Disclosure Rep Use this form for gene	ort Cover	: C		000e2007 2 002	~ aga	14 ///00 ggas kg	Amendment Yes No
		informa	tion, must b	e signed	l and su	ıbmitted along with	other detailed forms.
1. Committee Inform							
a. Full Name				F	の に	n ty is lay	c. ID Number
COY REID FOR SHE					55	100	4DU6V5
b. Mailing Address (includ PO BOX 1212	de City, State and Zip Code)				JUL 1	9 201/	d. Date Filed
NEWTON, NC 28658	8			LILL	Control of the Contro		
				Ву		Management of the Control of the Con	7-19-2017
1				Land			e. Phone Number
							828-244-1182
2. Report Year 3.	B. Period Start Date (mm/d	dd/yy)	4. Period (mm/dd/yy)		ite	5. Treasurer Fu	ull Name
2017	01/01/2017		***************************************	/30/2017	1	FRED W. LAX	TON
6. Type of Committee		9. Tyr	pe of Report	t (c	check of	nh one time of ren	ort from one category)
Candidate Campaign	n Party	Municip			State/C	County	Referendum
PAC Independent	Referendum		Organizationa	al		Organizational	Organizational
Expenditure	Joint Fundraiser		Thirty-five day	ıy		Quarterly	Pre-referendum
Legal Expense Fund 7. Type of Fund	if applicable, check one)			1			15 Table 1
Booster Fund"	ј иррисивіе, спеск впеј		Pre-primary Pre-election	J		First	Final
Building Fund	1		Pre-election Pre-runoff	J		Second Third	Supplemental Final
	1		Semi-annual	1		Fourth	Annual Special
Other:	J		Mid Year	700,0	A	Semi-annual	
Curc.	J	ıH	Year End Final	1		Mid Year	10. Special Report Name
8. Number of Fundrais	sers this Report		Special		.H	Year End Final	
0	0		**************************************			Special	
11. Account Information				11. Ac		Information	
a. Financial Institution Full CAPITAL BANK	Name					titution Full Name	
b. Purpose	c. Account Code			L Durn			
CAMPAIGN	The state of the s			b. Purpo	ose		c. Account Code
FINANCE	001			ĺ			
	d. Period Begin Balance			ĺ			d. Period Begin Balance
	\$ 12,150.56						s
CERTIFICATION							
I certify that the Commit	ttee or Fund is in complia	nce with	all applical	ble prov	isions o	of Article 22A, 22F	3, & 22D-22M of Chapter 163 of
	and that no funds are comprect and that I have been to						3, & 22D-22M of Chapter 163 of s. I further certify that this report
FRED W. LAX	The state of the s	d'anica o	by the INC St	tate Boar	arg of El	lections.	7-19-17
Pr	Printed Name of Signer		Sig	,	-	ed Treasurer	Date
FOR OFFICE USE ONLY	Y						
Date Received:		F	Employee:				Delivery Method Normal Mail
Date Postmarked:		F	Employee:				Normal Mail Registered Mail
Date Scanned:							☐ Hand Delivered
Date Scarnica.		E	Employee:				Electronically Filed Signer has not received
Date Data Entered:		Е	Employee:	-			mandatory training
Please Note: This for	rm cannot be used to ame	nd comp	nittee inform	mation st	ach act	de committee addr	ress, treasurer, assistant treasurer,
	custodian	OI DOOKS	is informatio	on, or acc	count in	nformation.	
You 1000	u must amend the Stateme	ent of Or	ganization ((CRO-2	100A-E	i) to make committ	tee changes.

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

1. Committee Full Name (and Fund if any line).

Amendment \boxtimes Yes No

1. Committee Full Name (and Fund if applicable) COY REID FOR SHERIFF	2. Type of Repor	t		3. ID N	Number		
COT REID FOR SHERIFF	MID YEAR	ID YEAR			4DU6V5		
Start of Election Cycle: January 1,	2015		Total this Reporting Period		Total this Election Cycle		
4) Cash on Hand at Start		\$	12150.56	\$	12131.12		
5) Aggregated Contributions from Individuals							
5) Aggregated Contributions from Individuals6) Contributions from Individuals	(CRO-1205)	- 1		\$	1686.00		
	(CRO-1210)	\$		\$	6990.00		
Tomateur Farty Committees	(CRO-1220)	\$		\$			
8) Contributions from Other Political Committees9) Loan Proceeds	(CRO-1230)	\$		\$			
	(CRO-1410)	\$		\$			
0) Refunds/Reimbursements To the Committee1) Other Receipt Sources	(CRO-1240)	\$		\$			
11a) Interest on Bank Accounts	(CRO 1250)	Φ.					
11b) Contributions from Not-for-Profit Organiza	(CRO-1250)	\$	2.16	\$	16.31		
11c) Outside Sources of Income		\$		\$			
11d) Legal Expense Fund – Other Sources	(CRO-1250)	\$		\$			
11 e) Exempt Purchase Price Sales	(CRO-1270)	\$		\$			
	(CRO-1265)	\$		\$			
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, EXPENDITURES	llc, lld and lle)	\$	12152.72	\$	20823.43		
B) Disbursements			TANKEN CAMPUNING		Human College College		
13a) Operating Expenditures	(CRO-1310)	\$	7057.40	\$	15720.11		
13b) Contributions to Candidates/Political Comm	100	\$	7037.40		15728.11		
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$			
Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$			
) Loan Repayments	(CRO-1420)	\$		\$			
Refunds/Reimbursements From the Committee	(CRO-1320)			\$			
) In-Kind Contributions		\$		\$			
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	(CRO-1510)	\$		\$			
Cash on Hand at End (Add lines 4 and 12 together, then su		\$	5005 22	\$			
DDITIONAL INFORMATION	otract tine 18)	\$	5095.32	\$	5095.32		
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$					
Outstanding Loans (incl. ones from other campaig		\$					
Debts and Obligations owed By the Committee		\$					
Debts and Obligations owed To the Committee		\$					
Account Transfers Within the Committee		\$					
Administrative Support		\$ \$		6			
Forgiven Loans		\$ \$		\$			
48-Hour Notice Reports Sum		9		\$			
Contributions to be Refunded		\$		\$			
O-1100 NC State Board of Ele		\$		\$			

