| Disclosure Report Co  |  |  |   |  | ☐ Yes ☐ No   |
|---|--|--|---|--|--|
| Use this form for general report  |  | information, r   | nust be signed ar   | nd submitted alo   | ng with other detailed forms.  |
| Do not use this form to update in   | formation.   | 5M-2324-21-520   |   |  |  |
| Committee Information     Full Name   |  | and the CALL   |   |  | L. D. North and J. S. Strander   |
| a. Full Name  |  |  |   |  | c. ID Number   |
| Committee To  | Elect (  | UNTIS  | L Brown   | SR.  |  |
| b. Mailing Address (include City, Stat  | e and Zip Code)  |  |   |  | d. Date Filed  |
| 439 WESTWOOD  | CENTER   |  |   |  |  |
| AB 403  | -  |  |   |  | e. Phone Number  |
| FAYETTEWILL   | NC 28.   | 3/4  |   |  | 910-420-0122   |
| 2. Report Year 3. Period Start  |  | ) 4. Period I  | and Date (mm/dd   | /yy) 5. Treasur  | er Full Name   |
| 07  | 121  | 07   | / 5/  | The second secon | 15 L BROWN SR.   |
| 6. Type of Committee (Check C   |  |  |   |  | ort from one category)   |
| Candidate Campaign Part   | ·  | unicipal   | State/Con   |  | Referendum   |
|   | erendum  | Organization   |   | nizational   | Organizational   |
|   | t Fundraiser   | Thirty-five da Pre-primary   | y   P Quan  | rterly<br>First  | Pre-referendum Final   |
| Legal Expense Fund  |  | Pre-election   | 님   | Second   | Supplemental Final   |
| 7. Type of Fund (if applicable,   | check one)   | Pre-runoff   | IH  | Third  | Annual   |
| Booster Fund  | -  | Semi-annual  | l <del>i</del> i  | Fourth   | Special  |
| Building Fund   |  | Mid Yea  | r Semi  | i-annual   |  |
|   | I  | Year End   | i 🗀   | Mid Year   | 10. Special Report Name  |
| Other:  |  | Final  |   | Year End   |  |
| 8. Number of Fundraisers this   | Report 💮   | Special  | Final   |  |  |
|   |  |  | ☐ Spec  | ial  |  |
|   | and the second s |  |   |  |  |
| 11. Account Information   |  |  | 11. Account In  | formation .  |  |
| 11. Account Information  a. Financial Institution Full Name   |  |  | 11. Account In a. Financial Institu   |  |  |
| a. Financial Institution Full Name  | (+ (/wa)   |  |   |  | •  |
| a. Financial Institution Full Name FORT BRAGE CREO.   | + Union  |  | a. Financial Institu  |  | c. Account Code  |
| a. Financial Institution Full Name  FORT BRAGE CREO. b. Purpose   | t Union  |  |   |  | c. Account Code  |
| a. Financial Institution Full Name  FORT BRAGE CREO. b. Purpose   | C. Account Code  | ,  | a. Financial Institu  |  | c. Account Code  |
| a. Financial Institution Full Name  FORT BRAGE CREO. b. Purpose   | c. Account Code  |  | a. Financial Institu  |  | c. Account Code d. Period Begin Balance  |
| a. Financial Institution Full Name FORT BRAGE CREO.   | c. Account Code  |  | a. Financial Institu  |  |  |
| a. Financial Institution Full Name  FORT BRAGE CREO. b. Purpose   | c. Account Code  O / d. Period Begin B   |  | a. Financial Institu  |  | d. Period Begin Balance  |
| a. Financial Institution Full Name  FOLT BRAGE CREO. b. Purpose  CAM PA. gnc EXPENSES  CERTIFICATION  | c. Account Code  | dalance  | a. Financial Institu  | ution Full Name  | d. Period Begin Balance  |
| a. Financial Institution Full Name  FOLT BRAGE CREO.  b. Purpose  CAM PA. gwe  EX PENSES  | d. Period Begin B  | dalance  | a. Financial Institution b. Purpose   | of Article 22A, 22   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163  |
| a. Financial Institution Full Name  FOLT BRAGE CREO.  b. Purpose  CAM PA. gnc. EXPENSES  CERTIFICATION  I certify that the Committee or Fur   | d. Period Begin B  | salance<br>be with all appl<br>mmingled with   | a. Financial Institution b. Purpose  icable provisions of prohibited or other   | of Article 22A, 22   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163  |
| a. Financial Institution Full Name  FOLT BRAGE CREOL  b. Purpose  CAM PAGINE  EXPENSES  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct  | d. Period Begin B  d. Seriod Begin B  d. Seriod Begin B  and is in compliance at no funds are co t and that I have b   | salance<br>be with all appl<br>mmingled with   | a. Financial Institution b. Purpose  icable provisions of prohibited or other   | of Article 22A, 22   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163  |
| a. Financial Institution Full Name  FOLT BRAGE CREOL  b. Purpose  CAM PAGINE  EXPENSES  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct  WRTHS L BRO   | d. Period Begin Be | ce with all appl<br>mmingled with  | a. Financial Institution b. Purpose  icable provisions of prohibited or other the NC State Boa  | of Article 22A, 22 er non-disclosed f  | d. Period Begin Balance \$ B & 22D-22M of Chapter 163  |
