Disclosure Report Cover	Amendment	/
	☐ Yes	Ly No
Use this form for general report and committee information, must be signed and submitted along w	ith other de	etailed forms
Do not use this form to update information.		

1. Committee Information					
a. Full Name			1. 18-	C. Ol. C. II	D Number
Michael Broudous	1 For City	(durch	2071 11011 = 3	1 0.04	964
b. Mailing Address (include City, Stat	e and Zip Code) (			d. I	Date Filed
795 Bethama Ku	al Hall Ro		- W 1		1 7 7221
795 Bethama Rui Rural Hall NC2	7045			e. P	hone Number
				10	18-333-0002
2. Report Year 3. Period Start	Data (mm/dd/m)	A Dorind F	nd Doto ((43/)	5. Treasurer F	0
	Date (nuivadyy)	118	na Date (mm/da/yy)	J. II CASUICI I	O I
2021 77 202	1	10	2021	Emestine.	Bragdway -
6. Type of Committee (Check C	one) 9. T	ype of Repo	ort (check only one		
Candidate Campaign Part		nicipal	State/County		erendum
	erendum	Organizational	Organizat	ional	Organizational
	t Fundraiser	Thirty-five day	Quarterly		Pre-referendum
Legal Expense Fund		Pre-primary	First		Final
		Pre-election	Seco		Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	Third		Annual
Booster Fund		Semi-annual	Four	-	Special
Building Fund	IH	Mid Year Year End			Constal Day of Nove
Other:	旧	Final	Year		Special Report Name
8. Number of Fundraisers this		Special	Final	Elid	
o. Humber of Panaraisers tims	Report	Special	Special	- 1	
11. Account Information a. Financial Institution Full Name			11. Account Inform a. Financial Institution		THE RESIDENCE OF LITTLE SHEET, TO
Ĺ	1 (		a. Financiai insutuuon	r un Name	
Truliant teder	al Credit	Union			
b. Purpose	c. Account Code		b. Purpose	c. A	ccount Code
Campaian	1910	4			
Receipt	110	1			
	d. Period Begin Ba	lance		d. P	eriod Begin Balance
	\$			\$	
CERTIFICATION					
I certify that the Committee or Fur	nd is in compliance	with all appli	cable provisions of Ar	ticle 22A, 22B &	22D-22M of Chapter 163
of the NC General Statutes and that	1,5				
report is complete, true and correct	t and that I have be	en trained by	the NC State Board of	Elections.	
- 1 0 1		B	A	//	1 /
Ernestine L'Broad	way	mon	and Du	4	10/30/2021
Printed Name of Sign	ier J	Sign	nature of Appointed Trea	surer	/ Date/
FOR OFFICE USE ONLY					
Date Received:		Employ	ee.		y Method
Date Received.		Limploy	ш.		rmal Mail
Date Postmarked:		Employ	ee:	The second second	gistered Mail
		1-3	-		nd Delivered
Date Scanned:		Employ	ree:	_ LI EI	ectronically Filed
D D E 1		T1			gner has not received
Date Data Entered:		Employ	ee:		ndatory training
Please Note: This form ca	annot be used to a	mend comm	ittee information suc	ch as the commit	tee address, treasurer,
The state of the s			information, or acc		
			(CRO-2100A-E) to		

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	
Michael Brog dwarfer Cety Council			1964	
Start of Election Cycle: January 1, 202	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start	31.5 17.17.04/10000	\$ -6	\$ -	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 200.00	\$ 200.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	s	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 200. W	\$ 200,00	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 407.17	\$ 407.17	
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)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 407.17	\$ 407.17	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	All the block appears	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
The state of the s	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Use thi	is form to report i	individual contributio	ons over \$50 or c	contributions und	der \$50 if form CR	RO 1205 is not used
1. Com	nmittee Full Nan	me (and Fund if appl	licable)		<b>"我们就是一个</b> "	2. ID Number
m	ichnel	Broadway	For E	ity Co	unzil	1969
3. Cont	tributor Informa	nation /		Add Rei	move	SERVICE OF STOR
	Name, Mailing Addre			b. Job Title/Profes	ession	d. Comments
	de city, state, & zip)			Product 1		
2	hal la	ppen Do		c. Employer's Nan	me/Specific Field	
1	504 Darah	March	- 30	Mymbia	1 des	e. Election Sum to Date
		ppen Morce Dr. d. NC 2735	,8	Columbia	frague	\$ 50.00
1	g. Account Code		i. In-Kind Descrip	ption	j. Date (mm/dd/yyyy	
4	1944	Cleck 63/6			9/24/2	04 \$50,00
						\$
						\$
	tributor Informa				move	1
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profes	sion	d. Comments
(	2 City o					
			1	c. Employer's Nam	ne/Specific Field	
			1		-	e. Election Sum to Date
			1			
						\$
	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyyy)	7) k. Amount
						\$
						\$
						\$
	ributor Informat		Name and Address of the Owner, where the Owner, which the	Special Control of the local C	nove	
	ame, Mailing Addres e city, state, & zip)	s & Phone	*	b. Job Title/Profess	sion a	d. Comments
(400	, city, unit,					
				c. Employer's Name	e/Specific Field	
			1	1	e.	. Election Sum to Date
					1	\$
Prior g	g. Account Code	h. Form of Payment i	i. In-Kind Descripti	tion	j. Date (mm/dd/yyyy)	) k. Amount
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. Tota	l only this Pa	ige			A STATE OF THE PARTY OF THE PAR	\$ 5000
A CONTRACTOR OF THE PARTY OF TH	A BURELOW THE STATE OF THE	O-1210 Pages	CPO 1100)			\$

