u>	State/C		Re	ferendum
PAC Independent	Referendum		Organizational		Organizational		Organizational
Expenditure	Joint Fundraiser		Thirty-five day		Quarterly		Pre-referendum
Legal Expense Fur 7. Type of Fund	(if applicable, check one)		Pre-primary		First		Final
"Booster Fund"	(у иррисион, спеси опе)	10	Pre-election		Second		Supplemental Final
Building Fund			Pre-runoff		Third		Annual
			Semi-annual		Fourth		Special
_			Mid Year		Semi-annual	- 10	
Other:		X	Year End		Mid Year	10	. Special Report Name
8. Number of Fundr	arterior Alde Dominal	H	Final Special		Year End Final		
o. Number of Fundi	aisers this Report		Special		Special		
11. Account Informa	ation		11		Information		
a. Financial Institution F	ull Name		a.	Financial Ins	titution Full Name		
American National E				-			Assessed Carlo
b. Purpose	c. Account Code		b.	Purpose		C,	. Account Code
	d. Period Begin Balanc	e				d	. Period Begin Balance
	\$ 0.00					\$	3
CERTIFICATION					201		
I certify that the Com	mittee or Fund is in compl	iance wi	th all applicable	provisions	of Article 22A, 2	2B, & 22	2D-22M of Chapter 163 of
the NC General Statu	tes and that no funds are co	ommingl	led with prohibit	ed or other	non-disclosed fur	ids. I fur	ther certify that this report
	correct and that I have been do E Tenell	n trained	by the NC State	Board of I	Elections.		1/2/2/18
Erion	Printed Name of Signer		Signat	ture of Appoin	ated Treasurer		Date
FOR OFFICE USE O	NLY						
Date Received:	1/26/18		Employee:	J	G	Deliv	very Method
				-		H	Normal Mail Registered Mail
Date Postmarked	and the second s		Employee:			A	Hand Delivered
Data Consult	1/31/18		Employee:		G		Electronically Filed
Date Scanned:			Employee.				Signer has not received mandatory training

Amendment

custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report committee to Elect Brandon Ector Total this Total this January 1, 7/1/17-12/31/17 Start of Election Cycle: Reporting Period **Election Cycle** 0 \$ 0 4) Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) O \$ 0 2037.24 \$ (CRO-1210) 2037.24 6) Contributions from Individuals \$ (CRO-1220) \$ 0 7) Contributions from Political Party Committees O 0 \$ 8) Contributions from Other Political Committees (CRO-1230) 0 \$ 0 9) Loan Proceeds (CRO-1410) O (CRO-1240) 0 0 10) Refunds/Reimbursements to the Committee 11) Other Receipt Sources 0 0 (CRO-1250) 11a) Interest on Bank Accounts D \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0 0 \$ (CRO-1250) 0 11c) Outside Sources of Income \$ 0 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0 0 \$ (CRO-1265) 0 11e) Exempt Purchase Price Sales \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 2037.24 <u>203</u>7.24 **EXPENDITURES** 13) Disbursements 58.72 (CRO-1310) 58.72 13a) Operating Expenditures \$ 0 13b) Contributions to Candidates/Political Committees (CRO-1310) 0 \$ (CRO-1310) 0 13c) Coordinated Party Expenditures 0 \$ 0 14) Aggregated Non-Media Expenditures (CRO-1315) 0 \$ 0 (CRO-1420) 15) Loan Repayments 0 0 (CRO-1320) 16) Refunds/Reimbursements from the Committee 37.24 (CRO-1510) 17) In-Kind Contributions \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 95.96 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 1940.28 ADDITIONAL INFORMATION 0 (CRO-1330) \$ 20) Non-Monetary Gifts Given to Other Committees 0 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 0 (CRO-1610) 22) Debts and Obligations owed by the Committee 0 (CRO-1620) \$ 23) Debts and Obligations owed to the Committee 0 24) Account Transfers Within the Committee (CRO-1720) O \$ 0 (CRO-1710) 25) Administrative Support 0 0 \$ (CRO-1440) 26) Forgiven Loans 0 \$ 0 (CRO-2220) 27) 48-Hour Notice Reports Sum 0 (CRO-1215) \$ 28) Contributions to be Refunded