| a. Financial Institution Full Name  FOLT BRAGE CREOR  b. Purpose  CAMPAGE  EXPENSES  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correc  WRTHE BROWNING  | d. Period Begin Be | ce with all appl<br>mmingled with  | a. Financial Institution b. Purpose  icable provisions of prohibited or other   | of Article 22A, 22 er non-disclosed f  | d. Period Begin Balance \$ B & 22D-22M of Chapter 163  |
| a. Financial Institution Full Name  FOLT BRAGE CREO  b. Purpose  CAM PA. GWE  EX PENSES  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct  WRTH BRAGE  Printed Name of Sign  FOR OFFICE USE ONLY  | d. Period Begin B  d. Period Begin B  and is in compliance to no funds are co to tand that I have been seen seen seen seen seen seen see   | ce with all appl<br>mmingled with  | a. Financial Institution b. Purpose  icable provisions of prohibited or other the NC State Boa  | of Article 22A, 22 er non-disclosed for Elections.   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this  8/16/17 Date            |
| a. Financial Institution Full Name  FOLT BRAGE CREO  b. Purpose  CAM PA. GWE  EX PENSES  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct  WRTH BRAGE  Printed Name of Sign  FOR OFFICE USE ONLY  | d. Period Begin Be | ce with all appl<br>mmingled with  | a. Financial Institution b. Purpose  icable provisions of prohibited or other NC State Boan ature of Appointed                          | of Article 22A, 22 er non-disclosed for Elections.   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this    S / 16 / 1 7     Date |
| a. Financial Institution Full Name  FOLT BRAGE CREOL  b. Purpose  CAM PAGE  EXPENSES  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct  WRTH BRAGE  Printed Name of Sign  FOR OFFICE USE ONLY   | d. Period Begin B  d. Period Begin B  and is in compliance to no funds are co to tand that I have been seen seen seen seen seen seen see   | ce with all appl<br>mmingled with<br>been trained by<br>Sig  | a. Financial Institution b. Purpose  icable provisions of prohibited or other the NC State Boat mature of Appointed                     | of Article 22A, 22 er non-disclosed for Elections.   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this  8/16/17 Date            |
| a. Financial Institution Full Name  FOLT BRAGE CREOL b. Purpose  CAMPAGE CREOL b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correc  WRTHE BRO  Printed Name of Sign  FOR OFFICE USE ONLY  Date Received:  | d. Period Begin B  d. Period Begin B  and is in compliance to no funds are co to tand that I have been seen seen seen seen seen seen see   | ce with all appl<br>mmingled with<br>been trained by<br>Sig  | b. Purpose  icable provisions of prohibited or othe NC State Boanature of Appointed  yee:   | of Article 22A, 22 er non-disclosed for Elections.   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this    S   16   7     Date   |
| a. Financial Institution Full Name  FOLT BRAGE CREOR  b. Purpose  CAMPAGE CREOR  b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct  WRTHE BRACE  Printed Name of Sign  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:   | d. Period Begin B  d. Period Begin B  and is in compliance to no funds are co to tand that I have been seen seen seen seen seen seen see   | ce with all appl<br>mmingled with<br>been trained by<br>Sig  | a. Financial Institution b. Purpose  icable provisions of prohibited or othe MC State Boat anature of Appointed gree:  yee:             | of Article 22A, 22 er non-disclosed for Elections.   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this    S                     |
| a. Financial Institution Full Name  FOLT BRAGE CREOR b. Purpose  CAMPAGE CREOR b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correc  WRTHE BROWN  Printed Name of Sign  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:         | d. Period Begin B  d is in compliance to no funds are co t and that I have beer  | salance  be with all appl mmingled with peen trained by Sig  Employ Employ Employ                              | a. Financial Institution b. Purpose  icable provisions of prohibited or other NC State Boat anature of Appointed etc.  yee:  yee:  yee: | of Article 22A, 22 er non-disclosed for of Elections.  | d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this    Solution   Period     |
