Disclosure Repor	t Cover						Amen	Yes No			
Use this form for general po not use this form to up		nformat	ion, must be	signed	and subi	mitted along with	other de	etailed forms.			
1. Committee Information	C 4 74 8										
a. Full Name	· · · · · · · · · · · · · · · · · · ·						c. I	D Number			
McBroom For City Coun	cil							4+4/-			
b. Mailing Address (include Ci	ty, State and Zip Code)			_			d. I	Date Filed			
3551 Forestdale Drive Apt. ML								09/28/2015			
Burlington, NC 27215		(	9-29-15		13 4		e. P	'hone Number			
								336-512-2322			
2. Report Year 3. Pe	eriod Start Date (mm/d	d/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer F	ull Nam	e			
2015	08/26/2015			1/2015		Kendal LeRod	McBroc	vm			
6. Type of Committee (C	heck One)	0 Tvn	e of Report		hack on	ly one type of rep	ort from	one category)			
Candidate Campaign	Party	Munici		16	State/Co			erendum			
PAC	Referendum		Organizational			Organizational		Organizational			
Independent Expenditure	Joint Fundraiser		Thirty-five day	/	(	Quarterly		Pre-referendum			
Legal Expense Fund  7. Type of Fund (if a)	oplicable, check one)	$\boxtimes$	Dro mrimom:			First		Final			
"Booster Fund"	рисане, спеск опе)		Pre-primary Pre-election			Second		Final Supplemental Final			
Building Fund		H	Pre-runoff			Third		Annual			
			Semi-annual			Fourth		Special			
			Mid Year		_ s	Semi-annual					
Other:			Year End				10.	Special Report Name			
0. N			Final		.	Year End					
8. Number of Fundraiser	s this Report		Special			inal					
11 Annual Information				11 1		Special					
11. Account Information  a. Financial Institution Full Na	and the second s					nformation itution Full Name					
Bank of America			*	44 7 1114	nciai insti	tution i un i vaine					
b. Purpose	c. Account Code			b. Pur	oose		c.	Account Code			
Campaign	1			-				***************************************			
Expenditures	I .										
	d. Period Begin Balance	·	-7-7-7-4	_			d. Period Begin Balance				
	\$ 0.00										
CERTIFICATION								· · · · · · · · · · · · · · · · · · ·			
I certify that the Committee	e or Fund is in compli	ance wi	th all applica	ble pro	visions o	of Article 22A, 22	2B. & 22	2D-22M of Chapter 163 of			
the NC General Statutes a	nd that no funds are co	mmingl	ed with proh	ibited o	or other r	non-disclosed fun	ıds. I fur	ther certify that this report			
is complete, true and corre	ect and that I have beer	trained	by the NC S	State Bo	pard of E	lections.					
Kendal LeRod M	nted Name of Signer			الهرد	<u> [70]=1</u>	18011	_09/28	3/2015			
FOR OFFICE USE ONLY	- /		3	ignature	эг Арропп	ed Treasurer		Date			
Date Received:	9/29/15		Employee:		<u>J</u> 6	<u></u>	Deliv	very Method			
Date Postmarked:	9/28/15		Employee:			G	凶	Normal Mail Registered Mail			
Date Scanned:	9 130 15		Employee:			G		Hand Delivered Electronically Filed			
Date Data Entered:	PASSE CAMBRIAN AND AND AND AND AND AND AND AND AND A		Employee:		, 4	A STATE OF THE STA		Signer has not received mandatory training			
Please Note: This form	n cannot be used to am	end con		motion	anch -	the engine	1.1	easurer, assistant treasurer,			
	custodia	n or boo	oks informat	ion, or	account	information.	iaress, tr	easurer, assistant treasurer,			
ı You	must amend the Stater	nent of i	Organization	CPO	21004	E) to male a					