Other Receipt Sources

Amendment Yes

X No Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc. 1. Committee Full Name (and Fund if applicable) 2. ID Number COY REID FOR SHERIFF 4DU6V5 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) \bowtie Interest Contributions from Not-for-Profit Organizations Outside Sources of Income 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) CAPITAL BANK c. Outside Source Explanation e. Election Sum to Date \$ 16.31 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 001 **ELECTRONIC VARIOUS** \$ 2.16 \$ 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) c. Outside 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 \$ \$ 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) c. Outside 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 \$ \$ 5. Total only this Page 2.16 6. Total of ALL CRO-1250 Pages (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) \$ 2.16 (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

Disbursements

Liga this form to report to Pg 1 of 3 Yes

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

COY REID FO	Full Name (and Fu	nd if applicable)			2. ID Number
3. Type of Dis		060 H00 000 000	CDO 1210 C		4DU6V5
Operating		Contributions to C	CRO-1310 forms for each andidates/Political Committees		
4. Payee Infor		Contributions to C			Coordinated Party Expenditures
THE REPORT OF THE PARTY OF THE	iling Address & Phone		Add	Remove	
(include city, state			b. Coordinated Committee	Name	d. Comments
WNNC	c, ce zip)				
	STATION RD			Authoritania and a service and a service	
NEWTON, NO			c. Level Registered (Specify		
	20000		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 485.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks
001	CHECK	A	01/06/2017	\$200.00	RADIO AD
				7-0000	
				\$	
4. Payee Inform			Add	Remove	
include city, state	ling Address & Phone		b. Coordinated Committee N	Name	d. Comments
	JS MARKETING				
520 8 TH ST NE				Will de la company and a second a second and	
HICKORY, NO			c. Level Registered (Specify)		
	20001		Federal S	County:	
			State	Municipality:	e. Election Sum to Date
war negative the control of the cont					\$ 4750.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	CHECK	A	02/24/2017	\$4750.00	WEB CONSULTING
. Payee Inforn	nation			\$ Remove	
The same of the sa	ing Address & Phone		Add		
nclude city, state,			b. Coordinated Committee Na	ame	d. Comments
YMCA	<i>« ир)</i>				
1104 CONOVE	ER BLVD E		c. Level Registered (Specify)	M.	
CONOVER, NC 28613			Federal Specify		
			State	County: Municipality:	a Planting of P
				widincipanty.	e. Election Sum to Date
				\$ 100.00	
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	CHECK	O	02/24/2017	\$50.00	CONTRIBUTION
Total only thi	is Page			\$	
	CRO-1310 Pages				\$ 5000.00
(This line goes in	line 13a of Detailed Sumi	nary Page CRO-1100	if Operating Expenses		
(This line goes in l	line 13b of Detailed Sumi	nary Page CRO-1100	if Contrib to Candidates/Politica	\$ 7057.40	
(This line goes in i	line 13c of Detailed Sumr	nary Page CRO-1100	if Coordinated Party Expenditus		
Purpose Code	es (List detailed exp	enditure code in (h.) above)		
- Media - Salaries	B* - Printing	C* - Fund	raising	D - To Anoth	er Candidate
2 2 quipment G-1 office				Public Office Expenses	
- Other	J - Penalties	K* - Office	Expenses	Q* - Donatio	n to Legal Expense Fund
	detailed explanatio	n in required was	monto Gald (IA		300000000000000000000000000000000000000