| a. Financial Institution Full Name  FOLT BRAGE CREOR b. Purpose  CAMPA GREES  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct warts Brinted Name of Sign  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form ca | d. Period Begin B  d. Period Begin B  and is in compliance to to the second that I have been been been been been been been be  | salance  the with all appl mmingled with the peen trained by Sig Employ Employ Employ Employ amend committees. | a. Financial Institution b. Purpose  icable provisions of prohibited or other NC State Boat anature of Appointed etc.  yee:  yee:  yee: | of Article 22A, 22 er non-disclosed fro of Elections.  Treasurer   | d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this    Solution   Period     |

Disclosure Report Cover

Amendment

## Detailed Summary Use 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 Report |                   | 3. ID Number |  |
|---|-------------------|-------------------|--------------|--|
| Start of Election Cycle: January 1,                         | -                 | Total this        | Total this   |  |
| 4) Cash on Hand at Start                                    | Reporting Perio   | od Election Cycle |              |  |
| DECEMPE   |                   |                   | 1 3          |  |
| 5) Aggregated Contributions from Individuals                | (CRO-1205)        | \$                | \$           |  |
| 6) Contributions from Individuals                           | (CRO-1210)        |                   | \$ 42400     |  |
| 7) Contributions from Political Party Committees            | (CRO-1220)        | TOTAL DESIGNATION | \$           |  |
| 8) Contributions from Other Political Committees            | (CRO-1230)        | \$                | \$           |  |
| 9) Loan Proceeds  | (CRO-1410)        | \$ 639500         | \$ 6395 00   |  |
| 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 Organization         |                   | \$                | \$           |  |
| 11c) Outside Sources of Income                              | (CRO-1250)        | \$                | \$           |  |
| 11d) Legal Expense Fund - Other Sources                     | (CRO-1270)        | \$                | \$           |  |
| 11e) Exempt Purchase Price Sales                            | (CRO-1265)        | \$                | \$           |  |
| (2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,1    | c,11d and 11e)    | \$                | \$           |  |
| EXPENDITURES  | A Section         | <b>大型以及其外的</b>    |              |  |
| 3) Disbursements  | ħī .              |                   |              |  |
| 13a) Operating Expenditures                                 | (CRO-1310)        | \$ 24.00          | \$ 24 00     |  |
| 13b) Contributions to Candidates/Political Committee        | es (CRO-1310)     | \$                | \$           |  |
| 13c) Coordinated Party Expenditures                         | (CRO-1310)        | \$                | \$           |  |
| 4) Aggregated Non-Media Expenditures                        | (CRO-1315)        | \$                | \$           |  |
| 5) Loan Repayments  | (CRO-1420)        | \$                | \$           |  |
| 6) Refunds/Reimbursements from the Committee                | (CRO-1320)        | \$                | \$           |  |
| 7) In-Kind Contributions                                    | (CRO-1510)        | \$                | \$           |  |
| 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,         | 15, 16 and 17)    | \$                | \$           |  |
| 9) Cash on Hand at End (Add lines 4 and 12 together, then s | ubtract line 18)  | \$ 6395 00        | \$ 639500    |  |
| ADDITIONAL INFORMATION                                      |                   |                   |              |  |
| 0) Non-Monetary Gifts Given to Other Committees             | (CRO-1330)        | \$                |              |  |
| 1) Outstanding Loans (incl. ones from other campaigns       | ) (CRO-1430)      | \$                |              |  |
| 2) Debts and Obligations owed by the Committee              | (CRO-1610)        | \$                |              |  |
| 3) Debts and Obligations owed to the Committee              | (CRO-1620)        | \$                | 字: "是自己。"    |  |
| 4) Account Transfers Within the Committee                   | (CRO-1720)        | \$                |              |  |
| 5) Administrative Support                                   | (CRO-1710)        | \$                | \$           |  |
| 6) Forgiven Loans   | (CRO-1440)        | \$                | \$           |  |
| 7) 48-Hour Notice Reports Sum                               | (CRO-2220)        | \$                | \$           |  |
| 8) Contributions to be Refunded RO-1100 NC State Bo         | (CRO-1215)        | \$                | \$           |  |

| Disbursem  |  |  |  |  | Pg of   | Yes No   |
