Disclosure Report Cover						Amendment Yes No	
Use this form for ge	neral report and committee	informat	ion, must be	signed	and sub	mitted along with o	other detailed forms.
	to update information						k.
1. Committee Infor	mation		Depte Ob. 40			\$400000000 FO	
a. Full Name COY REID FOR SI	LIEDIES						c. ID Number
							4DU6V5
	lude City, State and Zip Code)						d. Date Filed
PO BOX 1212 NEWTON, NC 28658						01/15/2018	
						JAN 1 6 2018	e. Phone Number
							828-244-1182
2. Report Year	3. Period Start Date (mm/c	id/yy)	4. Period I (mm/dd/yy)	End Da	te 🕒	5. Treasurer Ful	ll Name
2017	07/01/2017		12/3	1/2017		FRED W. LAXT	ΓΟN
6. Type of Committ		9. Typ	e of Report	(c.	heck on	ly one type of repor	rt from one category)
Candidate Campa		Municip	oal		State/Co		Referendum
PAC	Referendum		Organizational)		Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser		Thirty-five day		(Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary			First	Final
"Booster Fund"	, , , , , , , , , , , , , , , , , , , ,	lĦ	Pre-election		Ħ	Second	Supplemental Final
Building Fund			Pre-runoff			Third	Annual
147			Semi-annual			Fourth	Special
			Mid Year			Semi-annual	
Other:		lH .	Year End	2		Mid Year	10. Special Report Name
8. Number of Fund	raisars this Danart	H	Final Special			Year End Final	
o. Number of Fund	0		Special			Special	
11. Account Inform	ation		70.0	11. Ac	count I	nformation	
a. Financial Institution I	Full Name			a. Finar	ncial Insti	tution Full Name	
CAPITAL BANK							
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
CAMPAIGN FINANCE	00	1					
	d. Period Begin Balance						d. Period Begin Balance
	\$ 5095.32						\$
CERTIFICATION					e de la composición della comp		
the NC General Statu	ates and that no funds are co	mmingle	ed with prohi	ibited o	r other n	non-disclosed funds	3, & 22D-22M of Chapter 163 of s. I further certify that this report
is complete, true and FRED W. L	correct and that I have been	trained	by the NC S	tate Bo	ard of E	1	01/15/2010
FRED W. L	Printed Name of Signer		$-\frac{1}{2}$	ed U	f Appoint	d Treasurer	01/15/2018 Date
FOR OFFICE USE O			318	gnature o	ТАрроши	ed Treasurer	Date
Date Received:			Danie				Delivery Method
Date Received:	- INFRF	N W D	Employee:				Normal Mail
Date Postmarked	i: \ \ \ \ \ \ \ \ \ \	u W L	Employee:				Registered Mail
	JAN 1						Hand Delivered
Date Scanned:		U 2010	Employee:				☐ Electronically Filed ☐ Signer has not received
Date Data Entere	ed: By		Employee:				mandatory training
Place Note: m:	~ £		Martin Martin Control				
riease Note: This	s torm cannot be used to am custodia	end com in of boo	mittee inforr ks information	mation : on, or a	such as i ccount i	the committee addr information.	ress, treasurer, assistant treasurer,
	You must amend the Stater	nent of (Organization	(CRO-	2100A-I	E) to make commit	ttee changes

Amendment

Amendment \boxtimes No

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

	2. Type of Report		3. ID Number		
COY REID FOR SHERIFF	ORT	4DU6V5			
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 5095.32	\$ 12131.12		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 1686.00		
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 7090.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.36	\$ 16.67		
11b) Contributions from Not-for-Profit Organization	ons (CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	S	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	S	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	S		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	c, 11d and 11e)	\$ 100.36	\$ 8792.67		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 1100.00	\$ 16828.11		
13b) Contributions to Candidates/Political Committee	tees (CRO-1310)	\$ 4000.00	\$ 4000.00		
13c) Coordinated Party Expenditures	(CRO-1310)	S	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	S		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	S	S		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	i, 16 and 17)	\$ 5100.00	S 12157.40		
19) Cash on Hand at End (Add lines 4 and 12 together, then subt		\$ 95.68	\$ 95.68		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	s) (CRO-1430)	S			
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)	S			
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	S	S		
27) 48-Hour Notice Reports Sum					
	(CRO-2220)	\$	S		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Contributions fr			Pg			Yes	No No
Use this form to report in			0 or contributions unc	ler \$50 if form CI			
1. Committee Full Nam		able)			2. ID Nu	mber	
COY REID FOR SHERI	FF					4DU6V5	
3. Contributor Informa		\boxtimes	Add 🗌 Re	move	N. Stefan		
a. Full Name, Mailing Addres	s & Phone		b. Job Title/Profession		d. Commen	nts	
(include city, state, & zip) COY REID	以 · 政权的制度等的 1000 1000 1000 1000 1000 1000 1000 10		SHERIFF				
PO BOX 1212			c. Employer's Name/S	pecific Field	5		
NEWTON, NC 28658			CATAWBA COU				
			GOVERNMENT		e. Election	Sum to Date	
					\$	100.00	
f. Prior g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	Williams.
001	CHECK			11/29/2	2017	\$	100.00
						s	
						S	
3. Contributor Informa	tion		Add 🔲 Rei	move	***		
a. Full Name, Mailing Addres	s & Phone		b. Job Title/Profession	排除的	d. Commen	its	
(include city, state, & zip)							
			c. Employer's Name/Sp	necific Field			
			o zmpojet v tame op	yeeme r leid grammas			
					e. Election S	Sum to Date	
					\$		
f. Prior g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
					A COMMON DE SESSO EN	\$	
						S	
						\$	
3. Contributor Informat		5 Z	Add Ren	nove			
a. Full Name, Mailing Address	s & Phone		b. Job Title/Profession		d. Commen	ts	
(include city, state, & zip)	20世紀6月22日23日 東京州開新		+				
			c. Employer's Name/Sp	ecific Field			
					e. Election S	Sum to Date	
					S		
f. Prior g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	BWW61
						\$	
						\$	
						\$	
4. Total only this Pa					\$		100.00
5. Total of ALL CRO	D-1210 Pages				s		100.00

