PAGE 1 / 54

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Author	orized Com	mittee		(Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, er the lines.	type	12FE4M5	
Gloria Bromell Tinubu	for Congress					1
	PO Box 1022					
ADDRESS (number and street)	1 0 50% 1022					
Check if different						
than previously reported. (ACC)	Conway				SC 2	9528
. FEC IDENTIFICATION N	IUMRER ▼	CITY ▲		5	STATE A	ZIP CODE ▲
			_		_	STATE ▼ DISTRICT
C C00508242	3	. IS THIS REPORT	X NEW (N)	OR	AMENDE (A)	ED SC 07
						-
. TYPE OF REPORT (CI	noose One) (b)	12-Day PRE	-Election Report	for the:		
(a) Quarterly Reports:		П	Primary (12P)	Г	General (12	G) Runoff (12R)
April 15 Quarterly	Report (Q1)	Ä		10)		
July 15 Quarterly	Report (Q2)		Convention (12	(C)	Special (12	5)
October 15 Quarte	erly Report (Q3)	Election on	M M /	D D /	Y Y Y Y	in the State of
January 31 Year-E	nd Report (YE) (c)		T -Election Repo	rt for the		
	(0)	00-Day F 03		it for the.	Dun off (200	(200)
		ш	General (30G)		Runoff (30F	Special (30S)
Termination Repor	t (TER)	Election on	M M /	D D /	YYYY	in the State of
5. Covering Period	M / D D / Y	^Y 2017 Y	through	м м	/ D D /	Y Y Y Y 2017
						_
certify that I have examined to	his Report and to the Fowler, Donald, L,		owledge and be	elief it is tro	ue, correct and	complete.
ype or Print Name of Treasure	er	,				
For Signature of Treasurer	wler, Donald, L, ,		[Electronically Fil	led] D	Pate 07	/ D D / Y Y Y Y 12 2017
IOTE: Submission of false, error	neous or incomplete inf	formation may	subject the perso	n signing t	his Renort to the	nenalties of 52 U.S.C. 83010
Office	locas, or incomplete lill	Thation may	Jabjeer the perso	ii sigiiilig t	Ind rioport to the	- periamos of 52 0.5.0. 95010
Use Only						FEC FORM 3 (Revised 05/2016)

Report Covering the Period:

SUMMARY PAGE

м "м

From:

01

FEC Form 3 (Revised 05/2016)

of Receipts and Disbursements

2017

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ž017

M 06

To:

30

Write or Type Committee Name Gloria Bromell Tinubu for Congress

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
i.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	150.00	1874.86
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	150.00	1874.86
	Net Operating Expenditures	-	
	(a) Total Operating Expenditures (from Line 17)	150.00	300.00
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	150.00	300.00
•	Cash on Hand at Close of Reporting Period (from Line 27)	66.53	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	374642.99	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

Gloria Bromell Tinubu for Congress

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	0.00	1050.00	
	(ii) Unitemized	0.00	524.86	
	(iii) TOTAL of contributions from individuals	0.00	1574.86	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate	150.00	300.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	150.00	1874.86	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	0.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	150.00	1874.86	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	150.00	300.00	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19.	LOAN REPAYMENTS:			
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	
	(b) Of All Other Loans	0.00	0.00	
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00	
20.	REFUNDS OF CONTRIBUTIONS TO:			
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
		0.00	0.00	
	(b) Political Party Committees(c) Other Political Committees	7 7 7	7 7 7	
	(such as PACs)	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00	
21.	OTHER DISBURSEMENTS	0.00	0.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	150.00	300.00	
	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	66.53	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	150.00	
25.	SUBTOTAL (add Line 23 and Line 24)		216.53	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	150.00	
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	66.53	

SCHEDULE A (FEC Form 3)

PAGE 5 OF FOR LINE NUMBER: 54 (check only one) Use separate schedule(s) for each category of the 11a **x** 11d 11b 11c **Detailed Summary Page** 12 13a 13b

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress Full Name (Last, First, Middle Initial) Tinubu, Gloria, Bromell, , Date of Receipt Mailing Address 8 Laurel St 80 City State Zip Code Transaction ID: VNW1EF5PDD3 SC 29526-5154 Conway FEC ID number of contributing Amount of Each Receipt this Period H2SC07108 federal political committee. 150.00 Name of Employer Occupation self employed **Economist** Memo Item Receipt For: 2014 Election Cycle-to-Date Primary 🗶 General 300.00 Other (specify) * In-Kind: compliance software Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... 150.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 6 54 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Tinubu, Gloria, Bromell, , 2017 08 Mailing Address 8 Laurel St City State Zip Code FEC Identification Number SC Conway 29526-5154 Purpose of Disbursement compliance software H2SC07108 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2014 150.00 Office Sought: House Senate Primary ✗ General Transaction ID: VNW1EF5PDD3I Other (specify) President * In-Kind Received Memo Item SC State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 150.00 TOTAL This Period (last page this line number only)..... 150.00

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

54

13b Transaction ID: VNW1ECAQFA9L NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 2000.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) none D30 D M 12M Ž011 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

54

13b Transaction ID: VNW1ECAQFR9L NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) none D01D M 02M Ž01Ž ňoně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