**Contributions from Individuals** 

Pg \_\_\_ of \_\_\_ Amendment Yes

V No

Co	ntributions	from Individu	als	1	g 2 of 3	Yes No
Use	this form to repor	rt individual contribut	ions over \$50 or	contributions un	ider \$50 if form C	CRO 1205 is not used
2.00	minuted Lan IA	ame (and rund if ap	plicable)	Mr. The state of	THE STATE OF THE	2. ID Number
n	11chne	Broadway	For C	city Cu	on zil	1964
3. Co	ntridutor Infor	mation			emove	MATERIAL CONTRACTOR
	Name, Mailing Ad ude city, state, & zi			b. Job Title/Pro		d. Comments
1				DIRECTOR	Customaz	
	ary Meye		,		ame/Specific Field	4
60	108 13200K	ONC 27410		4		-
DK	FENDROR	010 21910		COLUMB	IA FOREST	e. Election Sum to Date
3:	36 210-6	1868		PROD	ucts	\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/yy	yy) k. Amount
	1944	CHECK #141	9		9/27/202	
					7 7	\$
						\$
	itributor Inform		11375.15	Add Re	move	
	Name, Mailing Add de city, state, & zip			b. Job Title/Profe	Market Carles Control	d. Comments
(incit	de city, state, & zip	)		-		
				c. Employer's Na	ne/Specific Field	
					- Openie I icia	
				1		e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
	<del> </del>			And the Appropriate Appropriat		\$
						\$
						\$
	ributor Inform			Add Ren	nove	Control of the same
	ame, Mailing Addre le city, state, & zip)	ess & Phone	9	b. Job Title/Profes	sion	d. Comments
(includ	e city, state, & zip)					
				c. Employer's Nam	e/Specific Field	
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					е	. Election Sum to Date
					1	\$
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyyy)	) k. Amount
						\$
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					***************************************	\$
Tota	l only this Pa	age	FB(66)   250		Asset Casherin	
		O-1210 Pages				\$ 150,60 \$ <b>200.</b> 00
		of Detailed Summary Pag	e CRO-1100)			\$200,00

**Contributions from Individuals** 

T. 1					Amendment	
Disbursements	Pg	1	of	1	☐ Yes	No No
TT 11' C		-	(A)			

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

1. Committee 1	Full Name (and Fun	d if applicable)				2.	ID Number	
Michael	Bradway C	ety Counci	1				964	
3. Type of Disk		e use separate Ci	RO-131	0 forms for e	each type of Disl	bursem	ent.)	
Operating Expenses								
4. Payee Inform				Add	Remove			
	failing Address & Ph	none		b. Coordinat	ed Committee Nam	e d.	Comments	
(include city, state	***************************************			-				
redak 0				- prompty	stered (Specify)			
28 10 8	samet Drive	-/		Federal State	County:	alimu -	El-d-S-4 D4	
MISKID	int NC 272	le>		State	L withhelp		Election Sum to Date	
(356)8	41-6144					5	5	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	-	ired Remarks	
1969	DebtCach	8	18	2/704	\$ 96.86	Pr.nd	and Doer Vonesing	
\$ 1969	Debt Card	L B	10	11 (20)	\$13338	124	8 8741	
4. Payee Inform				Add 🔲	Remove			
Control of the Contro	ling Address & Phone			b. Coordinat	ed Committee Name	e d.	Comments	
(include city, sta	te, & zip)			-				
Hedex OTH	- Vl			c. Level Regi	stered (Specify)			
				Federal	County:			
2810 20	met vave	/		State	Municipa	ality: e.	Election Sum to Date	
Mish Vo	met Dive					5	3	
f. Account Code	g. Form of Payment	h. Purpose Code	i Date	mm/dd/yyyy)	j. Amount	k Regn	ired Remarks	
191.11	- 0	2	L.	. (1 1			hanges with	
(-149	DesitCad		1.01	19/2021	\$176.93	(3.	5 (995)	
					\$			
4. Payee Inform	CHARLES AND DESCRIPTION OF THE PARTY OF THE			Add	Remove			
	ing Address & Phone			b. Coordinate	ed Committee Name	e d.	Comments	
(include city, sta	te, & zip)							
				a Lavel Pagi	stered (Specify)	-		
				Federal	County:			
				State	Municipa	ality: e.	Election Sum to Date	
						S		
			,		r			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks	
					\$			
					\$			
5. Total only th	is Page					S	407.17	
	CRO-1310 Pages						000	
	line 13a of Detailed Sur	nmary Page CRO-1	00 if One	rating Expens	es)		<b>X</b>	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media B* - Printing C* - Fundraising D - To Another Candidate								
E - Salaries	F* - Equip			litical Party			Public Office Expenses	
I - Postage	J - Penalti			Office Expen			to Legal Expense Fund	
O* Other					•			
* Codes requir	re detailed explanat	ion in required	remark	s field (k)				