Disclosure Report Cover								endment	
Use this form for general	h other (Yes detailed forms	∐ No						
Do not use this form to up	pdate information		01.,	, 018110C	ana sac.	mined along with	II Ouici v	detaned forms.	
1. Committee Information	1. Committee Information								
a. Full Name	A-10-10-10-10-10-10-10-10-10-10-10-10-10-			illiani jan	<u> </u>		c.	. ID Number	
McBroom for City Counc	cil								
b. Mailing Address (include C	ity, State and Zip Code)						d.	. Date Filed	
3551 Forestdale Drive								10/27/20	1 5
Apt. ML Burlington, NC 27215			11-12	dije .				10/27/20	
Dullington, INC 2/213			11-02	~15	13:98	RCVD	e.	Phone Number	
								336-512-23	322
2. Report Year 3. Pe	eriod Start Date (mm/d	Id/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer F	ull Nar	me	
2015	08/26.2015			21/2015		Kendal LeRod	McBro	om	<u> </u>
6. Type of Committee (C	'heck One)	9. Type	e of Report	i (c	heck on	ly one type of rep	ort from	m one cotegory)	
Candidate Campaign	Party	Municipa		Sinia di La Santa	State/Co			<i>n one category)</i> eferendum	
PAC	Referendum		Organizational	1		Organizational		Organizational	
Independent Expenditure	Joint Fundraiser		Thirty-five day	y	(Quarterly		Pre-referendum	
Legal Expense Fund									
	pplicable, check one)	⊠ F	Pre-primary			First		Final	
"Booster Fund"			Pre-election		ΙŪ	Second		Supplemental Fin	nal
Building Fund	!	F	Pre-runoff		i 🗖	Third		Annual	
	!	_ :	Semi-annual	ļ		Fourth		Special	
	!		Mid Year	!	S	Semi-annual			
Other:	!		Year End		, 🔲	Mid Year	10	0. Special Report	Name
A ST 1 . PID 1 .		1 =	Final		, 🔲	Year End	[
8. Number of Fundraiser	s this Report		Special		F	Final			
						Special			
11. Account Information	A CONTRACTOR OF THE STATE OF TH					nformation			
a. Financial Institution Full Na	ıme			a. Finar	acial Insti	tution Full Name			
BANK OF AMERICA	T					·			
b. Purpose FOR CAMPAIGN	c. Account Code			b. Purp	ose			c. Account Code	
PURCHASES	1								
FURCHASES	d. Period Begin Balance	<u> </u>					<u> </u>	- n - i Dalas	
	\$ 0.00						ļ	d. Period Begin Balar	ice
CERTIFICATION OF THE PROPERTY	\$ 0.00							\$	
CERTIFICATION									
I certify that the Committee	e or Fund is in complia	ance with	ı all applica	ble prov	visions o	of Article 22A, 22	2B, & 2	2D-22M of Chapt	er 163 of
the NC General Statutes at	na that no tunds are coi	mmingled	d with probi	ibited or	r other n	ion-disclosed fun	ıds. I fur	rther certify that th	his report
is complete, true and corre	ect and that I have been	trained b	by the NC S	tate Bo	ard of El	lections.		-	•
Kendal LeRod M			- Juli	ded C	, N(F)	sign	11-2	2-2015	
FOR OFFICE USE ONLY	nted Name of Signer		Si	gnature of	f Appointe	ed Treasurer		Date	
Date Received:	11/2/15	Ī	Employee:		<u></u>	G	Deli	very Method	
Date Postmarked:		F	Employee:					Normal Mail Registered Mail	
Date Scanned:	11/3/15		Employee:		Je		X 	Hand Delivered Electronically F	
		-	зпрюусс.					Signer has not r	received
Date Data Entered:		F	Employee:					mandatory train	ing

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

Amendment \boxtimes Yes No

1. Committee Full Name (and Fund if applicable) 2.	Type of Report		3. ID Number
M D E G: G !!	re-Primary Repo		W. IN TARROCK
Start of Election Cycle: January 1,	2012	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,459.99	\$ 1,459.99
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		get through a street	7
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11		\$ 1,459.99	\$ 1,459.99
EXPENDITURES 13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 274.29	\$ 274.29
13b) Contributions to Candidates/Political Committees		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)		
15) Loan Repayments		\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1420)	\$	\$
	(CRO-1320)	\$	\$ z
	(CRO-1510)	\$ 784.99	\$ 784.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16		\$ 1,059.28	\$ 1,059.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract ADDITIONAL INFORMATION	line 18)	\$ 400.71	400.71
20) Non-Monetary Gifts Given to Other Committees	(CD C	0	The state of the s
	(CRO-1330)	\$	
	(CRO-1430)	\$	
Debts and Obligations owed By the Committee	(CRO-1610)	\$	71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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)	\$ 175.00	\$
CRO-1100 NC State Board of Election:		- 10.00	August 2008