×	13a
	13b

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OF

LOAN SOURCE Full Name Tinubu, Gloria, Brom		ddle Initial)	Memo Item Election: 2012 x Primary General
Mailing Address 8 Laurel St			Other (specify) ▼
City		State SC	P Code 29526-5154 Personal Funds of the Candidat
Original Amount of Loan		Cumulative Pa	ent To Date Balance Outstanding at Close of This Perio
, , ,	10000.00	2	0.00 10000.00
TERMS Date Incurred	d ž01ž	M M / D	Due Interest Rate (If none, enter 0) Y ňoně Y none
List All Endorsers or Guar	rantors (if any)	to Loan Source	% (apr) Yes X No
1. Full Name (Last, First, N		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
BTOTALS This Period This	Page (optional)		10000.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

AME OF COMMITTEE (Ir Bloria Bromell Tinu	ubu for Congress					
Tinubu, Gloria, B	Election: 2012 Primary General					
Mailing Address 8 Laurel St	Other (specify)					
City		State	ZIP Code	✗ Personal Funds of the Candidate		
Conway		SC	29526-5154	reisonal runds of the Candidate		
Original Amount of Lo	oan	Cumulative Pa	yment To Date B	alance Outstanding at Close of This Period		
	13000.00	9	0.00	13000.00		
TERMS Date In	curred	Г	rate Due Interest R			
M03 ^M / D05 ^D	ž01ž ^Y	M M / D D	/ Y ňoně Y	none % (apr) Yes X No		
List All Endorsers or	` '	o Loan Source				
1. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer			
Mailing Address	Mailing Address					
City	State	ZIP Code	Amount Guaranteed Outstanding:	. , ,		
2. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
0"	lo	710.0	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	7		
3. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	Ctata	ZID Code	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9		
4. Full Name (Last, Fir	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
URTOTAL O This Desired	This Days (autional)	·	Г			
JOIUIALS INIS Period	mis rage (optional)		<u> </u>	13000.00		
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arry outstanding haland	se only to LINE 3. Sch	edule D for this	line If no Schedule D. carry fr	prward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

Gloria Bromell Tinu Loan source Full Tinubu, Gloria, E	Name (Last, First, Mic		☐ Memo	o Item Election: 2012 x Primary		
Mailing Address 8 Laurel St	General Other (specify) ▼					
City		State	ZIP Code	▼ Personal Funds of the Candidate		
Conway		SC	29526-5154	Personal Funds of the Candidate		
Original Amount of Lo	oan	Cumulative Page	yment To Date	Balance Outstanding at Close of This Period		
	10000.00	9	0.00	10000.00		
TERMS Date In	ncurred	С		st Rate Secured:		
M03 ^M / D14 ^D	/ Ž01Ž Y	M M / D D	/ Y Ynon ^Y Y	none % (apr) Yes X No		
List All Endorsers or	Guarantors (if any) to	o Loan Source	,			
1. Full Name (Last, F	irst, Middle Initial)		Name of Employer			
Mailing Address	Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , ,		
2. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
	1		Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7		
3. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
	12		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
4. Full Name (Last, Fir	rst, Middle Initial)	•	Name of Employer			
Mailing Address			Occupation			
011			Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9 9		
IIRTOTALS This David	This Page (entions)	•				
				10000.00		
OTALS This Period (last	t page in this line only	/)	·····			
Carry outstanding haland	ce only to LINE 3 Sch	nedule D for this	line If no Schedule D. car	ry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	SS	Transaction ID : VNW1ECAQFN5L
LOAN SOURCE Full Name (Last, First, N	liddlo Initial)	Election: 0040
Tinubu, Gloria, Bromell, ,	☐ Memo Item	
Mailing Address 8 Laurel St	General Other (specify) ▼	
City	State	ZIP Code Responsible to the Candidate Personal Funds of the Candidate
Conway	SC	29526-5154 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00	ļ,	0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D14D / Y Ž01Ž Y	M M / D D	/ Y ňoně Y none % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
0.1	710.0.1	Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
	·	
SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line or	nly)	······
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	ss	Transaction ID : VNW1ECAQFC4L
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Memo Item Election: 2012
Tinubu, Gloria, Bromell, ,	Memo Item Clection: 2012	
Mailing Address 8 Laurel St	Other (specify)	
City	State	ZIP Code Responsible to the Candidate Personal Funds of the Candidate
Conway	SC	29526-5154 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
51000.00	,	0.00 51000.00
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M03M / D30D / Y 2012 Y	M M / D D	/ Y ňoně Y none % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
	·	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T=	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
OUDTOTAL O TILL D. L. LTLL D	.	
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Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	ss	Transaction ID : VNW1ECAQFJ2L
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012
Tinubu, Gloria, Bromell, ,	Memo Item Clection: 2012	
Mailing Address 8 Laurel St	Other (specify)	
City	State	ZIP Code Responsible to the Candidate Personal Funds of the Candidate
Conway	SC	29526-5154 Tersonal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
25000.00	,	0.00 25000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M05 ^M / D14 ^D / Y 2012 Y	M M / D D	none % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
TODIOTALO TINO FORIOU TINO FAGE (OPLIOTIAL	,	25000.00
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