|--|--|--|--|--|---|--|
|  |  |  | ee for o   | perating exp   | enses, contribution   | ons to candidate/political   |
| committees and   | coordinated party ex<br>full Name (and Fund  | penditures<br>d if applicable)   |  |  |   | 2. ID Number   |
| Commi  | Hee In   | Flort  | Pul  | TIS L  | ! BROWN   | 50   |
| 3. Type of Dish  | ursement (Please   | use separate CR  | CONTRACTOR OF THE PERSON.  | THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.  | THE RESERVE AND ADDRESS OF THE PARTY OF THE |  |
| Operating Exp  | The same of the sa | tributions to Candida  |  |  |   | dinated Party Expenditures   |
| 4. Payee Inform  |  |  |  |  | Remove  |  |
|  | Tailing Address & Ph   | one  | 19156.0  | STATE OF THE PARTY | d Committee Name  | d, Comments  |
| The state of the s |  | one  |  | Di Cooraliano  |   |  |
| (include city, state   | (a) / Cou  | Nty BOAR   | lef.   |  | ****  |  |
| Comper   | TANG COU   |  | CORT   |  | tered (Specify)   | <u> </u>   |
| 227 FOU  | land Cou.  | V  |  | Federal State  | County: Municipal   | lity: e. Election Sum to Date  |
| FAY X  | JC 2830/   |  |  |  |   | \$   |
| f. Account Code  | g. Form of Payment   | h. Purpose Code  | i. Date (  | nm/dd/yyyy)  | j. Amount   | k. Required Remarks  |
| 01   | CHeck  | 0-   | 072  | 1 2017   | \$ 24.00  | Filine REE   |
| 07   | 4.(2/  |  | 0 1 -  | 1 00-1   | \$  |  |
| 145  | 40.11  | Assessed Statement as MA   | espessi  | Add $\square$  | Remove  | and a second of the second of  |
| 4. Payee Infort  |  |  |  | ELIZABETH CONTROL  | ed Committee Name   | d Comments   |
| Contract to the second | ing Address & Phone  |  |  | b. Coordinate  | ed Committee Name   | d. Comments  |
| (include city, sta   | te, & zip)   |  |  |  |   | 1  |
|  |  |  |  | c. Level Regis   | stered (Specify)  | 76   |
|  |  |  |  | Federal  | County:   |  |
|  |  |  |  | State  | Municipa  | lity: e. Election Sum to Date  |
|  |  |  |  |  |   |  |
|  |  |  |  |  |   | \$   |
| f. Account Code  | g. Form of Payment   | h. Purpose Code  | i. Date (  | nm/dd/yyyy)  | j. Amount   | k. Required Remarks  |
|  |  |  |  |  | \$  | *  |
| 35   | E  |  |  |  | \$  |  |
|  |  |  |  |  |   |  |
| 4. Payee Inform  |  |  |  | Add  | Remove  |  |
|  | ling Address & Phone   |  |  | b. Coordinate  | ed Committee Name   | d. Comments  |
| (include city, sta   | te, & zip)   | File Company   | 9 1 1 1  |  |   |  |
|  |  |  |  | a Lovel Pagis  | stered (Specify)  |  |
|  |  |  |  | Federal  | County:   |  |
|  |  |  |  | State  |   | lity: e. Election Sum to Date  |
| 1  |  |  |  |  | <u> </u>  |  |
|  |  |  |  |  |   | \$   |
| f. Account Code  | g. Form of Payment   | h. Purpose Code  | i. Date (  | mm/dd/yyyy)  | j. Amount   | k. Required Remarks  |
|  |  |  |  |  | \$  |  |
|  |  | 1  | -  |  |   |  |
|  |  |  |  | A Company  | \$  | COLUMN TO THE PARTY OF THE PART |
| 5. Total only th   | nis Page   |  |  |  |   | \$ 24,50   |
| 6. Total of AL   | L CRO-1310 Pages   |  |  | 美洲   | distribution.   |  |
| CONTROL SECURIOR CONTROL CONTR | ı line 13a of Detailed Sur   | nmary Page CRO-11  | 100 if Ope   | rating Expense   | es)   | \$   |
|  | ı line 13b of Detailed Sur   |  |  |  |   | 24.00  |
|  | n line 13c of Detailed Sur   |  |  |  |   |  |
| and the same of the same   |  | THE COURSE OF STREET STREET, S | Control of the Contro | AND ADMINISTRAÇÃO DE LA PROPERTIDA DE LA |   |  |
| 7. Purnose C   |  | l expenditure cod  | e in (h.)  | above)   | the state of the state of the state of the  |  |
| Company and the Angel of the Company | odes (List detailed  |  |  |  | D - To .  | Another Candidate  |
| A* - Media   | odes (List detailed<br>B* - Printi   | ing  | C* - F   | undraising   |   | Another Candidate  |
| A* - Media<br>E - Salaries   | odes (List detailed  | ng<br>ment   | C* - F<br>G - Po   |  | H* - H  |  |
| A* - Media   | odes (List detailed<br>B* - Printi<br>F* - Equip   | ng<br>ment   | C* - F<br>G - Po   | undraising<br>litical Party  | H* - H  | olding Public Office Expenses  |
| A* - Media E - Salaries I - Postage O* Other   | odes (List detailed<br>B* - Printi<br>F* - Equip   | ing<br>oment<br>ies  | C* - F<br>G - Po<br>K* - C   | undraising<br>litical Party<br>Office Expen  | H* - H  | olding Public Office Expenses  |

| Loan P                              | roceeds  |  | Pø (                | of        | Amendment Yes                           | П №                 |
|-------------------------------------|--|--|---------------------|-----------|---|---------------------|
| Use this for                        | m to report proceeds from a loan and loar                            |  | ation               |           | _ [ 163                                 |                     |