		m Individuals	ው ድ ር	Pg	of	_ H	Yes	No No	
		ividual contributions of (and Fund if applical		or contributions unde	er \$50 if form CRC	2. 1D Num		Le transcention	
	ee to Elect Brando		<i><u>n</u>cj</i>			2, 10, 11411			
3 Contri	butor Informati	on	П	Add 🗌 Ren	nove				
	ne, Mailing Address		<u> </u>	b. Job Title/Profession		d. Comments			
	city, state, & zip)		1.7.	Attorney					
Brandon				c. Employer's Name/Sp					
	Cuiston Dr on, NC 27215			Hanford Law Firm	ecuje Field				
Burningto	m, ((C 2/2/2					e. Election Sum to Date			
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check			11-17-	17	\$	200.00	
							\$		
							\$		
3. Contri	butor Informati	on		Add 🗌 Ren	nove		I		
	ne, Mailing Address			b. Job Title/Profession		d. Comments	1		
	city, state, & zip)		1 10 / 2	Executive VP of C	ΓNassau				
Ernest Fa	•			c. Employer's Name/Sp	acific Field				
	e, NC 27201			CT Nassau					
	,				e. Election Su	ım to Date			
						\$	700.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	MoneyOrder			11-17-	17	\$	500.00	
							\$		
							\$		
3. Contri	butor Informati	on		Add 🗌 Ren	nove				
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	<u> </u>	<u> </u>	
	city, state, & zip)	<u> </u>	<u> Pra 1985</u>	Retired					
James S I 2197 Hos	kins Lynch			c. Employer's Name/Sp	ecific Field				
	n, NC 27215			Burlington Police D			· · · · · · · · · · · · · · · · · · ·		
						e. Election St	ım to Date		
						\$	800.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check			11-29-	17	\$	100.00	
							\$		
							\$		
4. Total	only this Pag	e		The state of the s		\$		800.00	
5. Total	of ALL CRO		PO 1100	37 - 37 13 - 37 13 - 37		\$ 2	2037.3	4	

Amendment

Contributions from		.		Pg <u>2</u> of	보	Yes	No No		
Use this form to report indi 1. Committee Full Name () or contributions ur	1der \$50 if form CR					
		Diej			2. ID Nun	nber			
Committee to Elect Brando	n Ector								
3. Contributor Information			Add 🔲 R	Remove	<u> </u>				
a. Full Name, Mailing Address &	& Phone		b. Job Title/Profession	<u>on</u>	d. Commen	ts	· · · · · · · · · · · · · · · · · · ·		
(include city, state, & zip) Rhonda Terrell		- :	Retired						
3485 Byrds Sawmill Road			c. Employer's Name/	/Specific Field					
Burlington, NC 27217			Former Owner of						
			Body Shop		e. Election Sum to Date				
						\$ 1,000.00			
f. Prior g. Account Code	h. Form of Payment	i. In-ŀ	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount			
<u> </u>	Check			12/6/1	17	\$	200.00		
						\$			
						\$			
3. Contributor Informatio		П	A 24 7 7 B	222 2 3 2 2		Ψ	1		
a. Full Name, Mailing Address &		<u> </u>	Add R	emove	d. Comment	•	<u> </u>		
(include city, state, & zip)			President of Char						
Tom E. Chandler			1						
5348 S. NC 68			c. Employer's Name/						
Burlington, NC 27215			Chandler Concret	te					
					e. Election S	um to Date			
					\$	1,100			
f. Prior g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	Check			12/22/	17	\$	100.00		
			***			\$			
						\$			
3. Contributor Informatio	n		Add 🔲 R	emove		-L	1		
a. Full Name, Mailing Address &	Phone .		b. Job Title/Professio	n	d. Comment	s			
(include city, state, & zip)	<u> 446) . 11 </u>		Worker at Compa	iny Shops Market					
Seth T. Harmen 920 Sycamore Road			c. Employer's Name/S	Enneille Etald					
Graham, NC 27253			Company Shops I		1				
,					e. Election S	um to Date			
					\$	\$1,300			
f. Prior g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount			
<u> </u>	Check			12/22/1	17	\$	200.00		
						\$			
					The Property of the Control of the C	\$			
4 Takal assistable Dam					ø.		500.00		
4. Total only this Page			1 () () () () () () () () () (\$		500.00		