Amendment

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Other Rec	eipt Sources		Pg	1 of 1	Yes No
Use this form to	report income not repo	orted on another form, i.e. interes	est income,	not for profit contribu	tions etc.
	Full Name (and Fund	f applicable)		2. II) Number
COY REID FO	OR SHERIFF				4DU6V5
3. Type of Reco	eipt Source	(Please use separate CRO-	1250 forms	s for each type of Reco	eipt Source.)
Interest		Contributions from Not-fo	or-Profit Orga	nizations Ou	itside Sources of Income
4. Contributor		☐ Add		Remove	
	ing Address & Phone		b. Not-fo	or-Profit Federal ID#	d. Comments
(include city, sta			1		
CAPITAL BAI	NK		c Outsid	de Source Explanation	-
			c. Outsic	ae Source Explanation	
					e. Election Sum to Date
					\$ 16.67
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
001	ELECTRONIC			VARIOUS	\$ 0.36
					\$
4. Contributor	Information	☐ Add		Remove	
a. Full Name, Mail	ing Address & Phone		b. Not-fo	or-Profit Federal ID#	d. Comments
			c. Outsid	de Source Explanation	-
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					S
					S
4. Contributor		☐ Add	1111	Remove	
	ing Address & Phone		b. Not-fo	or-Profit Federal ID#	d. Comments
(include city, sta	te, & zip)		<u> </u>		
			c. Outsid	de Source Explanation	-
					e. Election Sum to Date
					S
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					S
					\$
5. Total only	this Page				\$ 0.36
	LL CRO-1250 Pag	ges ary Page CRO-1100 if Interest)			\$ 0.36

Amendment

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

				Amendment			
Disbursements	Pg	1 of	1		Yes	\boxtimes	No
TT 11: C				44400			

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

1. Committee F	ull Name (and Fun				2. ID Number
COY REID FO		BE703			4DU6V5
3. Type of Disb			RO-1310 forms for each ty		
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,					
CAPITAL BAN	ΙK				
			c. Level Registered (Specify)		
			Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 60.00
					\$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	DI DOMPONIO		VARIOUS	060.00	SERVICE CHARGES
001	ELECTRONIC	0		\$60.00	
				\$	
4. Payee Inform	nation		Add	Remove	HE BOOK CONTRACTOR
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			bi coordinated committee its	The Control of the Control	ar comments
	EGION POST #48				
1127 US 70	EGION FOST #40		- I and Desistant (Specific)		
	20/02		c. Level Registered (Specify)	County County	
HICKORY, NC	28602		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 2180.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001		_	H 25 22 22 23	240.00	MEMBERSHIP DUES
001	CHECK	0	07/08/2017	\$40.00	
001	CHECK	0	09/27/2017	\$900.00	APPRECIATION
001	CHECK	0	09/27/2017	3900.00	DINNER
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone	新山北 北部村市	b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
	HIGH SCHOOL				
3205 34 TH ST D			c. Level Registered (Specify)		
HICKORY, NO			Federal	County:	
merori, ne	20001		State	Municipality:	e. Election Sum to Date
				wunerpanty.	C. Election Sum to Bate
					\$ 100.00
f. 1 C- 1-	- Farm of Daymand	h. Purpose Code	i Doto (mm/dd/mm)		k. Required Remarks
f. Account Code	g. Form of Payment	n. r ur pose Couc	i. Date (mm/dd/yyyy)	j. Amount	YEAR BOOK AD
001	CHECK	A	07/06/2017	\$100.00	YEAR BOOK AD
1000000 					
	10			S	
					5 1100.00
5. Total only this Page					\$ 1100.00
	CRO-1310 Pages				
	line 13a of Detailed Sun				\$ 5100.00
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anothe	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses					
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other					
	e detailed explanat	ion in required re	emarks field (k)		
Coucs requir	c detaned explanati	on in required re	marks neiu (k)		ABORCHOUNG AND SOURCE SPECIAL CONTRACTOR AND ADDRESS OF THE ADDRES

Amendment Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. \boxtimes Yes

1. Committee Full Name (and Fund if applicable) 2. ID Number					
COY REID FOI	R SHERIFF				
3. Type of Disbu	irsement (Plea	se use separate C	RO-1310 forms for each ty		
Operating E	xpenses 🖂	Contributions to Car	ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state, & zip) JASON REID FOR SHERIFF PO BOX 1802			c. Level Registered (Specify)		
CONOVER, NO	28613		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 4000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	СНЕСК	D	07/12/2017	\$4000.00	CAMPAIGN CONTRIBUTION
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone	BOOK THE RE	b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
(mende eng) sinte,					
			c. Level Registered (Specify)		
			☐ Federal ☐	County:	
			State	Municipality:	e. Election Sum to Date
					s
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	g	THE SECTION OF THE SE			
				S	
				s	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,					
(merade enj, state,	C 2.1p)		1		
			c. Level Registered (Specify)		
			☐ Federal ☐	County:	
			State	Municipality:	e. Election Sum to Date
					S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				S	
				\$	
5. Total only th	is Paga				\$ 4000.00
	CRO-1310 Pages				
(This line goes in (This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 5100.00
7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)		
A* - Media	B* - Printing	C* - Fun	draising		her Candidate
E - Salarics F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses O* - Other					
* Codes require detailed explanation in required remarks field (k)					

No