		m Individuals	over \$5	Pg 0 or contributions und			Amendmen Yes	
1. Com	nittee Full Name	(and Fund if applica	ible)			2. ID Nu		
McBroo	m For City Counc	il						
3. Conti	ibutor Informati	on	Ø	Add Re	move	1		
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commei	nts	
(include	e city, state, & zip)			Educator				
Patsy Si	•							
547 Woodland Drive Graham, NC 27253			c. Employer's Name/Sp	pecific Field				
			Alamance Burlingt	ton				
			School System		e. Election	Sum to Date		
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Cash			09/01/2	2015	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Rei	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	<u> </u>	d. Commer	ıts	
(include	city, state, & zip)			Bail Bondsmen		u. comme		
Michael	Reaves							
401 Ches	stnut Street			c. Employer's Name/Sp	ecific Field	1		
Burlingto	on, NC 27217			Reaves Bail Bonds				
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	/уу)	k. Amount	
	1	Check			09/09/2	015	\$	100.00
							\$	
							\$	
4.12.1	ibutor Informatio	TERROR CONTROL OF THE PROPERTY		Add 🔲 Rer	nove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ıts	•
	city, state, & zip)			Retired Hospital M	lanager			
	Marie King							
	man Mill Road			c. Employer's Name/Sp	ecific Field			
Apt. M				Lenox Hospital				
Burlington, 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/yy	/yy)	k. Amount	
	1	Check (Kin	M		09/14/2	015	\$	100.00
						- -	\$	

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

1,459.99

250.00

\$

\$

\$

		m Individuals dividual contributions	over \$50.	or contributions w	Pg 2 of	3	Amendmen Yes		
1. Comr	nittee Full Name	(and Fund if applica	able)	or contributions u	nuer \$30 ii form Cr	2. ID Nu			
	m For City Counc					2.117 140	imper		
3. Contr	ibutor Informat	ion		Add 🗍 R	Remove				
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi		d. Comme	nte		
(include	city, state, & zip)		ľ	Graphic Designe		u. Comme	1113		
Richard	Griffis			1 3					
1	ookbank Lane			c. Employer's Name	Specific Field				
Raleigh,	NC 27615		Γ	Media					
						e. Election	Sum to Date		
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kii	nd Description	j. Date (mm/dd/y	ууу)	k. Amount		
	1		Graph	ic Design	9/30/2	015	\$	200.00	
							\$		
							\$		
	ibutor Informati		\boxtimes	Add 🗌 R	emove				
1	ne, Mailing Address	& Phone		b. Job Title/Profession)n	d. Commei	nts	Alexander de la companya de la comp	
	city, state, & zip)	w		Caterer			······································		
Dee Byn									
826 Scott				c. Employer's Name/]				
Burlingto	on, NC 27215			Self-Employed					
					e. Election Sum to Date				
						\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kin	nd Description	j. Date (mm/dd/yy	(vv)	k. Amount		
	1	Check			9/18/20		\$	75.00	
							\$		
						······································	\$	·····	
3. Contri	ibutor Informati	on		Add R	emove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio		d. Commer	ıte	<u> 1882 - 1882 - 18</u>	
(include	city, state, & zip)			Sr. Program Nurs		u. Commen	113		
Cathy Ch	apman			.					
P.O. Box	147			c. Employer's Name/	Specific Field				
Elfland, 1	NC 27243			Blue Cross and B					
						e. Election	Sum to Date		
						\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kin	d Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check			08/30/2	015	\$	150.00	
							\$		
				-			\$		
4. Total	only this Pag	e			<u> </u>	\$		425.00	

