Disclosure Rep Use this form for gene			nformati	on, must be	signed a	and subi	mitted along with		ndment Yes etailed for	rms.	\boxtimes	No
Do not use this form t	to upda	te information										
1. Committee Inforn	nation					na kana wa Walio ka						
a. Full Name Committee to Elect C	Glyndo	la Beasley						c. I	D Number			
b. Mailing Address (inclu	ıde Citv.	State and Zip Code)						d. 1	Date Filed			
P.O. Box 51903									02	3/09/20	16	
Durham, NC 27707									Phone Num			ми
								e. 1	10.00		150	
									919	9-638-4	150	
2. Report Year	3. Peri	od Start Date (mm/d	d/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer F	ull Nan	1 e			
2016		01/01/16		02/	29/16		Daniel Meier					
6. Type of Committee	ee (Che	eck One)	9. Typ	e of Report	(c.	heck on	ly one type of rep	ort from	one cate	gory)	194	
Candidate Campai		Party	Munici			State/Co	ounty	Re	ferendum			
PAC Referendum				Organizational			Organizational		Organiz	ational		
Independent Joint Fundraiser				Thirty-five day	,	(Quarterly		Pre-refe	erendum		
Legal Expense Fu. 7. Type of Fund	voig termination of the	licable, check one)	П	Pre-primary		\boxtimes	First] Final			
"Booster Fund"	(i) upp	readie, check oney		Pre-election			Second			nental Fi	nal	
Building Fund			Ħ	Pre-runoff			Third		Annual			
				Semi-annual			Fourth		Special			
				Mid Year		s	Semi-annual				,	
Other:				Year End			Mid Year	10	. Special	Report	t Nan	<u>1e</u>
			닏	Final		닏 .	Year End					
8. Number of Fundr	raisers	this Report		Special		=	Final					
							Special			arri Arjik	NATURA DIST	
11. Account Informa			lines and		341-1-1		Information itution Full Name			91.014.7		-27°1 - 11
a. Financial Institution F SunTrust Bank	uli Nam	le .			a. rina	iiciai inst	RULION FUIL NAME					
b. Purpose	Т	c. Account Code			b. Purp	oose		c. Account Code				
Campaign		11 N. M. J. V. W 11			202 43 1			-				AU
		1			[1	N PE	RSON					
		d. Period Begin Balance	•			0	0. 2010	<u> </u>	d. Period Be	gin Bala	nce	
		\$ 315.00				MAK U	9 2016	1	\$			
CERTIFICATION	1				C	URHA	M BOE			·		
I certify that the Com	nmittee	or Fund is in compli	ance wi	th all applica	ıble pro	visions	of Article 22A, 22	2B, & 2	2D-22M	of Char	oter 16	53 of
the NC General Statu	ites and	that no funds are co	mmingl	led with prob	ibited o	or other	non-disclosed fun	ıds. I fu	rther certi	fy that	this re	eport
is complete, true and	correc	t and that I have beer	trained	by the NC S	State Bo	oard of I	Elections.					
Daniel Meie	er						<u> </u>	03/0	9/16			
		ed Name of Signer		S	ignature (of Appoin	ted Treasurer		Da	ate		
FOR OFFICE USE O	NLY .	210.44				1		Deli	very Meth	nod		
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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.