Amendment

					Amer	idment
n-Kind Contributions	Pg	1	of	1		Yes

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	
McBroom For City Council						
3. Contributor Information Add	Remove		422			
a. Full Name, Mailing Address & Phone	<del></del>	*****	Contributor	<del>,</del>	nments	
(include city, state, & zip)			vidual	-	rance Agent	
Terrence Neptune	-	Cano	didate			
214 West Park Street	<u> </u>	Party		1		
Cary, NC 27511	PAC		7	1		
·		Refe	erendum	d. Ele	ction Sum to Date	
		Othe	er Receipt Source	\$	509.99	
e. Description		T	f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
Yard Signs and Stakes			9-18-2015		\$ 500.00	
Business Cards (1000 count)		$\neg$	0.10.2016		<b>D</b> 0.00	
			9-18-2015		\$ 9.99	
	_				\$	
	Remove			,	187	
a. Full Name, Mailing Address & Phone			Contributor		nments	
(include city, state, & zip)		Indiv	vidual	Chur	rch Musician	
Lawrence and Georgia Bradsher		Cand	didate	1		
5409 N NC Hwy 119		Party		1		
Burlington, NC 27215		PAC		<u></u>		
			erendum	d. Elec	ction Sum to Date	
		Othe	er Receipt Source	\$	75.00	
e. Description			f. Date (mm/dd/yyy	уу)	g. Fair Market Amount	
Election Buttons			9-20-2015		\$ 75.00	
					\$	
					\$	
3. Contributor Information Add	Remove		l .			
a. Full Name, Mailing Address & Phone	<del>,</del>		Contributor	c. Cor	mments	
(include city, state, & zip)			vidual	Grap		
Rich Griffis		Canc	didate	Desi		
7214 Brookbank Lane		Party	y			
Raleigh, NC 27615		PAC	l l			
			erendum	d. Elec	ction Sum to Date	
		Othe	er Receipt Source	\$	200.00	
e. Description			f. Date (mm/dd/yyy	y <b>y</b> )	g. Fair Market Amount	
Graphic Designs			08/30/2015	;	\$ 200.00	
					\$	
					\$	
4. Total only this Page				\$	784.99	
5. Total of ALL CRO-1510 Pages						
(This line must be on line 17 of Detailed Summary Page CRO-1100)			1	\$	784.99	

No

## Contributions from Individuals $P_g$ 1 of 3 $P_g$ 1 ves $P_g$ 1 Superintegration of $P_g$ 1 of $P_g$ 1 ves $P_g$

1. Comm	nittee Full Name	(and Fund if applical	ble)			2. ID Nur	nber		
McBroor	m For City Counci	]							
3. Contr	ibutor Informatio	on	$\square$	Add 🔲 Ren	nove				
	me, Mailing Address d	& Phone	350000000000000000000000000000000000000	b. Job Title/Profession		d. Commen	its		
(include Patsy Sin	city, state, & zip)			Educator	!				
	npson odland Drive			c. Employer's Name/Spe	ecific Field				
	NC 27253			Alamance Burlingto					
				School System	!	e. Election 5	Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Cash			09/01/20	)15	\$	50.00	
			<u></u>				\$		
			T				\$		
	ibutor Informatic				nove				
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts		
(include Michael I	city, state, & zip)	:		Bail Bondsmen	l				
	stnut Street			c. Employer's Name/Spe	ecific Field				
	on, NC 27217			Reaves Bail Bonds					
					1	e. Election Sum to Date			
					Ī	\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	yy)	k. Amount		
	1	Check			09/09/20	)15	\$	100.00	
							\$		
				- Appendix			\$		
3. Contri	ibutor Informatio	on	$\boxtimes$	Add 🔲 Rem	nove				
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	N. S.	
·····	city, state, & zip) Marie King			Retired Hospital Ma	anager		_		
	fman Mill Road			c. Employer's Name/Spe	ecific Field				
Apt. M				Lenox Hospital	- Cilica Reid	1			
Burlingto	on, NC 27215			Bronx, NY		e. Election §	Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	уу)	k. Amount		
	1	Cash			09/14/20	)15	\$	100.00	
			<u> </u>				\$		
							\$		
	l only this Page					\$	<del></del>	250.00	
	l of ALL CRO	-1210 Pages Detailed Summary Page C.	'BA 1100		200	\$		1,459.99	
	mana de ou mae a aj ,	Desiried Summary Fuge C	KU-1100)	K					