|                                     | eeds statement must accompany each load                              | n that is from an in   | dividual            |           |   |                     |
| 1. Commit                           | tee Full Name (and Fund if applicable)                               |  |                     | 2         | 2. ID Number                            | 12.14.14.15         |
|                                     | nittee to Elect Cur  |  |                     |           |   |                     |
| Control of the second second second | Information  | Add  | Remove              |           |   |                     |
| 8                                   | Mailing Address & Phone<br>y, state, & zip)                          | b. Job Title   | e/Profession        | . d       | l. Comments                             |                     |
| CURTI                               | 5 L. BROWN SR.   | CE   | `^                  |           |   |                     |
| 439                                 | WESTWOOD CENTER  |  | r's Name/Specific F |           | . Start Date (mm/                       | dd/yyyy)            |
| Co II                               | WESTWOOD L'ENTER   | 0  | **                  | ieiu _    |   |                     |
| FB 4                                | 03   | GPI  | 40                  | f         | . End Date (mm/d                        | d/yyyy)             |
| FAY                                 | NC 28314   |  |                     |           | 07/31                                   | 12017               |
| g. Rate                             | h. Security Pledged  | i. Account Code  | j. Form of Payme    | ent       | k. Amount                               |                     |
| %                                   |  | 01   | CASH                |           | \$6395                                  | -00                 |
| l. Full Name o                      | f Lending Institution  | Ant Links  |                     | n         | n. Loan Number                          |                     |
|                                     |  |  |                     |           |   |                     |
| 4. Endorse                          | rs/Makers (The people who guarantee the loa                          | in.) .:  |                     | , , , ,   |   |                     |
| Charles Swill and Landow Swill      | Mailing Address & Phone  | ACCURAGE AND ADMINISTRATION OF THE PARTY OF  | /Profession         | c. Em     | ployer's Name/Sp                        | ecific Field        |
| (include city                       | , state, & zip)  |  |                     |           |   |                     |
|                                     |  | <b>1</b>   |                     |           |   |                     |
|                                     |  |  |                     |           |   |                     |
|                                     |  | d. Percenta  | ge                  | e. Am     | ount                                    |                     |
|                                     |  |  | 9                   | 6 \$      |   |                     |
| a. Full Name,                       | Mailing Address & Phone  | b. Job Title   | /Profession         | c. Emp    | ployer's Name/Sp                        | ecific Field        |
| (include city                       | , state, & zip)  |  |                     |           | 0 0                                     |                     |
|                                     |  |  |                     |           |   |                     |
|                                     |  |  |                     |           |   |                     |
|                                     |  | d. Percenta  | ge                  | e. Amo    | ount                                    | Sign de Avi         |
|                                     |  | 1  | . 9                 | 5 \$      |   |                     |
| a. Full Name,                       | Mailing Address & Phone  | b. Job Title   | /Profession         | c. Emp    | ployer's Name/Sp                        | ecific Field        |
| (include city                       | , state, & zip)  | 13 %   | 8                   |           | ***                                     |                     |
|                                     |  | 1  |                     |           |   |                     |