Amendment

 \boxtimes No

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

1. Committee Full Name (and Fund if application)		Type of Report	in other	3. ID Number			
Committee to Elect Glyndola Beasley		016 1 st Quarter					
Start of Election Cycle: January	y 1,	2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start			\$	315.00	\$	Election Cycle	
RECEPTS							
5) Aggregated Contributions from Individ	duals	(CRO-1205)	\$	705.00	\$	920.00	
6) Contributions from Individuals		(CRO-1210)	\$	2,600.00	\$	2,700.00	
7) Contributions from Political Party Con	mmittees	(CRO-1220)	\$		\$		
8) Contributions from Other Political Con	mmittees	(CRO-1230)	\$		\$		
9) Loan Proceeds		(CRO-1410)	\$	9,000.00	\$	9,000.00	
10) Refunds/Reimbursements To the Comm	mittee	(CRO-1240)	\$		\$		
11) Other Receipt Sources			H.y w				
11a) Interest on Bank Accounts		(CRO-1250)	\$		\$		
11b) Contributions from Not-for-Profit	t Organizations	(CRO-1250)	\$		\$		
11c) Outside Sources of Income		(CRO-1250)	\$		\$		
11d) Legal Expense Fund - Other Source	rces	(CRO-1270)	\$		\$		
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$		\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 1	10, 11a, 11b, 11c, 11	d and 11e)	\$	12,305.00	\$	12,620.00	
EXPENDETURES 12)							
13a) Operating Funerality			55.7 m				
13a) Operating Expenditures		(CRO-1310)	\$	6,031.74	\$	6,031.74	
13b) Contributions to Candidates/Politi	ical Committees	` <u> </u>	\$		\$		
13c) Coordinated Party Expenditures		(CRO-1310)	\$		\$		
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$		\$		
15) Loan Repayments		(CRO-1420)	\$		\$		
16) Refunds/Reimbursements From the Co	mmittee	(CRO-1320)	\$		\$		
17) In-Kind Contributions		(CRO-1510)	\$	1,328.03	\$	1,328.03	
18) TOTAL EXPENDITURES (Add lines 13a,			\$	7,359.77	\$	7,359.77	
19) Cash on Hand at End (Add lines 4 and 12 tog	gether, then subtract	line 18)	\$	5,260.23	\$	5,260.23	
ADDITIONAL INFORMATION					27.00		
20) Non-Monetary Gifts Given to Other Co.		(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other	1 3 /	(CRO-1430)	\$	9,000.00			
22) Debts and Obligations owed By the Con		(CRO-1610)	\$				
23) Debts and Obligations owed To the Con		(CRO-1620)	\$				
24) Account Transfers Within the Committee	tee	(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)	\$		\$		

Aggregated Contributions from Individuals	Page	1	of	7	Amendment Yes	
Optional form used to report NC Contributions From Individua	als of \$5	0 or les	S			

1. (ee Full Name (ai			· • · · ·		2. ID Number
		<u>mittee</u>		Plec	t Glyndola	Beasley	
2830		tor Inform ation		_	F	T =	· Ia
a. A		b. Account Code	c. Form of P	'ayment	d. In-Kind Description	e. Date (mm/dd/yyy	
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	*) 1205 is no	
1. Comm	ittee Full Name (and Fund if applicat	ole)	Tenginasay Swy, etc.	2. ID Num	ber
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(include	city, state, & zip)					
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3204	Skybroc	27703			e. Election St	um to Date
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	city, state, & zip)					
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Use this form to report indi	vidual contributions o	ver \$50	or contributions un	der \$50 if form CF	RO 1205 is no	ot used		
1. Committee Full Name (and Fund if applicab	le)			2. ID Nun	nber		
Committee	to Elect	G	lyndola	Beasley				
3. Contributor Information	n		Add Re	emove				
a. Full Name, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comment	is		
(include city, state, & zip)	5 C 11=		Sales	Man.				
Deryle & Koy	e Gant		c. Employer's Name/S					
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(include city, state, & zip)								
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		m Individuals		Pg		. 5	Amendment Yes No
Use this	form to report ind	dividual contributions of	over \$5(0 or contributions unc	ler \$50 if form CR	RO 1205 is n	ot used
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Con	mittee	to Elect	6	Hyndola	Beasley		
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Durn	am, NC	21110				\$	um to rest
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Amendment

				or contributions under	r \$50 if form CRC			
1. Comm	ittee Full Name (a	and Fund if applicab	le)			2. ID Num	ber	
Com	imittee	to Elec	+ (Slyndola	Beasley			
3. Contri	butor Informatio	n -		Add Rem	ove			
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Marc	us Bect	0000		c. Employer's Name/Spe	cific Field			
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4. Tota	l only this Pag	e				\$ 2	50-	
5. Tota	l of ALL CRO		RO-110	")		\$ 2	600-	