AME OF COMMITTEE (In Gloria Bromell Tinu	bu for Congress			
Tinubu, Gloria, B	em Election: 2012 X Primary General			
Mailing Address 8 Laurel St	Other (specify)			
City		State	ZIP Code	Personal Funds of the Candidate
Conway		SC	29526-5154	Personal Funds of the Candidate
Original Amount of Lo	an	Cumulative Page	yment To Date	Balance Outstanding at Close of This Period
	5000.00	,	0.00	5000.00
TERMS Date Inc	curred	С	Date Due Interest F	
M05M / D21D /	Y Ž01Ž Y	M M / D D	/ Y ňoně Y	none % (apr) Yes No
List All Endorsers or	Guarantors (if any) to	o Loan Source		
1. Full Name (Last, Fin	rst, Middle Initial)		Name of Employer	
Mailing Address	Mailing Address			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	la		Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9 9
3. Full Name (Last, Fire	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	Ctata	ZID Code	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	7
4. Full Name (Last, First	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	Ta		Amount	
City	State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,
NUDTOTAL O TILL D	This David () "	•		
UBIUIALS This Period	rnis Page (optional)			5000.00
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	e only to LINE 3. Sch	edule D. for this	s line. If no Schedule D. carry t	forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress	3	Transaction ID: VNW1ECAQFP3L
LOAN SOURCE Full Name (Last, First, Mic	Idle Initial)	Memo Item Election: 2012
Tinubu, Gloria, Bromell, ,	idie iliiliaij	Memo Item Primary General
Mailing Address 8 Laurel St		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Conway	SC	29526-5154 Telsonal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
25000.00	2	0.00 25000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M05M / D30D / Y Ž01Ž Y	M M / D D	/ Y ňoně Y none % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) 25000.00		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Sch	edule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

NAME OF COMM	AITTEE (In Eull)				Trans	saction ID : VNW1ECAQFG6L
	ell Tinubu for Co	naress	;		Trans	Saction ID . VIVIVIEGA QI GOL
						Election: 2012
LOAN SOURCE Full Name (Last, First, Middle Initial) Tinubu, Gloria, Bromell, ,				∐ Memo Ite	Primary General	
Mailing Addre	ess					Other (specify)
City			State	ZIP Co		✗ Personal Funds of the Candidate
Conway SC 29526-5154			1 crostial 1 and of the carididate			
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of T			salance Outstanding at Close of This Period			
	30000.	.00	2		0.00	30000.00
TERMS	Date Incurred		D	ate Due	Interest F (If none, e	
^M 06 ^M /	D04D / Y Ž01Ž	Y	M M / D D	/ Y	ňone Y	none % (apr) Yes X No
List All Endo	orsers or Guarantors ((if any) to	Loan Source			
1. Full Name	e (Last, First, Middle Ir	nitial)			Name of Employer	
Mailing A	ddress				Occupation	
					Amount	
City		State	ZIP Code		Guaranteed Outstanding:	
2. Full Name	2. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Ac	Mailing Address			Occupation		
					Amount	
City		State	ZIP Code		Guaranteed Outstanding:	7
3. Full Name	(Last, First, Middle Ini	tial)			Name of Employer	
Mailing Ac	Idress				Occupation	
			1		Amount	
City		State	ZIP Code		Guaranteed Outstanding:	yy
4. Full Name	4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		Occupation				
					Amount	
City		State	ZIP Code		Guaranteed Outstanding:	7
OUDTOTAL O T	de Desired Till Domini				-	
SUBTOTALS IN	SUBTOTALS This Period This Page (optional)					
TOTALS This Po	eriod (last page in this	line only))		······	7
Carry outstandi	ing balance only to LIN	IE 3, Sch	edule D, for this	s line. If	no Schedule D, carry f	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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		100	
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	SS	Transaction ID: VNW1ECAQFD2L	
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	Memo Item Election: 2012	
Tinubu, Gloria, Bromell, ,	Memo Item Clection: 2012		
Mailing Address 8 Laurel St		Other (specify)	
City	State	ZIP Code Personal Funds of the Candidate	
Conway	29526-5154		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
30000.00	,	0.00 30000.00	
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)	
M06 ^M / D07 ^D / Y Ž01Ž Y	M M / D D	/ Yno due date none % (apr) Yes 🗶 No	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	1	Amount Guaranteed	
City	ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
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This renou this rage (optional	SUBTOTALS This Period This Page (optional) 30000.00		
TOTALS This Period (last page in this line or	nly)	······································	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the

PAGE 19 OF FOR LINE NUMBER:

54

X 13a (check only one) Detailed Summary Page 13b Transaction ID: VNW1ECAQFS7L NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 26000.00 0.00 26000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D11 ^D M 06M Ž01Ž no due date x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 26000.00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