## Contributions from Individuals

			Amei	ndment	
_2	of	3_		Yes	No

Ise this form to report individual contributions over \$50 or contribu	utions under \$50 if form CRO 1205 is not used
--	--

Pg

1. Committee Full Name (and Fund if applicable)						2. ID Num	ber		
McBroom For City Council									
3. Contri	ibutor Informatio	on Salas Assassan		Add 🔲 Rem	iove				
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
	city, state, & zip)			Graphic Designer					
Richard C			ļ	- Employante Name/Sn.	CC A ESTA				
	ookbank Lane NC 27615		ŀ	c. Employer's Name/Spe Media	eific Fleia	-			
Kaicigii, i	NC 27015		ļ	Wicaia		e. Election St	um to Date		
			ļ			\$	200.00		
<u></u>	1	1	1		T =				
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/yy	<u>yy)</u>	k. Amount	200.00	
	1		Grap	ohic Design			\$	200.00	
				!			\$		
							\$		
3. Contri	ibutor Informatio	)n		Add 🔲 Rem	iove				
2000	ne, Mailing Address &			b. Job Title/Profession		d. Comments	S	<u> </u>	
·····	city, state, & zip)			Caterer					
	and Dee Bynum								
826 Scott			ļ	c. Employer's Name/Spe	cific Field				
Burningto	on, NC 27215		-	Self-Employed	a Flaction S	um to Bata			
			ļ			e. Election Sum to Date			
						\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Cash			9/18/20	15	\$	75.00	
							\$		
							\$		
3. Contri	ibutor Informatio	on a	$\boxtimes$	Add Rem	iove		1		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	S		
	city, state, & zip)			Sr. Program Nurse					
Cathy Ch P.O. Box	•		I	F1	100 (201 1 2				
	NC 27243		ļ	c. Employer's Name/Spe Blue Cross and Blue		-			
,	10 272.5		ļ	Dide Cross and Dide	5 SITICIU	e. Election St	um to Date		
			ļ			\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check			08/30/20	015	\$	150.00	
							\$		
							\$		
	l only this Page					\$		425.00	
34	of ALL CRO	•				\$		1459.99	
(1 ms une	must be on title 6 of 1	Detailed Summary Page C.	KO-1100)	<u> </u>					

## Contributi

				Amen	dment		
Contributions from Individuals	Pg	3	of		Yes		No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used							

1. Comm	ittee Full Name (	and Fund if applical	ble)			2. ID Num	ber			
McBroon	n For City Council	I								
3. Contri	butor Informatio	on		Add 🔲 Ren	iove					
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments				
	city, state, & zip)	·		Insurance Agent						
Terrence Neptune 214 West Park Street			Business Owner							
Cary, NC 27511			c. Employer's Name/Spo Self-Employed	ecitic Field						
Cary, 14C 27311			Licensed Agent		e. Election Si	um to Date				
						\$	509.99			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount			
	1		Yard	Signs	09/18/20		\$	500.00		
	1		Busi	ness Cards	9/18/20	)15	\$	9.99		
							\$			
<u> </u>	butor Informatio		$\boxtimes$	Add 🗌 Rem	iove					
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	3			
	city, state, & zip)			Church Musician						
	and Georgia Brad C HWY 119	dsher		D. J. J. M. 16	10' 77' 11					
	n, NC 27215			c. Employer's Name/Spe First Baptist Church						
Darmigto	11, 110 27215			I hat Daptist Church	1	e. Election Si	ım to Date			
						\$ 75.00				
f. Prior	g. Account Code	h. Form of Payment	ì. In-K	ind Description	j. Date (mm/dd/yy	 yy)	k. Amount			
	1		Butto	ons	09/19/2015		\$	75.00		
							\$			
							\$			
3. Contri	butor Informatio	n"	$\boxtimes$	Add Rem	iove **					
	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	8			
	city, state, & zip) McBroom			Student		i				
	estdale Drive			c. Employer's Name/Spe						
Apt. ML	ostdate Bilve			Duke University	cinc rieid					
-	n, NC 27215			Dance of the control		e. Election St	ım to Date			
						\$	200			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount			
	1	Cash			09/14/20	)15	\$	200.00		
							\$			
						• • • • • • • • • • • • • • • • • • • •	\$			
•	only this Page					\$		784.99		
	of ALL CRO	-1210 Pages Detailed Summary Page C	RO_1100			\$		1,459.99		
_					40.5			l		