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

Contact the state of the state				
3. Lender Informati	그리고 있는 어느 하는 이 얼마를 하면 하는 것이 되었다. 그는 사람들은 사람들이 되었다. 그런 그렇게 되었다.	⊠ Add	o D	Remove
a. Full Name, Mailing Ad (include city, state, & z		b. Job Title/Prof	ession	d. Comments
Glyndola Beasley	(p)			
2914 Buckingham Re	al .	President		
Durham, NC 27707	1.	- Employer's N		e. Start Date (mm/dd/yyyy)
		c. Employer's Na DRFC	ame/Specific Field	02/19/2016
		Dia		
				f. End Date (mm/dd/yyyy)
g. Rate				
	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %		1	Check	\$ 9,000.00
l. Full Name of Lending In	ıstitution			m. Loan Number
4. Endorsers/Makers	198		A STATE OF THE STA	
a. Full Name, Mailing Add				
(include city, state, & zi		b. Job Title/Pro	ession	c. Employer's Name/Specific Field
	"			
		d. Percentage		e. Amount
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a. Full Name, Mailing Add	wass & Phone	b. Job Title/Pro		
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committees an	d coordinated party	expenditures.				candidate/pontical
	Full Name (and Fu	771.3	, .	<u> </u>		2. ID Number
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	relandst.		-	Federal	County:	
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5. Total only thi	s Page				L	\$1.702 55
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/. Purpose Code	s (List detailed exp	enditure code in (h	.) a	bove)	y	
A* - Media E - Salaries	B* - Printing	C* - Fundra	aisiı	ng	D - To Another	Candidate
L - Salaries L - Postage	F* - Equipment J - Penalties	G - Political K* - Office			H* - Holding P	ublic Office Expenses
O* - Other					Q* - Donation	to Legal Expense Fund
Codes require	detailed explanatio	n in required rem	arl	ks field (k)		· .

Disburse				. 2	Amendment		
Use this form	to report expenditure	es from the commi	ttee for; operating evo	enses contribution	of <u>6</u> Ves ns to candidate/political	No	
	pull	expendituies.		onses, continuitor	us to candidate/political		
1. Committee	Full Name (and Fu		•		2. ID Number		
	nittee to		alyndola	Beasley			
3. Type of Di	g Expenses	ease use separate (CRO-1310 forms for	each type of Disbu	irsement.)		
4. Payee Info	Expenses	Contributions to Ca	andidates/Political Committ	tees	Coordinated Party Expenditures		
	ailing Address & Phone	<u> </u>	Add	Remove			
(include city, stat			b. Coordinated Comm	ittee Name	d. Comments		
USPS	ic, cc ziji)		-				
			c. Level Registered (Sp	ecify)		1	
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			-0-0-3	10			
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Dala	. Roxboro . , 10 C 2770 0-5515	u''	Federal	County:			
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	z Beasle uckinghan	421	c. Level Registered (Spec	cify)			
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7. Purpose Code A* - Media	es (List detailed exp B* - Printing						
E - Salaries	F* - Equipment	C* - Fundra G - Political			other Candidate		
- Postage D* - Other	J - Penalties	K* - Office	-	л" - Holdi Q* - Donai	ng Public Office Expenses tion to Legal Expense Fund	1	
	detailed explanatio	n in required row	parks field (E)		8 Panos I and		
		··· ··· · · · · · · · · · · · · · · ·	iai ks ucki (k)				

