

Amendment
 Yes No

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.

1. Committee Information		c. ID Number
a. Full Name Andrea Pace Bramer for Forsyth County Schools		HCO 9XX
b. Mailing Address (include City, State and Zip Code) 4459 Timber Lane Winston-Salem, NC 27127		d. Date Filed 1-10-19
		e. Phone Number 336 414 7306

2. Report Year 2018	3. Period Start Date (mm/dd/yy) 10-21-2018	4. Period End Date (mm/dd/yy) 12-31-2018	5. Treasurer Full Name Andrea Leigh Pace Bramer
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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	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Final
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Annual
7. Type of Fund (if applicable, check one)			<input type="checkbox"/> Third	<input type="checkbox"/> Special	
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Fourth		
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Semi-annual		
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Mid Year		
		<input type="checkbox"/> Year End	<input type="checkbox"/> Year End		
		<input type="checkbox"/> Final	<input type="checkbox"/> Final		
		<input type="checkbox"/> Special	<input type="checkbox"/> Special		
8. Number of Fundraisers this Report			10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wells Fargo		a. Financial Institution Full Name	
b. Purpose Campaign contributions + expenses	c. Account Code APB	b. Purpose	c. Account Code
d. Period Begin Balance \$1258.33		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.

Andrea Bramer Andrea Bramer 1-10-19
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>1/14/19</u>	Employee: <u>[Signature]</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

RECEIVED
 JAN 14 AM 10:52

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	
Andrea Pace Bramer for Forsyth County School		Fourth Quarter		HCQ9XX	
Start of Election Cycle: January 1, _____			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$1858.33		\$0
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$	\$	67.00
6) Contributions from Individuals		(CRO-1210)	\$	50.00	\$ 1404.50
7) Contributions from Political Party Committees		(CRO-1220)	\$	\$	50.00
8) Contributions from Other Political Committees		(CRO-1230)	\$	\$	
9) Loan Proceeds		(CRO-1410)	\$	\$	1000.00
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)	\$	\$	
11e) Exempt Purchase Price Sales		(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$	1368.33	\$ 2521.50
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$	864.19	\$ 1706.46
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures		(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$	92.40	\$ 148.75
15) Loan Repayments		(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$	\$	
17) In-Kind Contributions		(CRO-1510)	\$	\$	314.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$	956.64	\$ 2169.71
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$	351.79	\$ 351.79
ADDITIONAL INFORMATION					
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)	\$		\$ 1000.00
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$		\$
28) Contributions to be Refunded		(CRO-1215)	\$		\$

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Andrea Race Bramer for Forsyth County School Board						HCQ 9xx	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jon and Jan Squire 745 Roslyn Road Winston Salem, NC 27127				n/a			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				unemployed		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	APB	Card		10-28-2018	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
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"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
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"/>					\$		
4. Total only this Page						\$ 50.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 1200.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Andrea Pace Bramer for Forsyth County School Board						H CQ9XX	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) AI Vans Advertising 3290 Vans Dr. Burlington, NE 67215				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	
						yard signs	
						\$ 744.26	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
APB	Card	B	10-31-2018	\$ 744.26	yard signs		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) GoDaddy Corporate 14455 N. Hayden Rd. Suite 226 Scottsdale, AZ 85260				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	
						website	
						\$ 119.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Card	A	11-5-2018	\$ 119.88	website		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
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		
				\$	AS		
				\$			
5. Total only this Page						\$ 864 864.14	
6. Total of ALL CRO-1310 Pages						\$ 864 864.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						APB	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						\$ 864 864.14	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						864.14	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		H* - Holding Public Office Expenses		
E - Salaries	F* - Equipment	G - Political Party	K* - Office Expenses		Q* - Donation to Legal Expense Fund		
I - Postage	J - Penalties						
O* Other							
* Codes require detailed explanation in required remarks field (k)							