IAME OF COMMITTEE (In Gloria Bromell Tinu	•	3	irans	action ID : VNW1ECAQFK0L	
LOAN SOURCE Full Name (Last, First, Middle Initial) — Me Tinubu, Gloria, Bromell, ,				Election: 2012 Primary General	
Mailing Address 8 Laurel St				▼ Other (specify) ▼ Runoff	
City		State	ZIP Code	V Daysanal Funda of the Candidate	
Conway		SC	29526-5154	Personal Funds of the Candidate	
Original Amount of Loa	an	Cumulative Page	yment To Date Ba	alance Outstanding at Close of This Period	
	7000.00	2	6700.00	300.00	
TERMS Date Inc	curred	С	rate Due Interest Ra		
M06 ^M / D26 ^D /	^Y Ž01Ž ^Y	M M / D D		none % (apr) Yes No	
List All Endorsers or 0	Guarantors (if any) to	o Loan Source			
1. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation	Occupation	
City	Ctoto	ZID Code	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	9 9	
2. Full Name (Last, Firs	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	7ID Codo	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	9 9	
3. Full Name (Last, Firs	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
011	la	·	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	7	
4. Full Name (Last, Firs	et, Middle Initial)		Name of Employer		
Mailing Address		Occupation			
	T	1	Amount		
City	State	ZIP Code	Guaranteed Outstanding:	9	
CURTOTAL O TUE DE LE	This David () "		г		
SUBTUTALS This Period	inis Page (optional)		<u> </u>	300.00	
TOTALS This Period (last	page in this line only)	······	, , , , , , , , , , , , , , , , , , , ,	
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	SS	Transaction ID : VNW1ECAQFW1L
LOAN SOURCE Full Name (Last, First, N	Aiddle Initial)	Floation: 0040
Tinubu, Gloria, Bromell, ,	Memo Item Election: 2012 Primary General	
Mailing Address 8 Laurel St		X Other (specify) ▼ Runoff
City	State	ZIP Code Responsibility Personal Funds of the Candidate
Conway	SC	29526-5154 Tersonal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
2500.00		2000.00 500.00
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M06M / D30D / Y Ž01Ž Y	M M / D D	/ Y ňoně Y none % (apr) Yes X No
List All Endorsers or Guarantors (if any	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
CULTOTAL C This Deviced This Dage (suching	n.	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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	13b

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Transaction ID: VNW1ECAQFX9L NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General Mailing Address 8 Laurel St X Other (specify) ▼ Runoff City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3500.00 2500.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) none ^D10^D M 07M Ž01Ž no due date x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: VNW1ECAQFV3L NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 10000.00 1300.00 8700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) none D06D ^M80^M Ž01Ž ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 8700.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

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	13b

AME OF COMMITTEE (III	ubu for Congress			
LOAN SOURCE Full Name (Last, First, Middle Initial) — Memoral Memora			☐ Memo Ite	m Election: 2012 Primary General
Mailing Address 8 Laurel St				Other (specify)
City		State	ZIP Code	✗ Personal Funds of the Candidate
Conway		SC	29526-5154	Y Personal Funds of the Candidate
Original Amount of Lo	oan	Cumulative Page	ment To Date B	alance Outstanding at Close of This Period
	5000.00	,	0.00	5000.00
TERMS Date In	ncurred	С	ate Due Interest R	
M08M / D17D	/ ¥ Ž01Ž Y	M M / D D		none % (apr) Yes No
List All Endorsers or	Guarantors (if any) to	o Loan Source		
1. Full Name (Last, F	irst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	le:		Amount Guaranteed	
City	State	ZIP Code	Outstanding:	7
2. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	lo	710 0 1	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9 9
3. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	12	T	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	7
4. Full Name (Last, Fir	rst, Middle Initial)	•	Name of Employer	
Mailing Address			Occupation	
	[2]		Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
	'	•		
UBTOTALS This Period	This Page (optional)		·····	5000.00
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arry outstanding halan	ce only to LINE 3 Sch	edule D for this	line If no Schedule D. carry fo	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

AME OF COMMITTEE (I Gloria Bromell Tin	ubu for Congress		Transaction ID : VNW1ECAQG02L	
LOAN SOURCE Full Name (Last, First, Middle Initial) Tinubu, Gloria, Bromell, ,			Memo Item Election: 2012 Primary General	
Mailing Address 8 Laurel St			Other (specify) ▼	
City		State	ZIP Code	
Conway		SC	29526-5154 Personal Funds of the Ca	andidate
Original Amount of L	oan	Cumulative Pa	ment To Date Balance Outstanding at Close of Th	is Period
, , , , ,	5000.00		0.00 5000.	00
TERMS Date In	ncurred	Г	ate Due Interest Rate Secured: (If none, enter 0)	
M08M / D20D	/ <u>* ž01ž</u> *	M M / D D	/ Y ňoně Y none % (apr) Yes	x No
List All Endorsers or	Guarantors (if any) to	o Loan Source		
1. Full Name (Last, F	First, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
0.1		710.0	Amount Guaranteed	7
City	State	ZIP Code	Outstanding:	_
2. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	la	T=15 0 1	Amount Guaranteed	7
City	State	ZIP Code	Outstanding:	_
3. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	7
City	State	ZIP Code	Guaranteed Outstanding:	_
4. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer	
Mailing Address		Occupation		
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
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			5000.0	00
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100	
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	SS	Transaction ID : VNW1ECAQGC7L	
LOAN SOURCE Full Name (Last, First, N	Aiddle Initial)	Election: 0040	
Tinubu, Gloria, Bromell, ,	Memo Item Election: 2012 Primary		
Mailing Address 8 Laurel St		x General Other (specify) ▼	
City	State	ZIP Code Personal Funds of the Candidate	
Conway	SC	29526-5154 Tersonal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
10000.00	J,	0.00	
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)	
M08 ^M / D20 ^D / Y Ž01Ž Y	M M / D D	none % (apr) Yes X No	
List All Endorsers or Guarantors (if any	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
City	ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
CURTOTAL C This Deviced This Deep (anti-	n		
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TOTALS This Period (last page in this line of	TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress			
LOAN SOURCE Full Name (Last, First, Mi Tinubu, Gloria, Bromell, ,	☐ Memo Item		
Mailing Address 8 Laurel St		Other (specify) ▼	
City	State SC	ZIP Code 29526-5154 Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pay	rment To Date Balance Outstanding at Close of This Period	
3000.00	2	0.00 3000.00	
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)	
M09 ^M / D19 ^D / Y Z01Z Y	M M / D D	/ no due date 0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
City	City State ZIP Code Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	T	Amount Guaranteed	
City	ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
011	710.0.1	Amount Guaranteed	
City	ZIP Code	Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 2 So	hadula D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

