

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.

1. Committee Information	
a. Full Name Bryan Graham For School Board	c. ID Number 3DU50T
b. Mailing Address (include City, State and Zip Code) 843 7th St. New Hickory, NC 28601	d. Date Filed 9/3/15
	e. Phone Number 828-303-0083

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 8/17/15	4. Period End Date (mm/dd/yy) 8/27/15	5. Treasurer Full Name Debbie Hull
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report

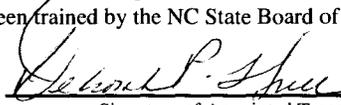
0

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Campaign Account for receipts and expenditures	c. Account Code BIB	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		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.

 Printed Name of Signer

 Signature of Appointed Treasurer

9-3-15 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: SEP 03 2015 Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ 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

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

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

Bryan Graham for School Board		Organizational	3DU50T	
Start of Election Cycle:	January 1,	<u>2015</u>	Total this Reporting Period	Total this Election Cycle
4)	Cash on Hand at Start		\$ 0.00	\$
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6)	Contributions from Individuals	(CRO-1210)	\$ 505.00	\$ 505.00
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)		\$ 505.00	\$ 505.00
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	\$	\$
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)	\$ 5.00	\$ 5.00
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5.00	\$ 5.00
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 500.00	\$ 500.00
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-2200)	\$	\$
28)	Contributions to be Refunded	(CRO-1215)	\$	\$

Contributions from Individuals

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

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

Bryan Graham For School Board						3DU50T	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bryan D. Graham 843 7 th St NW Hickory, NC 28601 828-303-0083				b. Job Title/Profession		d. Comments	
				Dentist			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Gunter & Graham, DDS		\$ 505.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BDG	Check		08/21/2015	\$ 500.00		
<input type="checkbox"/>		In-Kind	Filing Fee	08/17/2015	\$ 5.00		
<input type="checkbox"/>					\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 505.00	
						\$ 505.00	

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Bryan Graham For School Board		3DU50T
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Bryan D. Graham 843 7 th St NW Hickory, NC 28601 828-303-0083	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
<input type="checkbox"/> PAC	d. Election Sum to Date	
<input type="checkbox"/> Referendum	\$ 505.00	
<input type="checkbox"/> Other Receipt Source		
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee	08/17/2015	\$ 5.00
		\$
		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
<input type="checkbox"/> PAC	d. Election Sum to Date	
<input type="checkbox"/> Referendum	\$	
<input type="checkbox"/> Other Receipt Source		
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
<input type="checkbox"/> PAC	d. Election Sum to Date	
<input type="checkbox"/> Referendum	\$	
<input type="checkbox"/> Other Receipt Source		
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
		\$ 5.00
		\$ 5.00