Disbursements

Disbursem	ients		Pø	3	6 Amendment Yes No
Use this form to	report expenditures	from the committe	ee for; operating expenses,	contributions to	
committees and	coordinated party ex	xpenditures.			-
	Full Name (and Fun	d if applicable)			2. ID Number
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Operating E			RO-1310 forms for each to didates/Political Committees		
4. Payee Inform		COMMIDMONS TO CM.	Add Committees	Remove Cod	ordinated Party Expenditures
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(include city, state,	-	Ī	D. CO	IIIC	u. Comments
	Pledger				
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4 Dama Inform	1		• • • • • • • • • • • • • • • • • • • •	\$	
4. Payee Inform			Add b. Coordinated Committee Na	Remove	
a. Full Name, Maili (include city, state,	ing Address & Phone	}	b. Coordinated Committee 14a	ıme	d. Comments
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Jan Cr	romartie	- [c. Level Registered (Specify)		1
(15 Duch	4222		Federal	County:	
60 W	DC 27701	-	State	Municipality:	e. Election Sum to Date
919-937	7061			ļ	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	01-0010	5		-250-	0 1 1 1
	Check		01-21-2016	\$300	Contract labor
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4. Payee Inform		······································	Add	Remove	
	ing Address & Phone	 -	b. Coordinated Committee Na	ıme	d. Comments
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Fed Ex	Office	<u> </u>	c. Level Registered (Specify)		
1610 9th	St.	-	Federal	County:	
Dirtim,	St. NC 17705	١	State	Municipality:	e. Election Sum to Date
919-286					\$
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5. Total only this	is Page CRO-1310 Pages				\$ 964.50
	line 13a of Detailed Sum	marv Page CRO-1100	if Oneratina Expenses)	·全球等的形式。	1 - 11 7(1
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7. Purpose Code	es (List detailed exp	penditure code in (h	n.) above)		
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundra		D - To Another	
I - Postage	F* - Equipment J - Penalties	G - Political K* - Office		H* - Holding a	Public Office Expenses 1 to Legal Expense Fund
O* - Other			-	Q - Donacion	to Legai Expense runu
* Codes require	e detailed explanation	on in required ren	narks field (k)		经债款 医多种性病 化自己混合物 Line of the

Disbursen	ients			Pg	4	Amendment ☐ Yes ☐ No
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	Full Name (and Fu		, ,	1 1 0 0	610	2. ID Number
	ittee to	Elect C		1.10-0	asley	
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(include city, state						u. comments
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· _			c.	. Level Registered (Specify)		
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Dochan	, NC 2771	17		State	Municipality:	e. Election Sum to Date
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A 1		0	-			
nuriese	. William	3	c. Level Registered (Specify)		THE STATE OF THE S	
909 Odv	ssey Dr.			Federal	County:	
	NC 27713			State	Municipality:	e. Election Sum to Date
00-509	-7746					\$
f. Account Code	g. Form of Payment	h. Purpose Code	Ь.,	i Data (mm/dd/www)	i A	
1	01	A		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	$ \mathcal{A} $		02-24-2016	\$450-	TV Commercial
1	Chach	λ	Ī	NI 00 901		C = ==================================
1	CHECK			01-07-701		Commercial
4. Payee Inform				dd 🔲	Remove	
a. Full Name, Mail (include city, state,	ing Address & Phone		0.	Coordinated Committee Na	ame	d. Comments
TV AAA	& zip)					
MADA	ال ماله ال		c.	Level Registered (Specify)		1
601 fayet	teville St.			Federal	County:	-
Ducham	NC 27707		L	State	Municipality:	e. Election Sum to Date
919-578	-5506					\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Classia		-	_		R. Required Remarks
	check			02-21-2016	\$ 1,000 T	Campaian Suppor
					\$	0.11
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	line 13a of Detailed Sum	mary Page CRO-1100) if (Oneratino Eynenses)		1 - 0 1 - 11
				Contrib to Candidates/Politic	al Comm)	\$ 6,031.19
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	es (List detailed exp					
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			D - To Anothe	
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O* - Other				•		
Coues require	e detailed explanati	on in required re	ma	rks field (k)		