Gloria Bromell Tinu				Floring	
Tinubu, Gloria, B	tem Election: 2012 Primary General				
Mailing Address 8 Laurel St	Mailing Address 8 Laurel St				
City		State	ZIP Code	▼ Personal Funds of the Candidate	
Conway		SC	29526-5154	1 ersonal i unus of the Candidate	
Original Amount of Lo	oan	Cumulative Page	yment To Date	Balance Outstanding at Close of This Period	
	5000.00	9	0.00	5000.00	
TERMS Date In	ncurred	С	Date Due Interest		
M10 ^M / D25 ^D	/ ž01ž ^Y	M M / D D	/ Y ňoně Y	0.00 % (apr) Yes X No	
List All Endorsers or	· · · · · · · · · · · · · · · · · · ·	o Loan Source			
1. Full Name (Last, F	irst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	. , ,	
2. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	Name of Employer	
Mailing Address			Occupation		
	la		Amount Guaranteed		
City	State	ZIP Code	Outstanding:	7	
3. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
Cit.	04-4-	7ID 0- 1-	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	y y	
4. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation	Occupation	
01t. 71D 01.		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	7	
SUBTOTALS This Period	This Page (optional)		<u> </u>	5000.00	
'OTALS This Period (last	t page in this line only	·) ······	·····	, , , , , , , , ,	
Carry outstanding balance	ce only to LINE 3. Sch	edule D. for this	s line. If no Schedule D. carry	forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

AME OF COMMITTEE (II Gloria Bromell Tinu	ubu for Congress			action ID : VNW1ECAQGB9L	
Tinubu, Gloria, B	Primary General				
Mailing Address 8 Laurel St				Other (specify) ▼	
City		State	ZIP Code	Personal Funds of the Candidate	
Conway		SC	29526-5154	Fersonal Funds of the Candidate	
Original Amount of Lo	oan	Cumulative Page	yment To Date Ba	alance Outstanding at Close of This Period	
	10000.00	7	0.00	10000.00	
TERMS Date In	curred	С	ate Due Interest Ra		
M11M / D01D	/ Ž01Ž Y	M M / D D		none % (apr) Yes No	
List All Endorsers or	` *,	o Loan Source			
1. Full Name (Last, F	irst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	Name of Employer	
Mailing Address			Occupation		
	la		Amount Guaranteed		
City	State	ZIP Code	Outstanding:	9 9 9	
3. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed		
		Zir Code	Outstanding:	9 9	
4. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation	Occupation	
City State ZIP Code		Amount Guaranteed			
City	State	Zir Code	Outstanding:	9	
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

					L	135
	IE OF COMMITTEE (In Full) Oria Bromell Tinubu for Co	ongress	5		Transa	ction ID : VNW1ECAQG60L
LOAN SOURCE Full Name (Last, First, Middle Initial) Tinubu, Gloria, Bromell, ,						Election: 2012 Primary
	Mailing Address 8 Laurel St					General Other (specify) ▼
	City State ZIP Code Conway SC 29526-5154					Personal Funds of the Candidate
	Conway		SC			O delegation of Observe (This Posited
	Original Amount of Loan	0.00	Cumulative Pay	yment 10	0.00	ance Outstanding at Close of This Period
ī	TERMS Date Incurred		C	ate Due	Interest Ra	
	M11M / D13D / Y Ž01Ž	Υ	M M / D D	/ Y	ňone Y n	one % (apr) Yes X No
L	ist All Endorsers or Guarantors	(if any) to	o Loan Source			
1	I. Full Name (Last, First, Middle I	Initial)			Name of Employer	
	Mailing Address				Occupation	
	City	State	ZIP Code		Amount Guaranteed	
	State Zir Gode				Outstanding:	
2	2. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
	Mailing Address				Occupation	
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7 7
Full Name (Last, First, Middle Initial) Nam				Name of Employer		
	Mailing Address				Occupation	
		_			Amount Guaranteed	
	City	State	ZIP Code		Outstanding:	7
4	1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
	Mailing Address				Occupation	
	City	State	ZIP Code		Amount Guaranteed	
	Oity	State	Zii Gode		Outstanding:	7 7 7
SUE	BTOTALS This Period This Page (optional)				15000.00
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Cai	rry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

