Disclosure	Report	Cover
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Amendment	
☐ Yes	□ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information		100				
a. Full Name	AMANAN 18 '4 B'41 MANAN					c. ID Number
() Ohmittee	to Elect	Brandon	Ector			
b. Mailing Address (include City, Stat	e and Zip Code)					d. Date Filed
1505 McCun Bludshehm	istan Dr					7/10/18
D. 1.1		سر ۱۸				e. Phone Number
				_		336-516.0646
2. Report Year 3, Period Start	Date (mm/dd/yy) 4. Period I	End Date (m	m/dd/yy)	5. Treasure	er Full Name
2018 4 22	18	4	30/18	ĺ	Dhon	de Ector Terrell
6. Type of Committee (Check C)ne) 9	. Type of Rep	ort (check	only one t		rt from one category) 🐇 🧓
Candidate Campaign Part	7	lunicipal	·, · · · · · · · · · · · · · · · · · ·	e/County		Referendum
	erendum	Organizationa		Organizatio	onal	Organizational Pre-referendum
Independent Expenditure Join Legal Expense Fund	it Fundraiser	Thirty-five da Pre-primary	y	Quarterly First		Final
Legal Expense Fund	i.	Pre-election		Secon	d	Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	H	Third	u	Annual
Booster Fund		Semi-annual	H	Fourth	1	Special
Building Fund	lc lc	Mid Yea	r •	Semi-annua		
<u> </u>	lĒ	Year End	ı 🗀	Mid Y	ear	10. Special Report Name
Other:		Final	一	Year E	End	•
8. Number of Fundraisers this	Report [Special		Final		
				Special		
11. Account Information			11. Accoun	t Inform	ation	
a. Financial Institution Full Name			a. Financial I	nstitution F	ull Name	
American Nat	Sa Ra	l a ,				
b. Purpose	c. Account Code		b. Purpose			c. Account Code
21. 1 0.1 p. 0.0	C. T. CCOURT COUL					7777
	d. Period Begin I	Balance				d. Period Begin Balance
	\$ 6000	0800 1710				\$
CERTIFICATION	10000	11.			,	
I certify that the Committee or Fur	nd is in complian	oo with all appl	icobla provici	one of Arti	de 22 A - 22 E	2 & 22D 22M of Chapter 163
of the NC General Statutes and that						
report is complete, true and correc						nds. Truttier certify that this
report is complete, true and conce	t and that I have) ()	1		
1) honde & Te	mel	14	/c 🗥	lnel	L	7/10/18
Printed Name of Sign	er	Sig	nature of Appoi	inted Treasu	rer	Date
FOR OFFICE USE ONLY						
	-11-2018	97°5 N		JG	Del	ivery Method
Date Received:	11 2018	Employ	/ee:	<u> </u>		Normal Mail
Date Postmarked:		Employ	iee.			Registered Mail
	ai ili	Embro	, c.c.	3 0	区	Hand Delivered
Date Scanned: 7-	.31-18	Employ	/ee:	JG		Electronically Filed
					П	Signer has not received
Date Data Entered:		Employ	/ee:	<u> </u>		mandatory training
Please Note: This form ca	nnot be used to	amend comm	ittee informa	ation such	as the com	mittee address, treasurer,
assistant	treasurer, custo	odian of books	information	i, or accor	ınt informa	tion.
You must amend	the Statement o	f Organization	(CRO-2100	OA-E) to n	nake comm	nittee changes.

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Repo	rt 3.	. ID Nu	mber
Committee to Elect Braidon Ector	Qu	inter	lex		
Start of Election Cycle: January 1, 2015	_	R	Total this eporting Period]	Total this Election Cycle
4) Cash on Hand at Start		\$	17.19	\$	0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	900-	\$	900=
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 Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$	9000	\$	900-
EXPENDITURES	ide and evening endown				
13) Disbursements	***************************************		1411		13 1335
13a) Operating Expenditures	(CRO-1310)	\$	828.90	\$	828.90
13b) Contributions to Candidates/Political Committees	(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)	\$	900 -	\$	900-
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	828.90	\$	828.90
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$	88.29	\$	88.29
ADDITIONAL INFORMATION		4			
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)	\$			18 多类型的
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

