

Disclosure Report Cover

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	
a. Full Name <i>Committee to Elect Brandon Ector</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code)	d. Date Filed <i>4/30/18</i>
	e. Phone Number <i>336-516-0646</i>

04-30-18P03:44 REF:

2. Report Year <i>2018</i>	3. Period Start Date (mm/dd/yy) <i>1/1/2018</i>	4. Period End Date (mm/dd/yy) <i>4/21/2018</i>	5. Treasurer Full Name <i>Rhonda Ector Terrell</i>
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6. Type of Committee (Check One)		9. Type of Report <i>(check only one type of report from one category)</i>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund <i>(if applicable, check one)</i>		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>American National Bank</i>	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code	d. Period Begin Balance	d. Period Begin Balance
		\$ <i>1641.28</i>	\$

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.

Rhonda E Terrell *R E Terrell* *4/25/18*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <i>4/30/18</i>	Employee: <i>[Signature]</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <i>5/2/18</i>	Employee: <i>JG</i>	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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	
Comm to Elect Brandon Ector		1st Quarter			
Start of Election Cycle: January 1,		2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ 1641.28	\$
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0		
6) Contributions from Individuals	(CRO-1210)	\$ 5257.43	\$ 6898.71		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 5257.43	\$ 6898.71		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 5275.09	\$ 5275.09		
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)	\$ 1606.43	\$ 1606.43		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6881.52	\$ 6881.52		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 17.19	\$ 17.19		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0			
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0		
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0		
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0		

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
Committee to Elect Brandon Ector						
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	
Sheila S. Ector 1513 Keogh St. Burlington NC 27215			Retired School Teacher			
			c. Employer's Name/Specific Field			
			N/A		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		1/8/18	\$ 300.00	
<input type="checkbox"/>	1	Check		1/30/18	\$ 200.00	
<input type="checkbox"/>		Check		2/26/18	\$ 200.00	
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	
Rhonda E Terrell 3485 Byrd Summit Rd Burlington NC 27217			Former owner Darrell Allen			
			c. Employer's Name/Specific Field Body Shop			
					e. Election Sum to Date	
					\$ 897.57	
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		1/8/18	\$ 200.00	
<input type="checkbox"/>	1	Check		3/5/18	\$ 200.00	
<input type="checkbox"/>		In Kind	Meal Fund Raiser Event	3/23/18	\$ 497.57	
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	
Pamela Atkins 414 Ridge crest Dr Graham NC 27253			Retired			
			c. Employer's Name/Specific Field			
					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		1/25/18	\$ 100.00	
<input type="checkbox"/>	1	Check		3/30/18	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1797.57	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 5257.43	

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
Comm to Elect Bradon Ector						
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	
Clint & Terri Jackson 2100 Tennyson Dr Greensboro NC 27410			Owner - Clinton Press			
			c. Employer's Name/Specific Field			
			Clinton Press Printing Company		e. Election Sum to Date	
					\$ 508.86	
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	Printed Hand Out Cards	1/31/18	\$ 153-	
<input type="checkbox"/>		In Kind	Printed Posters	2/8/18	\$ 202.86	
<input type="checkbox"/>		In Kind	Thank You Note Cards	3/23/18	\$ 153-	
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 Floyd 502 Seneca Rd Richmond VA 23224			Attorney			
			c. Employer's Name/Specific Field			
			Public Law Firm		e. Election Sum to Date	
					\$ 200-	
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		3/9/18	\$ 200-	
<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	
Gerald Walters 2723 Bird Lane Burlington NC 27215			Ins. Agent			
			c. Employer's Name/Specific Field			
			Insurance Agency		e. Election Sum to Date	
					\$ 100-	
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		3/13/18	\$ 100-	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 808.86	
5. Total of ALL CRO-1210 Pages					\$ 5257.43	
<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	
Comm to Elect Bradon Ector						
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	
Andy Harford 1635 Harford Rd Greener NC 27253			Attorney			
			c. Employer's Name/Specific Field			
			Private Law Firm Harford Law		e. Election Sum to Date	
					\$ 1000-	
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		3/18/18	\$ 1000-	
<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	
Ben York 1720 Old St Marks Ch. Rd Burlington NC 27215			Village Clerk			
			c. Employer's Name/Specific Field			
			Village of Albemarle		e. Election Sum to Date	
					\$ 30-	
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		3/23/18	\$ 30-	
<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	
Harold Overby 2703 Aldermast St. Burlington NC 27215			Sheriff Dept			
			c. Employer's Name/Specific Field			
			Ala County Sheriff Dept		e. Election Sum to Date	
					\$ 50-	
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		3/23/18	\$ 50-	
<input type="checkbox"/>	1	Check		3/23/18	\$ 20-	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1100-	
5. Total of ALL CRO-1210 Pages					\$ 5257.43	
<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	
Com to Elect Brandon Ector						
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	
Junior Fogler 4062 White Level Rd. Mebane NC 27302						
					e. Election Sum to Date	
					\$ 20-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Cash		3/23/18		\$ 20-
<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	
Walt Atkins 414 Ridgecrest Dr Graham NC 27253			Retired			
					e. Election Sum to Date	
					\$ 20-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Cash		3/23/18		\$ 20-
<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	
Barbara Blaylock 1821 S main st Graham NC 27253			Retired			
					e. Election Sum to Date	
					\$ 10-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		Cash		3/23/18		\$ 10-
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 50-	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5257.43	