Gloria Bromell Tinu					
Tinubu, Gloria, B	m Election: 2012 Primary General				
Mailing Address 8 Laurel St				Other (specify)	
City		State	ZIP Code	X Personal Funds of the Candidate	
Conway		SC	29526-5154	r crosmar runds of the Candidate	
Original Amount of Lo	oan	Cumulative Page	yment To Date Ba	alance Outstanding at Close of This Period	
2	2500.00		0.00	2500.00	
TERMS Date In	curred	С	Pate Due Interest Ra (If none, en		
M12M / D26D	Ž01Ž Y	M M / D D	′ Yno due dateY	none % (apr) Yes No	
List All Endorsers or	` *,	o Loan Source			
1. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer		
Mailing Address	Mailing Address				
City	State	ZIP Code	Amount Guaranteed Outstanding:	9	
2. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	Name of Employer	
Mailing Address			Occupation		
Oit.	04-4-	710 01-	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	9 9	
3. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed		
City		ZIP Code	Outstanding:	7	
4. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City State 7ID Code		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9	
	·	•			
SUBTOTALS This Period	This Page (optional)		<u> </u>	2500.00	
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Carry outstanding balance	ce only to LINE 3. Sch	edule D. for this	s line. If no Schedule D. carry fo	orward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

13a

OF

		100				
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	SS	Transaction ID : VNW1ECAQG44L				
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Memo Item Election: 2012				
Tinubu, Gloria, Bromell, ,	Primary					
		x General Other (specify) ▼				
8 Laurel St	Mailing Address 8 Laurel St					
City						
Conway	SC	29526-5154 Personal Funds of the Candidate				
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period				
5000.00		0.00 5000.00				
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)				
M12 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/ Yno due date none % (apr) Yes ✗ No				
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	'	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
	·					
SUBTOTALS This Period This Page (optional)	5000.00				
TOTALS This Period (last page in this line or	nly)	······································				
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 33

13a 13b

OF

_		100			
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congi	ess	Transaction ID : VNW1ECAQGA1L			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Item Election: 2012			
Tinubu, Gloria, Bromell, ,	Primary Reneral				
Mailing Address 8 Laurel St	Other (specify) ▼				
City					
Conway	SC	29526-5154 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
1000.00		0.00			
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)			
M12M / D31D / Y Ž01Ž Y	M M / D D	/ Y ňoně Y none % (apr) Yes X No			
List All Endorsers or Guarantors (if ar	ny) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	e ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	e ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	-	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	e ZIP Code	Guaranteed Outstanding:			
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Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 34 OF
FOR LINE NUMBER:
(check only one)

13a

		100			
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	SS	Transaction ID : VNW1ECAQFY7L			
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012			
Tinubu, Gloria, Bromell, ,	Memo Item Primary General				
Mailing Address 8 Laurel St	Other (specify) —				
City					
Conway	SC	29526-5154 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
1000.00	,	0.00 1000.00			
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)			
M06 ^M / D03 ^D / Y Z013 Y	M M / D D	none % (apr) Yes X No			
List All Endorsers or Guarantors (if any	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
CURTOTALS This Deviced This Dags (antions	I)				
SUBTOTALS This Period This Page (optional	1/	1000.00			
TOTALS This Period (last page in this line of	nly)	······································			
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the

PAGE 35 OF FOR LINE NUMBER: (check only one)

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X 13a Detailed Summary Page 13b Transaction ID: VNW1ECAQG28L NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D28^D M 06M ž013 no due date x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

X 13a 13b

OF

IAME OF COMMITTEE (In Gloria Bromell Tinu	bu for Congress		Halis	action ID : VNW1ECAQG93L	
Tinubu, Gloria, B	Primary General				
Mailing Address 8 Laurel St	Mailing Address 8 Laurel St				
City		State	ZIP Code	M Damanal Funda of the Condidate	
Conway		SC	29526-5154	Personal Funds of the Candidate	
Original Amount of Lo	an	Cumulative Pag	yment To Date Ba	alance Outstanding at Close of This Period	
	200.00		0.00	200.00	
TERMS Date Inc	curred	С	late Due Interest Ra		
M07M / D01D /	Y Ž01Š Y	M M / D D	/ Yno due dateY	none % (apr) Yes X No	
List All Endorsers or	Guarantors (if any) to	o Loan Source			
1. Full Name (Last, Fi	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	9 9	
2. Full Name (Last, First	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	7ID Codo	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	7 7	
3. Full Name (Last, Fire	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
	la	·	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	9	
4. Full Name (Last, First	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation	Occupation	
			Amount		
City	State	ZIP Code	Guaranteed Outstanding:	9 9	
		'			
SUBTOTALS This Period	This Page (optional)		•	200.00	
'OTALS This Period (last	page in this line only	r)	·····	, ,	
Carry outstanding balance	e only to LINE 3. Sch	edule D. for this	s line. If no Schedule D. carry fo	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE FOR LINE NUMBER: (check only one)

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X 13a 13b

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OF

NAME OF COMMITTEE (In Full) Transaction ID: VNW1ECAQGG9L Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) none D09D M 07M ž013 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 38 OF FOR LINE NUMBER: (check only one)