Disbursen	nents					5	Amendment
	to report expenditure	s from the commit	ttee fo	or: onerating e	Pg	of of	<u></u>
committees and	d coordinated party e	expenditures.	lice io	n, operating e	kpenses	, contributions to	candidate/political
1. Committee	Full Name (and Fu	nd if applicable)					2. ID Number
Comm	littee to	Elect (2/1/	ndola	Be	asleu	2. ID Number
3. Type of Dis	bursement <i>(Ple</i>	ease use separate (CRO-	1310 forms fo	r each	tune of Dishurser	mant l
Operating	Expenses	Contributions to Ca	andidat	tes/Political Comn	nittees		oordinated Party Expenditures
4. Payee Infor			Ad			Remove	ordinated Faity Experiences
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Johnet	ta Alsto	\cap	c. L	evel Registered (Specify)		
1130 Past	- End Ave	1		Federal		County;	
viction	NC 27702			State		Municipality:	e. Election Sum to Date
1 10-74r	-2275	,		-			\$
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\	Check			12-18-2	016	\$ 100-	Food for Fundrais
						\$	
4. Payee Inform			Ado			Remove	
	ling Address & Phone		b. C	Coordinated Com	mittee Na	ame	d. Comments
(include city, state,		-1 - 2	4				
Office 7	Depot Sto	ne#122		- Internal (6	•••		
umi ch	- 11 13/11 .		C. Le	evel Registered (S	Specify)		
		3lvd		State		County: Municipality:	The state Owner Date
	, NC 2770)7	<u> </u>	Diac		wumcipanty.	e. Election Sum to Date
919-490	3-3042	•					\$
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	1					\$	
4. Payee Inform	nation		Add	<u> </u>		l	
	ing Address & Phone			oordinated Comn	nittee Na	Remove	d. Comments
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		ege Fund	l				
	Negro Coll	ge in	c. Le	vel Registered (S	pecify)		1
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	1, NC 1770						\$
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				~		\$	
5. Total only thi	ic Page					Į.	-1140-
6. Total of ALL	CRO-1310 Pages				<u></u>		\$ 167.80
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(This line goes in l	line 13b of Detailed Sumi	mary Page CRO-1100	if Con	trib to Candidates	s/Politica	l Comm)	\$ 6,031.74
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<u>7. Purpose Code</u> A* - Media	es (List detailed exp						
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundr G - Politica				D - To Another	
I - Postage	J - Penalties	K* - Office				H* - Holding i	Public Office Expenses to Legal Expense Fund
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* Codes require	e detailed explanatio	on in required rev	marks	e field (k)			i

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Disbursen			Pg	<u>6</u> of	Amendment Ves No		
Use this form to	o report expenditures	s from the commit	tee for; operating expenses	s, contributions to	candidate/political		
	l coordinated party e Full Name (and Fu						
	iitee to	0100 - 1	Yudala Bo	00101	2. ID Number		
3. Type of Disl		$\frac{1}{2}$		asley			
Operating	···	Contributions to Ca	CRO-1310 forms for each undidates/Political Committees				
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	ling Address & Phone		b. Coordinated Committee N	Remove	d Comments		
(include city, state	***		b. Coordinated Committee	vanic	d. Comments		
Suntrus	it Bank	_	c. Level Registered (Specify)				
an and	205122		Federal	County:	4		
in mx	305183 1e, TN 37	1920	State	Municipality:	e. Election Sum to Date		
Nashvil	16,11001						
•					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
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4. Payee Inform	nation		Add	Remove	1.0466		
	ing Address & Phone		b. Coordinated Committee N		d. Comments		
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Campl	Hurse rehmans , DC ITM						
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5509 HC			Federal	County:			
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				\$			
4. Payee Inform	nation		Add	Remove	/		
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(include city, state,	& zip)						
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			3337		The second secon		
				\$	Ī		
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5. Total only thi	s Page			I [\$ 124 -		
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(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidates/Politica	al Comm)	\$6,031.74		
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. rurpose Code A* - Media	7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate						
E - Salaries F* - Equipment G - Political					r Candidate Public Office Expenses		
I - Postage	J - Penalties	K* - Office		Q* - Donation	to Legal Expense Fund		
0* - Other * Codes require	detailed explanation	m in manufaced .	moules Catalon "		-		
coucs require	- четаней ехрианаці	m in required rei	marks field (k)		i		