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	
Com to Elect Brandon Ector						
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	
Willy Pickard 2356 Cooper Rd Graham NC 27253			Secretary			
			c. Employer's Name/Specific Field			
			Bethel Baptist Church Graham NC		e. Election Sum to Date	
					\$ 20-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		3/23/18	\$ 20-	
<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	
Dave & Fran King 575 N NC 87 Burlington NC 27215			Pastor			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 5-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		3/23/18	\$ 5-	
<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	
Jose Santos 10. Brookfield Ct Gibsonville NC 27249			Auto Body Technician			
			c. Employer's Name/Specific Field			
			Darnell Allen Body Shop		e. Election Sum to Date	
					\$ 50-	
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		3/23/18	\$ 50-	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 75-	
5. Total of ALL CRO-1210 Pages					\$ 5257.43	
(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	
Comm to Elect Brandon Ector							
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	
Chris Marioles 3257 Boywood Rd Graham NC 27253				Highway Patrolman			
				c. Employer's Name/Specific Field NC HP			
				e. Election Sum to Date			
				\$		75-	
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		3/23/18		\$ 75-	
<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	
June Byrd 139 Oheal St Burlington NC 27215				Hair Stylist			
				c. Employer's Name/Specific Field Klasy Cuts Salon			
				e. Election Sum to Date			
				\$		50-	
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		3/23/18		\$ 50-	
<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 Davis 1821 Selby Dr Snow Camp NC 27349							
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
				\$		4 - 351-	
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		3/27/18		\$ 101-	
<input type="checkbox"/>	1	Check		4/18/18		\$ 250-	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 476-	
5. Total of ALL CRO-1210 Pages						\$ 5257.43	
<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	
Comm to Elect Brandon Ector						
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	
William Holliday 1841 Major Hill Rd Snow Camp NC 27349			Probation Officer			
			c. Employer's Name/Specific Field			
			Ala County			
					e. Election Sum to Date	
					\$ 100-	
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			\$ 100-	
<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	
Justin Hall 3462 NC 62 E Burlington NC 27215			Student			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250-	
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		4/2/18	\$ 250-	
<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	
Clint & Terri Jackson 2100 Tennyson Dr Greensboro NC 27410			Owner			
			c. Employer's Name/Specific Field			
			Clinton Press Print Co.			
					e. Election Sum to Date	
					\$ 600-	
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	Handout PaperCards	4/13/18	\$ 600-	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 950-	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5257.43	

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Comm to Elect Brandon Ector		
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	c. Comments
Clint & Terry Jackson 2100 Terryson Dr Greensboro NC 27410	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printed Hand Out Cards	1/31/18	\$ 153-
Printed Posters	2/8/18	\$ 202.86
Thank you Card Notes	3/23/18	\$ 153-
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	c. Comments
Clint & Terri Jackson	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printed Handout Cards	4/13/18	\$ 600-
		\$
		\$
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	c. Comments
Rhonda Terrell 3485 Byrd Sawmill Rd Burlington NC 27217	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 497.57
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Hersey's BBQ meal event	3/23/18	\$ 497.57
		\$
		\$
4. Total only this Page		\$ 1606.43
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1606.43