X 13a 13b

		100			
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congres	SS	Transaction ID : VNW1ECAQGE3L			
LOAN SOURCE Full Name (Last First M	iddlo Initial)	Memo Item Election: 2012			
Tinubu, Gloria, Bromell, ,	LOAN SOURCE Full Name (Last, First, Middle Initial) — Memo Item Tinubu, Gloria, Bromell, ,				
Mailing Address 8 Laurel St	X General Other (specify) ▼				
City	State	ZIP Code Responsible to the Candidate Personal Funds of the Candidate			
Conway	SC	29526-5154 Tersonal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
1500.00	7	0.00 1500.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M09M / D30D / Y Ž013 Y	M M / D D	none % (apr) Yes No			
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
- 10	1	Amount Guaranteed			
City	ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
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Carry outstanding balance only to LINE 3, So	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 39 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b NAME OF COMMITTEE (In Full) Transaction ID: VNW1ECAQGN8L Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 700.00 0.00 700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D 15D ž013 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 700.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	ss	Transaction ID : VNW1ECAQGH7L
LOAN SOURCE Full Name (Last, First, N	1iddle Initial)	Memo Item Election: 2014
Tinubu, Gloria, Bromell, ,	Memo Item Clection: 2014	
Mailing Address 8 Laurel St	Other (specify)	
City	State	ZIP Code Responsibility Personal Funds of the Candidate
Conway	SC	29526-5154 Tersonal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00	ļ,	0.00 10000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M02M / D13D / Y Ž01Ă Y	M M / D D	/ Y ňonr Y none % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL & This Deviced This Dags (options)	.	
SUBTOTALS This Period This Page (optional)	10000.00
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Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) Transaction ID: VNW1ECAQGK2L Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Tinubu, Gloria, Bromell, , General Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1350.00 0.00 1350.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) none D09D M 05M ž014 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1350.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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13a 13b

OF

IAME OF COMMITTEE (Ir Gloria Bromell Tinu	ubu for Congress		Hans	saction ID : VNW1ECB2ZK1L
Tinubu, Gloria, B	Election: 2014 Primary General			
Mailing Address 8 Laurel St	Other (specify) ▼			
City		State	ZIP Code	▼ Personal Funds of the Candidate
Conway		SC	29526-5154	Personal Funds of the Candidate
Original Amount of Lo	oan	Cumulative Pa	yment To Date B	Balance Outstanding at Close of This Period
,	1500.00		0.00	1500.00
TERMS Date In	curred	Г	Date Due Interest R (If none, e	
M07M / D15D	^Y Ž014 ^Y	M M / D D	/ Y ňoně Y	0.00 % (apr) Yes No
List All Endorsers or	Guarantors (if any) to	o Loan Source		
1. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
		Amount Guaranteed		
City	State	ZIP Code	Outstanding:	y y
2. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	7ID Codo	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
3. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	la		Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
4. Full Name (Last, Fir	st, Middle Initial)	•	Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9 9 9
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

13a 13b

Gloria Bromell Tinu	Name (Last, First, Mic		☐ Memo Iter	n Election: 2014
Tinubu, Gloria, B Mailing Address 8 Laurel St	✓ General Other (specify) ▼			
City		ZIP Code	W Down of Frederick to Condition	
Conway		SC	29526-5154	Personal Funds of the Candidate
Original Amount of Lo	pan	Cumulative Pa	ment To Date Ba	alance Outstanding at Close of This Period
	1800.00		0.00	1800.00
TERMS Date In	curred	С	rate Due Interest Ra	
M07M / D23D	ž014 ^Y	M M / D D	· · · · ·	0.00 % (apr) Yes X No
List All Endorsers or	Guarantors (if any) to	o Loan Source		
1. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP Code		Amount Guaranteed	
			Outstanding: Name of Employer	9 9
2. Full Name (Last, Fir	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
Oity	State	Zir Code	Outstanding:	9 9
3. Full Name (Last, Fir	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
4. Full Name (Last, Fir	st, Middle Initial)	'	Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	7 7
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	se only to LINE 3. Sch	edule D. for this	s line. If no Schedule D. carry fo	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	ess	Transaction ID : VNW1ECRDBQ2L
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014
Tinubu, Gloria, Bromell, ,	Memo Item Primary General	
Mailing Address 8 Laurel St	Other (specify) —	
City	State	ZIP Code Responsible to the Candidate Personal Funds of the Candidate
Conway	SC	29526-5154 Tersonal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3000.00		0.00 3000.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M08 ^M / P15 ^D / Y 2014 Y	M M / D D	/ Y ňoně Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	/) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	aı)	3000.00
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b NAME OF COMMITTEE (In Full) Transaction ID: VNW1ECZ6ZM2L Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 6500.00 4000.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D21 ^D M09M ž014 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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×	13a
	13b

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NAME OF COMMITTEE (In Full) Transaction ID: VNW1ED3WER9L Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D21 ^D M09M ž014 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100			
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	SS	Transaction ID : VNW1ED5M069L			
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014			
Tinubu, Gloria, Bromell, ,	_ Wette Refi				
Mailing Address 8 Laurel St	x General Other (specify) ▼				
City	State	ZIP Code Responsible to the Candidate Personal Funds of the Candidate			
Conway	SC	29526-5154 Tersonal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
5000.00		0.00 5000.00			
TERMS Date Incurred]	Date Due Interest Rate Secured: (If none, enter 0)			
M10 ^M / D16 ^D / Y 2014 Y	M M / D D	/ Y ňoně Y none % (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City State	ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
CURTOTAL C This Desired Till D. ()					
SUBTOTALS This Period This Page (optiona)	5000.00			
TOTALS This Period (last page in this line o	nly)	······································			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

13a

		100
NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congre	ess	Transaction ID : VNW1ED85ZM5L
LOAN SOURCE Full Name (Last, First, I	Memo Item Election: 2014	
Tinubu, Gloria, Bromell, , Mailing Address 8 Laurel St	General Other (specify) ▼	
City	State	ZIP Code
Conway	SC	29526-5154 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
6000.00	,	0.00 6000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D29 ^D / Y Ž014 Y	M M / D D	/ Y ňoně Y none % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
011	710.0.1	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZID Code	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional	ıl)	
		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line of	nly)	•
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b NAME OF COMMITTEE (In Full) Transaction ID: VNW1ED9S8Q8L Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1100.00 0.00 1100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D04D ž014 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1100.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