Contributions from Individuals

Amendment

Use this	form to report ind	ividual contributions of	ver \$50	or contributions un	der \$50 if form CR	O 1205 is n	ot used		
1. Comr	nittee Full Name	(and Fund if applical	ole)		1.1	2. ID Nu	mber		
Committ	tee to Elect Brando	on Ector							
3. Contr	ibutor Informati	on		Add □ R	emove				
**************************************	me, Mailing Address			b. Job Title/Professio		d. Commer	ıts		
(include	e city, state, & zip)			Retired			- de-marie etc		
Robert E									
1513 Ke	•			c. Employer's Name/					
Burlingte	on, NC 27215			Financial Market	ing Solutions	***	<u> </u>	· . · · · · · · · · · · · · · · · · · ·	
						e. Election	Sum to Date		
						\$ 1,500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу) - :	k. Amount		
	1	Check			12/27/	17	\$	200.00	
							\$		
							\$		
3. Contr	ibutor Informati	o n	П	Add □ R	emove				
a. Full Nai	me, Mailing Address	& Phone		b. Job Title/Professio		d. Commer	its		
(include	city, state, & zip)			Retired					
Sheila Ed									
1513 Ke				c. Employer's Name/S]				
Burlingto	on, NC 27215			Alamance County	School Teacher	a Floation	Sum to Date		
						e. Election			
						\$	1,800		
f. Prior	g. Account Code	h. Form of Payment	i, In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check			1/8/1	8	\$	300.00	
							\$		
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3. Contr	ibutor Informatic	on		Add 🔲 Ro	emove				
a. Full Nar	me, Mailing Address &	& Phone		b. Job Title/Profession	11	d. Commen	ts		
	city, state, & zip)			Retired					
Rhonda									
•	rds Sawmill Road on, NC 27217			c. Employer's Name/S Former Owner of	- 				
Burningio	on, NC 2/21/			Body Shop	Darren Anen	e Flection			
				Body Shop		s \$2,000			
f. Prior	g. Account Code	1 1 Page of Page 1	: 1- W	(ind Description	j. Date (mm/dd/yy	\$	k. Amount		
I. Frior	g. Account Code	h. Form of Payment Check	1, III-N	and Description	1/8/18		\$	200.00	
		Check			170/10		\$		
			<u></u>						
4 777						Φ.	\$	700.00	
	l only this Pag			1000000		\$		700.00	
West State Control	lof ALL CRO					\$ ~	037.24	ç.	
(This lin	e must be on line 6 of	Detailed Summary Page Cl	RO-1100,	1	Account to the second	. 0	(U) J I '		

Contributions from Individuals

Amendment

Yes

		rom Individua		Pg]	Yes No		
		individual contributio							
_		ne (and Fund if app				2. 11	D Number		
		to Elect Brad	ion Ector	Add 🔲 Ren	move		zansarre Sartaana et et et et		
20000000000000000000000000000000000000	tributor Informa Name, Mailing Addre		<u> </u>	b. Job Title/Profes	100	d. Co	ominents		
	de city, state, & zip)								
Clo	int Jaulson 00 Tennyso	^		c. Employer's Nan	ne/Specific Field	-			
210	00 Tennyse	an Dr		Clinton Pr	145	e. Ele	ection Sum to Date		
(Gruhsboro 1	NC 27410				\$			
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion 2.H	j. Date (mm/dd/yyy	/y) F	k. Amount		
		In-Kind	2-18 x Posters For	Parade	12/17	\perp	\$ 37.24		
					,		\$		
							\$		
	tributor Informa			T	move				
	lame, Mailing Addre		9: 1 <u>.</u>	b. Job Title/Profes	ssion	d. Cor	mments		
(HICIOG	de city, state, & zip)		<u> Marin I. n.</u>						
				c. Employer's Nan	ne/Specific Field	-			
ĺ						e. Ele	ection Sum to Date		
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	ame, Mailing Addre le city, state, & zip)	ss & Phone	1	b. Job Title/Profes	sion	d. Cor	mments		
<u> </u>	<u> </u>					1			
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	al only this Pa	•				\$	37.24		
		RO-1210 Pages	CPO 1100)			\$	2037 24		