In-Kind Contributions Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refunded.	Pg ds or services prov	vided to the commi	ttee o	Amendment Yes No or fund.
1. Committee Full Name (and Fund if applicable)	nded within 7 da	ys. Santasiasi na ingani	2.1	D Number
	ndola B	easley		DIVINION
3. Contributor Information	Add 🔲 Re	move	wiki ji	
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. C	omments
(include city, state, & zip)	Individual Candidate			
Frank Jordon World Wide Hulti-Media	Party PAC			
6683 Rodio Dr.	Referendum		d. E	lection Sum to Date
San Diego, CA 92144	Other Receip	t Source	\$	
e. Description	<u> </u>	f. Date (mm/dd/yy	vv)	g. Fair Market Amount
Radio Commercial Recording		02-29-		s 250 ⁻
J				\$
				\$
3. Contributor Information		move		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contri	butor	c. Ce	omments
Gia Peebles	Candidate			
	Party		ļ	
2124 Daufuskie Dr.	PAC Referendum		4 51	lection Sum to Date
Raleigh, NC 27604	Other Receip	Source	\$	ection Sum to Date
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
Campaign Filing Fee		12-13-20	6	\$228,03
Campaign Photo Shoot		12-13-201		
Cosmetology		12-13-20	16	\$ 100
3. Contributor Information	Add 🔲 Rei		i v	National States
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Co	omments
(include city, state, & zip)	Individual Candidate Party			
	PAC Referendum		3 1771	
	Other Receipt	Source		ection Sum to Date
			\$	
e. Description		f. Date (mm/dd/yyy	/y)	g. Fair Market Amount \$
				\$
				\$
4. Total only this Page			\$	1,328.03
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	1,328.03

			Amendment	
Pg	\perp	of	Yes	☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	and the state of t	2. ID Number
Committee to Elect Glyn	dola Beasley	
	Add Remove	Carrier Burney Commence
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
	0 1 2	
CI dala Reasipul	Resident	e. Start Date (mm/dd/yyyy)
POINTOIN DESOURY DI		e. Start Date (mm/ut/yyyy)
Ingia Burkingham Ka	c. Employer's Name/Specific Field	102-17-2010
Glyndola Beasley 2914 Buckingham Rd Durham, NC 27707	DKH	f. End Date (mm/dd/yyyy)
Wirwin, DC allo		
919-973-9561		
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	\$1,000	\$ 1,000
k. Full Name of Lending Institution		I. Loan Number
Glyndola Massenbur	g-Beasley	
3. Lender Information		L. Commonts
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	One dont	
Glyndola Beasley.	President	e. Start Date (mm/dd/yyyy)
Glyndola Beasley 2914 Buckingham Rd. Durham, DC 27707	c. Employer's Name/Specific Field	02-23-2016
2919 WERTHINGTON		
Durham, NCXIII	DOFO	f. End Date (mm/dd/yyyy)
919-973-9561	NNIC	
11. 110	Criginal Loop Amount	j. Remaining Loan Balance
g. Rate h. Security Pledged	i. Original Loan Amount	1 000
6 %	\$ ₁ 000	131,000
k. Full Name of Lending Institution		I. Loan Number
Glyndola Massenburg.	Beasley	
3. Lender Information		Ti G
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	to alla t	
Glyndola Beasley	President	e. Start Date (mm/dd/yyyy)
2914 Buckingham Rd.	c. Employer's Name/Specific Field	02-29-2016
Dicham NC 27707	DRFC.	f. End Date (mm/dd/yyyy)
	NKTU	
919-973-9561	j. Original Loan Amount	j. Remaining Loan Balance
g. Rate h. Security Pledged	M ACC	1.7 000-
○ %	\$ 1,000 	1° 1,000
k. Full Name of Lending Institution		l. Loan Number
Glyndola Massenburg	1- Beasley	
4. Total only this Page		\$ 9,000-
5. Total of ALL CRO-1430 Pages		\$ 9,000
(This line must be on line 21 of Detailed Summary Page CRO-1100)		December 200