AME OF COMMITTEE (I Gloria Bromell Tinu	ubu for Congress			action ID: VNW1EDAEJQ4L	
Tinubu, Gloria, E	m Election: 2012 Primary General				
Mailing Address 8 Laurel St	Other (specify) ▼				
City		State	ZIP Code	✗ Personal Funds of the Candidate	
Conway		SC	29526-5154	Personal Funds of the Candidate	
Original Amount of Lo	oan	Cumulative Pa	yment To Date B	alance Outstanding at Close of This Period	
	900.00	9	0.00	900.00	
TERMS Date In	ncurred	С	rate Due Interest R		
M11 ^M / D04 ^D	/ Y Ž014 Y	M M / D D	/ Y ňoně Y	none % (apr) Yes No	
List All Endorsers or	` '	o Loan Source			
1. Full Name (Last, F	irst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,	
2. Full Name (Last, Fi	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	9 9	
3. Full Name (Last, Fin	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed		
		Zii Gode	Outstanding:	7	
4. Full Name (Last, Fi	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
		Amount Guaranteed			
Oity	State	Zii Oode	Outstanding:	9	
SUBTOTALS This Period	This Page (optional)			900.00	
TOTALS This Period (las	t page in this line only	·) ·······	·····	9 9 9	
Corre outstanding balan	oo only to LINE O. C. I	andula D. for the	line If no Cabadula D. aarra C	anyond to appropriate line of Commen	
Sarry outstanding balan	ce only to LINE 3. Sch	edule D. for this	s line. If no Schedule D, carry fo	prward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: VNW1EDAEJT7L NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1200.00 0.00 1200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M none ^D14^D ž014 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1200.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

_						130
	ME OF COMMITTEE (In Full) Horia Bromell Tinubu for Co	ongres	3		Transa	ction ID : VNW1EDKFXC7L
LOAN SOURCE Full Name (Last, First, Middle Initial) — Memo Item Tinubu, Gloria, Bromell, ,						Election: 2014
	Mailing Address 8 Laurel St	☐ Ceneral Other (specify) ▼				
'			ZIP Co	Personal Funds of the Car		
	Conway		SC	29526		
	Original Amount of Loan	.33	Cumulative Pay	yment To	Date Ba	lance Outstanding at Close of This Period 501.33
	TERMS Date Incurred			Date Due	Interest Ra	
	M12M / D30D / Y 2014	Y	M M / D D	/ Y	TIOTIC	one % (apr) Yes X No
	List All Endorsers or Guarantors	(if any) to	o Loan Source			
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer	
	Mailing Address				Occupation	
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer	
					Occupation	
		I_	T		Amount Guaranteed	
	City	State	ZIP Code			7
	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation	
	Mailing Address					
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7
	4. Full Name (Last, First, Middle In	itial)			Name of Employer	
	Mailing Address				Occupation	
			Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	9 9
SI	UBTOTALS This Period This Page (optional)				501.33
T	OTALS This Period (last page in this	line only	<i>y</i>)			7 7 7 7
	carry outstanding balance only to III	NE 3. Sch	nedule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.
. ~	a, Jarotanania Balance of ity to Eli	,	, 101 1111	11	Joneans D, Juny 101	appropriate mic or cumillary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b NAME OF COMMITTEE (In Full) Transaction ID: VNW1EE17QP0L Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Tinubu, Gloria, Bromell, , General X Mailing Address 8 Laurel St Other (specify) City State ZIP Code X Personal Funds of the Candidate SC 29526-5154 Conway Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 600.00 0.00 600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D13^D M 07M Ž015 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 600.00 TOTALS This Period (last page in this line only) 363351.33 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 54 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

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NAME OF COMMITTEE (In Full)

Gloria Bromell Tinubu for Congress

Gioria bromeii Tinubi		Jongress	
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
Lake Research Partners Inc	polling and survey services		
Mailing Address 1726 M St NW Ste 1100	_		
City	State	Zip Code	
Washington	DC	20036-4528	
Outstanding Balance Beginning This Period	Transaction ID: VNS3P9H64F1		
6500.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00	L	0.00	6500.00
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor	Nature of Debt (Purpose):
Poplus, Reginald, , ,			Consulting Services - management
Mailing Address 2475 Enon Rd SW			
City	State	Zip Code	-
Atlanta	GA	30331-7843	
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 4191.66		
C. Full Name (Last, First, Middle Initial) of Domith, James, E., , Jr., Esq.	ebtor or Cre	ditor	Nature of Debt (Purpose): legal services
Mailing Address 1718 Hollywood Dr			_
City	State	Zip Code	
Columbia	SC	29205-3216	
Outstanding Balance Beginning This Period	I		Transaction ID: VNS3P9H6589
600.00		B	
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00	L	0.00	600.00
1) SUBTOTALS This Period This Page (optional	ıl)		11291.66
2) TOTALS This Period (last page this line num	nber only) ····		11291.66
3) TOTAL OUTSTANDING LOANS from Sched	363351.33		
4) ADD 2) and 3) and carry forward to appropri	374642.99		