Disburseme	m ta						Amendment	
	report expenditures:	from the committe	e for	· operating evi	Pg nenses i		1 Yes No	<b>,</b>
	coordinated party ex		101	, operating exp	penses,	contributions to c	andidate, political	
	ull Name (and Fund	•					2. ID Number	
McBroom For C								_
3. Type of Disbu		se use separate C						
Operating Ex		Contributions to Can			ittees		ordinated Party Expenditures	150
·····	ation				<u> </u>			
	ng Address & Phone		<b>b.</b> Co	oordinated Com	mittee Na	ime	d. Comments	-
(include city, state, & Office Depot	& zip)							
1825 South Chu	rch Street		c. Le	evel Registered (S	Specify)			
Burlington, NC				Federal		County:	1	
				State	$\boxtimes$	Municipality:	e. Election Sum to Date	
							\$ 118.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/yy	/yy)	j. Amount	k. Required Remarks	
	Debit Card	В		09/16/2015		\$40.35	Business Cards	
	Debit Card					Ψ+0.55	Campaign Info	_
	Cash	В		09/05/2015		\$78.00	Quarter-Sheet	
4 B	•	П			П	Dames	Info Handouts	37
•	ation	<u>: LJ</u>	I	l Coordinated Com	mittee No	Remove	d. Comments	Ė
(include city, state,	ng Address & Phone			oordinated Com	initiee (V	ame	d. Comments	•
24 Hour Wristba								
14550 Beechnut			c. Le	evel Registered (S	Specify)	· · · · ·		
Houston, TX 77	083			Federal		County:		
				State	$\boxtimes$	Municipality:	e. Election Sum to Date	_
							\$ 155.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks	_
1	Debit Card	В		09/16/2015		\$155.94	Buttons	
1						\$		
4. Payee Inform	ation		Add	İ		Remove		77
a. Full Name, Maili	ng Address & Phone		b. C	oordinated Com	mittee Na	ıme	d. Comments	_
(include city, state,	& zip)							
					~ 10.			
			c. Le	evel Registered (S	Specify)	Country	-	
			ᅢ	State		County: Municipality:	e. Election Sum to Date	_
			├			withherpanty.	e. Election Sum to Date	_
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i.	. Date (mm/dd/yy	ууу)	j. Amount	k. Required Remarks	_
		· ·				\$		-
				•••		\$		_
5. Total only thi	s Page					J.	\$ 274.29	-
6. Total of ALL	CRO-1310 Pages							
(This line goes in	line 13a of Detailed Sun	mary Page CRO-110	0 if Op	erating Expenses	;)		\$ 274.29	
(This line goes in	line 13b of Detailed Sun	mary Page CRO-110	0 if Co	ntrib to Candidat	es/Politic	al Comm)	\$ 274.29	
7 Purpose Cod	line 13c of Detailed Sum  S (List detailed ex	mary Page CRO-1100	if Co	ordinated Party E	Expenditu	res)		
A* - Media	B* - Printing	cenanure code in C* - Fund				<b>D</b> - To Anoth	er Candidate	

E - Salaries

I - Postage

O\* - Other

B\* - Printing F\* - Equipment

J - Penalties

C\* - Fundraising

G - Political Party

K\* - Office Expenses

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund