

Disclosure Report Cover

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.

RECEIVED

JUL 11 2011

Amendment
 Yes No

1. Committee Information		
a. Full Name	WAKE CO. BOARD OF ELECTIONS	c. ID Number
HAROLD BROADWELL CAMPAIGN FUND		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
PO Box 1389 Wendell NC 27591		7-11-11
		e. Phone Number
		919 365 3056

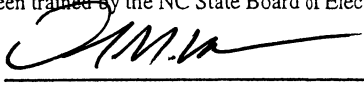
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2011	7-1-11	7-11-11	David M. Williams

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
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" 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"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		Semi-annual	<input type="checkbox"/> Fourth
		<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)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name	Wachovia	a. Financial Institution Full Name	
b. Purpose	CAMPAIN FUNDS	b. Purpose	
c. Account Code	C	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.

DAVID M. WILLIAMS  7-11-11

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7-11-11 Employee: JUM Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ 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
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
HAROLD BROADWELL CAMPAIGN FUND		organizational			
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 0		\$ 0	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 55.00		\$ 55.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0		\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 55.00		\$ 55.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 5.00		\$ 5.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$ 0	
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)		\$ 50.00		\$ 50.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 55.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

Disbursements

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 Full Name and Fund Combination HAROLD BROADWELL CAMPAIGN FUND						FD Number
<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) WARE CO Board of Elections PO Box 695 Raleigh NC 27602			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 5.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
C	CASH	H	7-1-11	\$ 5.00	filing fee	
				\$		
2. Payer Information <input type="checkbox"/> Self <input type="checkbox"/> Relative						
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	
				\$		
				\$		
3. Payer Information <input type="checkbox"/> Self <input type="checkbox"/> Relative						
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 \$ 5.00 AHS	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
Total for this Page					\$ 5.00	
Total for All Coordinated Party Expenditures (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)					\$ 5.00	
Purpose Codes 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						
Codes require detailed explanation in required remarks field. (s)						

Loan Proceeds

Pg 1 of 2

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

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

<p>HAROLD BROADWELL CAMPAIGN FUND</p>					<p>Number</p>	
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>JAMES H - BROADWELL II PO BOX 1309 WENOEL NC 27591</p>			<p>b. Job Title/Profession</p> <p>ATTORNEY</p>		<p>d. Comments</p> <p>LOAN FROM SELF (CAMPAIGN)</p>	
			<p>c. Employer's Name/Specific Field</p> <p>SELF</p>		<p>e. Start Date (mm/dd/yyyy)</p> <p>7-1-11</p>	
					<p>f. End Date (mm/dd/yyyy)</p> <p>7-11-11</p>	
<p>g. Rate</p> <p>0 %</p>		<p>h. Security Pledged</p> <p>NONE</p>		<p>i. Account Code</p>	<p>j. Form of Payment</p> <p>CASH</p>	<p>k. Amount</p> <p>\$ 5.00</p>
<p>l. Full Name of Lending Institution</p>					<p>m. Loan Number</p>	
<p>2. Endorser's Information</p>						
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>		<p>c. Employer's Name/Specific Field</p>	
			<p>d. Percentage</p> <p>%</p>		<p>e. Amount</p> <p>\$</p>	
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>		<p>c. Employer's Name/Specific Field</p>	
			<p>d. Percentage</p> <p>%</p>		<p>e. Amount</p> <p>\$</p>	
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>		<p>c. Employer's Name/Specific Field</p>	
			<p>d. Percentage</p> <p>%</p>		<p>e. Amount</p> <p>\$</p>	
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>		<p>c. Employer's Name/Specific Field</p>	
			<p>d. Percentage</p> <p>%</p>		<p>e. Amount</p> <p>\$</p>	
<p>Total of All CRO-1410 Proceeds</p>					<p>\$ 5.00</p>	

Loan Proceeds

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

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

HAROLD BRONOWSKI CAMPAIGN FUND					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES H. BRONOWSKI II PO Box 1389 Wendell NC 27591		b. Job Title/Profession Attorney	d. Comments loan from self- (candidate)		
		c. Employer's Name/Specific Field self	e. Start Date (mm/dd/yyyy) 7-1-11	f. End Date (mm/dd/yyyy) 7-11-11	
g. Rate 0 %	h. Security Pledged NONE	i. Account Code	j. Form of Payment check	k. Amount \$ 50.00	
l. Full Name of Lending Institution					m. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field		
		d. Percentage %	e. Amount \$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field		
		d. Percentage %	e. Amount \$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field		
		d. Percentage %	e. Amount \$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field		
		d. Percentage %	e. Amount \$		
5 Total of ALL CRO-1410 Pages					\$ 55.00

Debts and Obligations Owed By the Committee

Pg ____ of ____

Amendment

Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

Committee Full Name and Fund Combination		File Number	
HAROLD BROADWELL CAMPAIGN FUND			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
JAMES H. BROADWELL II			
b. Description of Creditor			
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$	\$	\$	\$ 5.00
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
7-1-2011	\$ 5.00		\$
g3. Item Description		g3. Item Description	
FILING FEE			
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
WAKE COUNTY BOARD OF ELECTIONS RALEIGH NC			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
JAMES H. BROADWELL II			
b. Description of Creditor			
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$	\$	\$	\$ 55.00
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
7-8-2011	\$ 50.00		\$
g3. Item Description		g3. Item Description	
OPEN CHECKING ACCOUNT			
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
WACHSIA BANK 185 MAIN ST WENDELL NC 27591			
Total only this Page			\$ 55.00
Total of ALL CRO-1610 Pages			\$ 55.00