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
Comm to elect Brandon Ector					
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	
Speedy Buttons Plainview MN 55964				Buttons	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 70.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Credit card	B	1/24/18	\$ 70.61	Buttons
				\$	
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	
Nation Builder 520 S. Grand Ave Los Angeles CA 90071				Website	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 29.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Credit card	A	2/19/18	\$ 29.00	Website
				\$	
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	
Aristotle Voter Lists Online N/A (online)				Voter list/info.	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 278.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Credit card	O	2/20/18	\$ 278.55	Voter lists
				\$	
5. Total only this Page					\$ 378.14
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)					\$ 5275.09
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* 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) <u>Comm to Elect Brandon Ector</u>					2. ID Number
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 <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
<u>Al Van's Advertising Co.</u> <u>3290 Van Dr</u> <u>Burlington NC 27217</u>		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<u>Yard signs</u> <u>Large Signs</u>	
				e. Election Sum to Date	
				<u>\$ 970.70 / 1522.86</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>check</u>	<u>B</u>	<u>2/22/18</u>	<u>\$970.70</u>	<u>Yard signs</u>
		<u>B</u>	<u>2/26/18</u>	<u>\$ 1522.86</u>	<u>Larger Signs</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
<u>Office Depot</u> <u>1825 S Church St</u> <u>Burlington NC 27215</u>		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	
				<u>\$ 19.98</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Credit card</u>	<u>B</u>	<u>2/27/18</u>	<u>\$ 19.98</u>	<u>Printing voter lists</u>
				<u>\$</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
<u>Lowie's Home Improvement</u> <u>125 Huffman Mill Rd</u> <u>Burlington NC 27215</u>		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	
				<u>\$ 112.26</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Credit card</u>	<u>A</u>	<u>3/8/18</u>	<u>\$ 112.26</u>	<u>wood/posts for larger signs</u>
				<u>\$</u>	
5. Total only this Page					<u>\$ 2625.80</u>
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					<u>\$ 3275.09</u>
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media B* - Printing C* - Fundraising E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties K* - Office Expenses		D - To Another Candidate H* - Holding Public 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	
Comm to elect Branda Gator						
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	
Amazon.com						
			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:		\$ 12.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	credit card	B	3/14/18	\$ 12.95	#4 Envelopes	
				\$		
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	
Home Depot 2771 Kirkwood Dr Burlington NC 27215						
			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:		\$ 107.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	credit card	A	3/19/18	\$ 107.07	Posts/Wood for Signs	
				\$		
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	
Nation Builder 520 S. Grand Ave Los Angeles CA 90071						
			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:		\$ 58.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	credit card	A	3/19/18	\$ 29.00	Website	
		A	4/18/18	\$ 29.00	Website	
5. Total only this Page					\$ 178.02	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 5275.09	
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) <i>Comm to Elect Branda Echo</i>					2. ID Number	
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	
<i>Accelerated Graphics PO Box 2658 Burlington NC 27216</i>			c. Level Registered (Specify)		e. Election Sum to Date \$ <i>163.13</i>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Check</i>	<i>B</i>	<i>3/27/18</i>	<i>\$ 163.13</i>	<i>Car Magnets</i>	
				\$		
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	
<i>Latitude 36 128 S. Walnut Circle Greensboro NC 27409</i>			c. Level Registered (Specify)		e. Election Sum to Date \$ <i>422.73</i>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Check</i>	<i>B</i>	<i>3/27/18</i>	<i>\$ 294.63</i>	<i>TShirts</i>	
	<i>Check</i>	<i>B</i>	<i>3/27/18</i>	<i>\$ 128.10</i>	<i>Sweatshirts</i>	
				\$		
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	
<i>Speedy Buttons Plainview MN 55964 Online Company</i>			c. Level Registered (Specify)		e. Election Sum to Date \$ <i>60.61</i>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Credit card</i>	<i>B</i>	<i>3/28/18</i>	<i>\$ 60.61</i>	<i>Buttons</i>	
				\$		
5. Total only this Page					\$ <i>646.47</i>	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ <i>5275.09</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)						

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	
Com to Elect Brada 1st						
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	
Al Var's Advertising 3290 Van Dr Burlington NC 27217					Signs	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 816.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	B	4/3/18	\$ 816.64		
				\$		
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	
WBAG 1745 Burch Bridge Rd Burlington NC 27217					Radio Ads	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 630-	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	A	4/6/18	\$ 630-		
				\$		
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	
			<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					\$ 1446.64	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					5275.09	
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)						