

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

a. Full Name

Committee to Elect Brady Allen

c. ID Number

01

b. Mailing Address (include City, State and Zip Code)

2065 Glenn Ferry Court
Pfaftown, NC 27040

d. Date Filed

7/9/2025

e. Phone Number

336-830-3606

2025

12/19/2024

06/30/2025

Brady Wayne Allen

- ☒ Candidate Campaign
☐ PAC
☐ Independent
☐ Expenditure
☐ Legal Expense Fund
- ☐ Party
☐ Referendum
☐ Joint Fundraiser

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

0

Municipal

- ☐ Organizational
☐ Thirty-five day

☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☒ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly

☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

a. Financial Institution Full Name

Truist Bank

a. Financial Institution Full Name

b. Purpose

Campaign Exp

c. Account Code

01

b. Purpose

c. Account Code

d. Period Begin Balance

\$ 17.00

d. Period Begin Balance

\$

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.

Brady Allen

Printed Name of Signer

Signature of Appointed Treasurer

Date

7/9/2025

FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee:

Employee:

Employee:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

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

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

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

Committee to Elect Brady Allen		Mid-Year	01
Start of Election Cycle: January 1, 2025		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 102.00	\$ 102.00
6) Contributions from Individuals (CRO-1210)		\$ 1,345.00	\$ 1,345.00
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)		\$	\$
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, 11d and 11e)		\$ 1,447.00	\$ 1,447.00
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1,427.15	\$ 1,427.15
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)		\$ 1,427.15	\$ 1,427.15
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 19.85	\$ 19.85
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
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)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

☒ Yes ☐ No

Optional form used to report NC Contributions From Individuals of \$50 or less

Committee to Elect Brady Allen

01

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	01	Cash		03/30/2025	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Cash		03/31/2025	\$ 40.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Check		04/21/2025	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Cash		12/19/2024	\$ 17.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Cash		12/24/2024	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
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<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					

Contributions from Individuals

Pg 1 of 2

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee to Elect Brady Allen

01

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

Brady Wayne Allen
 2065 Glenn Ferry Court
 Pfafftown, NC 27040

b. Job Title/Profession

Financial Reporting Manager

c. Employer's Name/Specific Field

Truist Bank

d. Comments

e. Election Sum to Date

\$ 620.00

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

01

Check

03/10/2025

\$ 400.00

☐

01

Check

05/05/2025

\$ 120.00

☐

01

Check

05/14/2026

\$ 100.00

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

Scott Bilton
 7225 Courtney Glen Lane
 Lewisville, NC 27023

b. Job Title/Profession

Financial Advisor

c. Employer's Name/Specific Field

Edward Jones

d. Comments

e. Election Sum to Date

\$ 75.00

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

01

Check

01/09/2025

\$ 75.00

☐

\$

☐

\$

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

Melissa Hunt
 1809 Ellison Creek Road
 Lewisville, NC 27023

b. Job Title/Profession

President

c. Employer's Name/Specific Field

Hunt Insurance Solutions

d. Comments

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

☐

01

Check

03/20/2025

\$ 100

☐

\$

☐

\$

\$ 795.00

\$ 1,325.00

Contributions from Individuals

Pg 2 of 2

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee to Elect Brady Allen					01	
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Carolyn Fulton 905 SEQUOIA DR Lewisville, NC 27023		Retired/Healthcare			
		c. Employer's Name/Specific Field			
		Wake Forest Medical Center 1 Medical Center Blvd Winston-Salem, NC 27157		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"/>	01	Check		03/31/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Norman Potter PO Box 11 Lewisville, NC 27023		Chaplain			
		c. Employer's Name/Specific Field			
		Lewisville Fire Department		e. Election Sum to Date	
				\$ 250.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		05/07/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Thomas Fowler PO Box 301 Lewisville, NC 27023		Retired/Property Management			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		05/19/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 550.00
					\$ 1,345.00

Disbursements

Pg 1 of 2

Amendment
☐ Yes ☒ No

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

Committee to Elect Brady Allen					01
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Visa Print 100 Hayden Avenue Lexington, MA 02421			b. Coordinated Committee Name 		d. Comments
			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 \$ 377.25		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	03/11/2025	\$45.99	Business Cards
01	Debit Card	B	05/14/2025	\$331.26	Rack Cards
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wooten Graphics 172 Hinkle Lane Welcome, NC 27374			b. Coordinated Committee Name 		d. Comments
			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 \$ 609.90		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B		\$300.00	Yard Signs Down Payment
01	Debit Card	B		\$309.90	Yard Signs
a. Full Name, Mailing Address & Phone (include city, state, & zip) Patricia Binkley 6025 HOLDER RD Clemmons, NC 27012			b. Coordinated Committee Name 		d. Comments
			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 \$ 150.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	05/13/2025	\$150.00	Graphic Design
				\$	
					\$ 1,137.15
(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)					\$ 1,427.15
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					

Disbursements

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Amendment

☐ Yes ☒ No

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

Committee to Elect Brady Allen

01

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Little Jo's Designs 2128 Presidential Drive Yadkinville, NC 27055		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	
				\$ 240.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	05/14/2025	\$120.00	Hats Down Payment
01	Debit Card	O	05/30/2025	\$120.00	Hats

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Lydia Kissinger 102 WESTGATE CIR # A Winston-Salem, NC 27106		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	
				\$ 50.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	04/05/2025	\$50.00	Photography
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		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	
				\$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
					\$ 290.00
(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)					\$ 1,427.15

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			