Amendment

Disbursen					· 		
	report expenditures		tee for o	pperating exp	penses, contribut	ions t	o candidate/political
	coordinated party ex Full Name (and Fun		-			-	2. ID Number
	Tee to Elect		J Ect	OK			
3. Type of Dish	oursement (Please	e use separate Ck	RO-1310	forms for o	each type of Dist	burse	ment.)
Operating Exp		ntributions to Candida					ed Party Expenditures
4. Payee Inform				Add 🔲	Remove		<u> </u>
a. Full Name, M	Iailing Address & Pl	none		b. Coordinat	ed Committee Nam	ie	d. Comments
(include city, state							
American	u national						
YO BOX 19					stered (Specify)		
Danville,	VA 24543			Federal State	County: Municip	ality:	e. Election Sum to Date
							\$ 21.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
	bank draft	K	11/2	2118	\$ 21.10	fo	r checks
					\$		
4. Payee Infori	nation			Add 🔲	Remove		
a. Full Name, Mai	ling Address & Phone	·		b. Coordinat	ed Committee Nam	e	d. Comments
(include city, sta	ite, & zip)						
Office Del							
1825 S CA	nurch st			c. Level Regi	stered (Specify) County:		
BUKLINATO	ON, NC 27213	5		State	Municip	ality:	e. Election Sum to Date
, 5	•••						\$ W. 52 37.42
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
1	debit card	A	11/3	0/17	\$ 14.52	N	ametag
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4. Payee Inform	nation			Add	Remove	_!	
	ling Address & Phone		***	b. Coordinat	ed Committee Nam	e	d. Comments
(include city, sta	nte, & zip)						
A 1	reman.			c. Level Regi	stered (Specify)		
	6			Federal	County:		
1				State	Municip	ality:	e. Election Sum to Date
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5. Total only th	l nis Page				<u> </u>		\$
	L CRO-1310 Pages	.			.		_ <u>.:</u>
(This line goes in	n line 13a of Detailed Su n line 13b of Detailed Su n line 13b of Detailed Su	-				ı)	\$

58.72 (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 G - Political Party **H* - Holding Public Office Expenses** E - Salaries F* - Equipment Q* - Donation to Legal Expense Fund I - Postage J - Penalties K* - Office Expenses O* Other * Codes require detailed explanation in required remarks field (k)

In-Kind Contributions Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded	ods or s within	servi	Pg of ces provided to the cys.	le comi	Amendment Yes No)
1. Committee Full Name (and Fund if applicable)				2. II	Number	
Committee to Elect Brandon Ector						
				moralesia seanes		
	Remove			T	788 F 18 (1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
a. Full Name, Mailing Address & Phone	<u> </u>	-	Contributor	c, Coi	nments	
(include city, state, & zip)			vidual			
Clint Jackson	I∐		didate			
2100 Tennyson Dr		Part	•			
Greensboro, NC 27 141 o	님	PAC		d. Election Sum to Date		
	-		Referendum		ction Sum to Date	
		Other Receipt Source		\$	\$37.24	
e. Description			f. Date (mm/dd/yy	<u> </u> уу)	g. Fair Market Amount	-
2 18 x 24 poster signs for parades			12/1/17		\$ \$37.24	
					\$	-
					\$	_
3. Contributor Information Add B	Lemove)				
a. Full Name, Mailing Address & Phone			ontributor	c. Cor	nments	20,000
(include city, state, & zip)		Indi	vidual			
	1 🗂	Cano	lidate			
	!					
		Party	/			
		Party PAC				
		PAC		d. Ele	ction Sum to Date	
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e, Description		PAC Refe	rendum	\$	ction Sum to Date g. Fair Market Amount	
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e. Description		PAC Refe	rendum r Receipt Source	\$	g. Fair Market Amount	
e, Description		PAC Refe	rendum r Receipt Source	\$	g. Fair Market Amount	
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3. Contributor Information Add Raw		PAC Refe Othe	rendum r Receipt Source f. Date (mm/dd/yy	\$ yy)	g. Fair Market Amount \$	
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e. Description

4. Total only this Page 5. Total of ALL CRO-1510 Pages f. Date (mm/dd/yyyy)

g, Fair Market Amount

37.24

\$

\$

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\$ \$