5. Total of ALL CRO-1210 Pages

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

1459.99

\$

		m Individuals		F	Pg 3 of	3_	Amendme Ye	
1 Comr	nittee Eull Name	dividual contributions (and Fund if application)	over \$50	or contributions ur	nder \$50 if form CR			
ł	m For City Counc		adie)			2. ID Nu	imber	
3. Contr	ibutor Informati	lon de la companya d	Ø	Add R	emove		ENGERAL SAGR	(455 5748), st.
CO	me, Mailing Address		K N	b. Job Title/Profession	Markey Judania Markey Harris & Telefore	Ta c	-4-	
	city, state, & zip)			Insurance Agent)11	d. Comme	nts	
	Neptune			Business Owner				
	t Park Street			c. Employer's Name/	Specific Field			
Cary, NO	27511			Self-Employed		-		
				Licensed Agent		e. Election	Sum to Date	
						\$	509.99	
f. Prior	g. Account Code	h. Form of Payment	i In-Ki	nd Description	i Data (mm/dd/			
	1	In-Kind	Yard		j. Date (mm/dd/yy		k. Amount	
			Taiu		09/18/2	U15 ————	\$	500.00
	1	In-Kind	Busin	ess Cards	9/18/2	015	\$	9.99
							\$	
3. Contr	ibutor Informati	on		Add R	emove			4
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Professio		d. Comme	nte	
(include	city, state, & zip)		1	Church Musician		u. comme		
Georgia l								
	NC HWY 119			c. Employer's Name/S				
Burlingto	on, NC 27215			First Baptist Chur	1			
						e. Election	Sum to Date	4
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy		k. Amount	· · · · · · · · · · · · · · · · · · ·
	1	In-Kind	Butto	ns	09/19/2		\$	75.00
					03.1372			75.00
							\$	
		33 M (Santonia Cara Cara Cara Cara Cara Cara Cara Ca					\$	
	ibutor Information				emove			
	ne, Mailing Address	& Phone	-	b. Job Title/Profession	n	d. Commer	its	
	city, state, & zip) . McBroom			Student				
	estdale Drive					ļ		
Apt. ML	estuaic Diffe		-	c. Employer's Name/S				
-	on, NC 27215			Duke University				
	,						Sum to Date	
e n.i	16.	T . =				\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kii	nd Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check	-		09/14/20	015	\$	200.00
							\$	
							\$	
4. Total	only this Pag	e				\$		784.99
	of ALL CRO					\$		1,459.99

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

1,459.99

In-Kind Contributions			D- 1 c		Amendment 1
Use this form to report non-monetary contributions, donations, go	oods or	servi	Pg <u>1</u> of ces provided to the	e com	1 Yes No
Use CRO-1215 if In-Kind Contributions were or will be refunded	d within	7 da	ys.	ic com	minuce of fund.
1. Committee Full Name (and Fund if applicable)				2. 11) Number
McBroom For City Council					
	Remove	9		- 1200 BE 12000	
a. Full Name, Mailing Address & Phone	b. Typ	oe of (Contributor	c. Co	mments
(include city, state, & zip)		Indi	vidual	Insu	irance Agent
Terrence Neptune		Can	didate		_
214 West Park Street		Part	•		
Cary, NC 27511	1 📙	PAC			
			erendum	d. Ele	ection Sum to Date
		Othe	er Receipt Source	\$	509.99
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Yard Signs and Stakes			9-18-2015	;	\$ 500.00
Business Cards (1000 count)			9-18-2015	5	\$ 9.99
					\$
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone			Contributor	c. Co	mments
(include city, state, & zip)			vidual		rch Musician
Georgia Bradsher		Cano	didate		
5409 N NC Hwy 119		Party	ý		
Burlington, NC 27215		PAC			
		Refe	rendum	d. Ele	ection Sum to Date
		Othe	r Receipt Source	\$	75.00
e. Description			f. Date (mm/dd/yy	 уу)	g. Fair Market Amount
Election Buttons			9-20-2015		\$ 75.00
			9-20-2013		\$ 75.00
					\$
					\$
3. Contributor Information Add	Remove				
(include city, state, & zip)			ontributor		nments
Rich Griffis			ridual lidate	Grap	
7214 Brookbank Lane	ᅡ片	Party		Desi	igner
Raleigh, NC 27615	lH .	PAC			
-	17		rendum	d. Ele	ction Sum to Date
		Othe	r Receipt Source	\$	200.00
e. Description	<u> </u>		f. Date (mm/dd/yyy	(v)	g. Fair Market Amount
Graphic Designs			08/30/2015		
			08/30/2013		\$ 200.00
					\$
			·		\$
4. Total only this Page				\$	784.99