		n Individuals		Pg	of		Yes No
				or contributions unde	r \$50 if form CRO		
^		and Fund if applicate Brand		Ar		2. ID Num	<u>ber</u>
	butor Information		$\frac{\overline{}}{\Box}$	Add Rem	nove	<u></u>	
	ie, Mailing Address &			b. Job Title/Profession		d. Comments	3
	city, state, & zip)			Owner			
Clint	Jackson -			c. Employer's Name/Spe	ecific Field		
2100	Tennyson I)r·			Notice A local	e. Election Su	ım to Date
Gn	Tackson Tennyson Tenshoro NC	27410		Clinton Press Printon Co.		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Aind Description	j. Date (mm/dd/yy)	yy)	k. Amount
		In Kird	Hau	d Oct Cords	4/27/18		\$ 900-
							\$
							\$
	butor Informatio			Add Rem	iove		
	ie, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments	<u> </u>
(menude	city, state, & zip)						
				c. Employer's Name/Spe	ecific Field		
						e. Election Su	ım to Date
						\$	an to Dute
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
	butor Informatio			Add Rem	iove	<u> </u>	
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	
(include	city, state, & zip)						
				c. Employer's Name/Spe	ecific Field		
						e. Election Su	ım to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/yy)	yy)	k. Amount
							\$
	1.44				~~		\$
							\$
4. Total	only this Page	e			_	\$	900-
5. Total	of ALL CRO	-1210 Pages				\$	<u>900-</u> 900-
(This line	must be on line 6 of	Dotailed Summary Page C	RO-1100)			いししー

Amendment

The second secon						
1. Committee Full Name (and Fund if applicab					2. ID	Number
Committeeto Elect Brans	dor	Ector	_			
3. Contributor Information		Remov	e			
a. Full Name, Mailing Address & Phone		b. Ty	pe of C	Contributor	c. Cor	nments
(include city, state, & zip)			Indi	vidual		
Clint Jackson 2100 Tennyson Dr Grensboro NC 27410			Part	•		
2100 Tennuson Dr			PAC		A 721.	· · · · · · · · · · · · · · · · · · ·
Company				erendum er Receipt Source	a. Ele	ction Sum to Date
Greenstoro NC 27410			Otne	er Receipt Source	\$	
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Hand out Cards				4/27/18		\$ 900—
						\$
						\$
3. Contributor Information		Remov	е			
a. Full Name, Mailing Address & Phone		b. Ty	pe of C	Contributor	c. Con	nments
(include city, state, & zip)			Indi	vidual		
			Can	didate		
			Part	y		
			PAC			
			Refe	rendum	d. Ele	ction Sum to Date
			Othe	er Receipt Source		
					\$	
e. Description		·		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
						\$
						\$
						\$
3. Contributor Information		Remov	e.			
a. Full Name, Mailing Address & Phone		b. Ty	pe of C	Contributor	c. Con	nments
(include city, state, & zip)			Indi	vidual		
			Can	didate		
			Party	y		
			PAC	•		
			Refe	rendum	d. Ele	ction Sum to Date
			Othe	er Receipt Source	\$	
e. Description				f. Date (mm/dd/yy	 vv)	g. Fair Market Amount
w.Z.covi.puod		-		, , , , , , , , , , , , , , , , , , , ,		\$
						\$
						\$
4. Total only this Page	en e	100			\$	90n-
5. Total of ALL CRO-1510 Pages			e de la companya de l		\$	900— Gm-

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

In-Kind Contributions

Amendment

TY	-					4
Di	ch	HIP	CO	m	Δn	tc
$\boldsymbol{\nu}$	עכ	uı	20		u	w

			Amendment	t
Pg	of	2	☐ Yes	□ No

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

	coordinated party ex							
\wedge	full Name (and Fund		1	- •			2. ID Number	5.7
		lect Blan			M.Dr., 3825			
3. Type of Disb Operating Expe		<i>use separate CK</i> tributions to Candida	200.000.000.0000.000		6. 61. 41.11.41.5	-	ursement.) rdinated Party Expenditures	
4. Payee Inform		mountains to Candida	ites/Pontio	Add	Rem		rumated Party Expenditures	
**************************************	ailing Address & Pho	one	houd			mmittee Name	d. Comments	
(include city, state,	· ·							
Pand	ora's Pies			c. Level Regi	stered	(Specify) County:		
Elo	on NC			State		Municipa Municipa	e. Election Sum to Date \$	
								
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	1	j. Am		k. Required Remarks	_
	Deat Cad	<u> </u>	218	/ 18	\$	89.35	Food for Election	-laz
					\$			
4. Payee Inform				Add 🔲	Rem			
a. Full Name, Maili (include city, stat	ing Address & Phone e, & zip)			b. Coordinat	ed Cor	nmittee Name	d. Comments	
Nation	- Buder We	bsite		c. Level Regi	stered	(Specify)	4	
	. Grand Ave		:	Federal State		County: Municipal	lity: e. Election Sum to Date	
los	Argeles CA	90071					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Am	ount	k. Required Remarks	
	Debrat Cand	A	5/1	8/18	\$ 7	29.00	Website	
					\$			
4. Payee Inforn	ation	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Add 🔲	Rem	ove		
a. Full Name, Maili (include city, stat	ng Address & Phone e, & zip)			b. Coordinate	ed Cor	nmittee Name	d. Comments	
Cohm.	where to Elect	Ryan Boi	oder	c. Level Regis	ntoned	(Specify)		
00.1	40(100 10 0	5		Federal	stei eu	County:		
				State			ity: e. Election Sum to Date	
							\$	
f. Account Code	^ ^	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Am	ount	k. Required Remarks	
	Cashy Chech	9 -7	6/2	1/18	\$	bb-	Donation to Con	Puzs_
				· · · · · · · · · · · · · · · · · · ·	\$	7		
5. Total only thi	is Page	Ç.	Sur Sur		ı		\$ 284.35	
	CRO-1310 Pages						7011	
	line 13a of Detailed Sum	mary Page CRO-110	00 if Oper	ating Expense	es)		\$ 6 - 0	
_	line 13b of Detailed Sum. line 13c of Detailed Sumi						828.9	0
	des (List detailed							
A* - Media	B* - Printin	g	C* - Fu	ındraising	<u> </u>		Another Candidate	
E - Salaries	F* - Equipn			itical Party			lding Public Office Exp	
I - Postage O* Other	J - Penaltie	S	K* - O	ffice Expen	ses	: Q* - Do	nation to Legal Expense	Fund
	e detailed explanation	on in required r	emarks	field (k)				
* Codes requir	<u>e detailed explanatio</u>	on in required re	<u>emarks</u>	field (k)				78

T	T				
I DIC	hii	rc	em	ents	
ν 13	υu	11.3		CHLO	

	~		gian.	Amendment	
Pg	<u> </u>	of	Fared Love	☐ 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	r
Comm to Elect Brandon Ector	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)	
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expendi	tures
4. Payee Information Add Remove	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	
(include city, state, & zip)	
ace Book c. Level Registered (Specify)	
Federal County:	
State 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 Remark	s
Credit Cent A 5/2/18 \$ 25-	
Mr. + cond A 5/5/18 \$ 49.93	
4. Payee Information	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	
(include city, state, & zip)	
c. Level Registered (Specify)	
Federal County: State Municipality: e. Election Sum	4- Doto
	to Date
\$	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	3
Ctrditian A 5/23/18 \$114.92	
\$ S	
4. Payee Information	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	
(include city, state, & zip)	
C. Level Registered (Specify) Grant County: Grant County: Grant Municipality: e. Election Sum	:
2727 S Church St	to Date
	10 Daic
Burlington NC 27215 \$	
f. Account Code g. Korm of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	W.
Debit Card 0 5/8/18 \$ 44.09 Food for Ele	dia Nigot
\$	J
5. Total only this Page \$ 2_3	3 94
6. Total of ALL CRO-1310 Pages	<i>J</i> . 1
(This line goes in line 13g of Detailed Summary Page CRO-1100 if Operating Expenses)	
(This line goes in line 13h of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)	~ 00
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8.90
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	
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal E O* Other	xpense Fund

				3	Amendmen	t
Disbursements	Pg		of		☐ Yes	□ No
Use this form to report expenditures from the committee for operating ex	kpense	s, contri	ibutio	ons to c	andidate/po	olitical

committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number Branda 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Coordinated Party Expenditures Contributions to Candidates/Political Committees 4. Payee Information Remove ☐ Add a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Sean Boone for DA c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) (asheers (K 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) BJ's Wholesale Club c. Level Registered (Specify) Federal County: ☐ State Municipality: e. Election Sum to Date k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) | j. Amount Debut (and 4. Payee Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount 5. Total only this Page 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) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising **D** - To Another Candidate H* - Holding Public Office Expenses E - Salaries F* - Equipment G - Political Party **K*** - Office Expenses I - Postage J - Penalties Q* - Donation to Legal Expense Fund O* Other * Codes require detailed explanation in required remarks field (k)