|                                     |  |  |                     |           |   |                     |
|                                     |  | d. Percenta  | ge                  | e. Amo    | ount                                    | L 2 L 4             |
|                                     |  |  | 9                   | \$ \$     |   |                     |
| a, Full Name.                       | Mailing Address & Phone  | b. Job Title   | /Profession         | c. Emr    | oloyer's Name/Sp                        | ecific Field        |
|                                     | , state, & zip)  | y file -   |                     |           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                     |
|                                     |  |  |                     |           |   |                     |
|                                     |  |  |                     |           |   |                     |
|                                     |  | d. Percenta  | ge                  | e. Amo    | ount                                    |                     |
|                                     |  |  | - 9                 | \$        |   |                     |
| c m                                 | CALL ODO 1440 D  | Company of the last of the company o | Andrew Transport    |           |   | THE PERSON NAMED IN |
|                                     | f ALL CRO-1410 Pages ust be on line 9 of Detailed Summary Page CRO-1 | 1100)  |                     |           | \$                                      |                     |
| CRO-1410                            |  | State Board of Election  | 18                  | 250220135 |   | April 2007          |

| Con   | tributions f   | rom Individua  | ıls                            | P   | g of _              |       | Amendment  Yes No   |
|---|--|--|--------------------------------|---|---------------------|-------|---------------------|
| Use th  | is form to report  | individual contribution  | ons over \$50 or c             | contributions un  | der \$50 if form C  | RO    | 1205 is not used    |
| ll .  |  | ne (and Fund if app  | licable)                       |   |                     | 2.    | ID Number           |
| Con   | mittee   | to Elect   | CURTIS                         | 4 BROW  | UN SR.              |       |                     |
| 3. Con  | tributor Inform  | ation (1)  |                                | Add Re  | emove               |       |                     |
|   | lame, Mailing Addr                                       |  |                                | b. Job Title/Prof   | ession              | d. (  | Comments            |
| (Inclu  | de city, state, & zip)                                   | Brown SR   |                                | CEC   |                     |       |                     |
| 1/2   | 2 4/0000   | od CENTER  |                                | c. Employer's Na  | me/Specific Field   |       |                     |
| 43  | 403  | od CENIBE  |                                | GPAG  |                     | - 5   | lection Sum to Date |
| 0   |  | 222 /  |                                | 61.16   |                     |       | nection Sum to Date |
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| CRU-12  | 10   |  | NC State Boar                  | u of Elections  |                     |       | April 2007          |



Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

## Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

|     | externell to to be filed with the Election Board where the committee's reports are filed.                                       |
|-----|---|
| 0   | Name of committee to receive Ioan: Committee To Elect Curtis L Brown  |
| 0   | Person or committee to make loan: Curtis L Brown SR.  |
| 0   | Date of loan to committee: $\frac{7}{3}/\frac{3}{2017}$   |
| 6   | Name of lending institution and account number (source):  FOLT BLACE CREDIT UNION   |
| 0   | Amount of loan: # 6395 00   |
| 0   | Description (if in-kind loan):  |
| 0   | Names of all parties responsible for payment of loan (guarantors):  |
|     |   |
| 0   | Period of loan:   |
|     | Rate of interest of loan:   |
|     | Security pledged for loan:  |
| 1,  | (Person) ending money to committee) , acknowledge that all of the information   |
| pro | vided is complete, true, and accurate. I further understand I may not forgive a loan that an outstanding balance to any source. |
|     | July 8/16/2017  |
| Sig | nature of Lender Date Signed  |
|     | With 1/1 8/16/2017  |
|     | nature of Treasurer of Committee Date Signed  |
| CRO | 2-6100 Loan Proceeds Statement July 2014  |