5. Total of ALL CRO-1510 Pages

\$

784.99

Amendment

Disbursem	ents		Pg	1 05	Amendment 1 Yes No	
Use this form to	report expenditures	from the committ	ee for; operating expenses	<u>l</u> of . contributions to	1 Yes No	
committees and	coordinated party e	xpenditures.		,	politica:	
1. Committee I	Full Name (and Fur	nd if applicable)			2. ID Number	
McBroom For	and the second s	Zwy chawa i ya saka i sakazana sa	75000000000000000000000000000000000000			
3. Type of Disb		<u>ase use separate C</u>	RO-1310 forms for each			
4. Payee Inform			ndidates/Political Committees		oordinated Party Expenditures	
	ing Address & Phone		Add	Remove	T	
(include city, state,			b. Coordinated Committee N	ame	d. Comments	
Office Depot	<u> </u>					
1825 South Chu	urch Street		c. Level Registered (Specify)			
Burlington, NC	27215		Federal	County:		
İ			State	Municipality:	e. Election Sum to Date	
ł						
	T				\$ 118.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	В	09/16/2015	\$40.35	Business Cards	
				Ψ10.33	Campaign Info	
1	Cash	В	09/05/2015	\$78.00	Quarter-Sheet	
4. Payee Inform	ation		SIA (ISI COMMING COMMI		Info Handouts	
	ng Address & Phone	LI.	Add	Remove		
(include city, state,			D. Coordinated Committee N	ame	d. Comments	
24 Hour Wristb						
14550 Beechnu	t St.		c. Level Registered (Specify)			
Houston, TX 77	083		Federal	County:	1	
		1	State 🖂	Municipality:	e. Election Sum to Date	
		T			\$ 155.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	В	09/16/2015	\$155.94	Buttons	
			07/10/2013	Ψ133.74		
1				\$		
4. Payee Inform	ation		Add			
	ng Address & Phone	<u> </u>	b. Coordinated Committee N	Remove		
(include city, state,			o. Cool dinated Committee (4)	atile	d. Comments	
			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 Remarks	
				\$	-	
				\$		
5. Total only thi	s Page				\$ 274.20	
	CRO-1310 Pages				\$ 274.29	
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)	rest00014-115353-1155555		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 274.29						
(This line goes in t	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expenditu	res)	Territoria	
7. Purpose Code	s (List detailed exp					
A* - Media E - Salaries	B* - Printing	C* - Fund	raising	D - To Anothe		
I - Postage	F* - Equipment J - Penalties	G - Politica K* - Office	al Party e Expenses	H* - Holding	Public Office Expenses	
O* - Other	A.L.		•	Q* - Donatio	n to Legal Expense Fund	
* Codes require	detailed explanati	on in required re	marks field (k)			

Disbursen	ients		Pg	1 of	1 Yes No
Use this form t	o report expenditures	from the commit	tee for; operating expense	s. contributions to	1 Yes \(\) No
committees and	i coordinated party e	xpenditures.	, 1	o, commoniono to	canarate, pontical
1. Committee	Full Name (and Fur	nd if applicable)			2. ID Number
McBroom For					
3. Type of Dis	the state of the s	ase use separate (CRO-1310 forms for each	type of Disburse	ment)
Operating	Expenses	Contributions to Ca	andidates/Political Committees		oordinated Party Expenditures
4. Payee Infor			Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee		d. Comments
(include city, state	, & zip)				
Office Depot					
1825 South Ch			c. Level Registered (Specify)	
Burlington, NO	27215		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					Φ 110.25
					\$ 118.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	09/16/2015	040.25	Business Cards
			09/10/2013	\$40.35	Campaign Info
1	Check*	В	09/05/2015	\$78.00	Quarter-Sheet
			07/03/2013	\$78.00	Info Handouts
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee 1	Name	d. Comments
(include city, state					
24 Hour Wristl					
14550 Beechnu			c. Level Registered (Specify)		
Houston, TX 7	/083		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 155.94
f. Account Code	F 4D	h D		-4	\$ 155.54
1. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	09/16/2015	\$155.94	Buttons
1				\$	
4. Payee Inform	nation	 			
	ing Address & Phone		Add	Remove	
(include city, state,			b. Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)				
			. I I D ' 4 - 1/0 - ' (6 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		_
			c. Level Registered (Specify)		_
				County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	1:4	
			i. Date (mm/du/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	is Page				\$ 274.29
	CRO-1310 Pages				\$ 274.29
	line 13a of Detailed Sum	mary Page CRO-110	0 if Operating Expenses)		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	0 if Contrib to Candidates/Politi	cal Comm)	\$ 274.29
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	oif Coordinated Party Expenditi	ures)	
7. Purpose Cod	es (List detailed exp	enditure code in	(h.) above)		
A* - Media	B* - Printing	C* - Func	lraising	D - To Anoth	ner Candidate
E - Salaries	F* - Equipment	G - Politic		H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund
ec e a maio da confessore annocembre a a caraca	e detailed explanati	on in required w	marks field (b)		

Disbursements

Amendment Yes