 \boxtimes

No

Disbursements

Amendment

 \boxtimes

No

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

COY REID FO	Full Name (and Fur OR SHERIFF	nd if applicable)			2. ID Number	
3. Type of Disk	CP1001000000000000000000000000000000000	4DU6V5				
Operating 1	Expenses	Contributions to C	CRO-1310 forms for each 1 Candidates/Political Committees			
4. Payee Inform	rmation		Add Add	Remove	Coordinated Party Expenditures	
CONTRACTOR	iling Address & Phone		b. Coordinated Committee N	Vame	d. Comments	
(include city, state	e, & zip)	ATTEMPTER ST		ame	d. Comments	
SPECIAL OLY	YMPICS		#			
2531 SECTION			c. Level Registered (Specify)		ANSE	
HICKORY, NO	C 28601		Federal S	County:		
			State	Municipality:	e. Election Sum to Date	
				61.6335.00 A		
f. Account Code	and the second second second	T. CEL			\$ 600.00	
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	0	03/07/2017	\$200.00	DONATION	
				\$		
4. Payee Inform			Add	Remove		
	ling Address & Phone			b. Coordinated Committee Name d. Commen		
(include city, state,				The state of the s	ALL COMMITTEE STREET, SANSHERS	
NATIONAL PE			1			
	S SUMMIT DRIVE	:	c. Level Registered (Specify)	Aller of the lay		
SAN DIEGO, C	JA 92131		Federal 🖂	County:	<u>#</u>	
			State	Municipality:	e. Election Sum to Date	
					\$ 1991.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	ELECTRONIC	С	03/18/2017	\$657.40	CAMPAIGN PENS	
				\$	PENS	
4. Payee Inform	nation		Add	Remove		
	ing Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state, &	& zip)		D. Commission of the Commissio	me	d. Comments	
CATAWBA VA	ALLEY HARVEST		1			
420 EAST N ST	TREET	/	c. Level Registered (Specify)		and the second	
NEWTON, NC		. 2	Federal 🖂	County:	4	
		Ų	State	Municipality:	e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	0			PROGRAM AD	
	CHECK		03/31/2017	\$100.00	THOUSE THE	
				\$		
5. Total only this	is Page CRO-1310 Pages				\$ 957.40	
(This line goes in	i CRO-1310 Pages line 13a of Detailed Sumn	Page CPO 1100				
(This line goes in	line 13h of Detailed Sum	mary Page CRO-1100	0 if Operating Expenses) 0 if Contrib to Candidates/Political	\$ 7057.40		
(This line goes in !	line 13c of Detailed Sumi	mary Page CRO-1100) if Contrib to Candidates/Political) if Coordinated Party Expenditure	if Coordinated Party Fynenditures		
. Purpose Codes	es (List detailed expe	enditure code in (h) above)	25)		
* - Media	B* - Printing	C* - Fundr	raising	D - To Anothe	per Candidate	
- Salaries	F* - Equipment	G - Politica	al Party	H* - Holding	Public Office Expenses	
- Postage O* - Other	J - Penalties	K* - Office		Q* - Donatio	on to Legal Expense Fund	
	e detailed explanatio	on in required re) Catalon			
WOULD WHILE	uctanicu Capianani	A lu reduired re-	marks field (k)			

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

1. Committee Full Name (and Fund if applicable) Pg Yes \boxtimes No

COY REID FO	OR SHERIFF	па и аррисавіе)			2. ID Number	
3. Type of Disk		ansa usa sanarata	CDC 1210 C C 1		ADUGUE	
Operating		Contributions to C	CRO-1310 forms for each	type of Disburs	sement.)	
4. Payee Inform	2,11,11,11,11,11,11,11,11,11,11,11,11,11		Add		Coordinated Party Expenditures	
	ailing Address & Phone		b. Coordinated Committee N	Remove		
(include city, state	e, & zip)			lame	d. Comments	
JUVENILLE D	DIABITIES RESEAT	RCH	7			
PO BOX 389	-22		c. Level Registered (Specify)		ARREST.	
NEWTON, NO	2 28658		Federal 🖂	County:	ANTES	
			State	Municipality:	e. Election Sum to Date	
				200 to the contract - copy		
f tt Code	and the second s			1 4	\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	О	03/08/2017	\$100.00	DONATION	
			03/00/2017	\$100.00		
				\$		
4. Payee Inform	notion				2000	
Control of the Contro	iling Address & Phone		Add	Remove		
(include city, state,			b. Coordinated Committee Na	ame	d. Comments	
	e, & zip) APTIST COMMUNI	ITV	4			
CENTER	IL 1191 COMMISSION	ΙΥ				
100 6 TH AVE N	JF	,	c. Level Registered (Specify)			
	L	,	Federal State	County:		
		,	State	Municipality:	e. Election Sum to Date	
		1			\$ 3000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	: Amount		
001	V. A. P. S.	A AMOUNT STATE OF THE STATE OF		j. Amount	k. Required Remarks	
001	CHECK	О	06/15/2017	\$1000.00	DONATION	
				0 00		
				\$		
4. Payee Inform			Add	Remove		
	ing Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state, ¿					u. Comments	
A State point of the state of t						
		ľ	c. Level Registered (Specify)		2330	
			Federal	County:	4400	
			State	Municipality:	e. Election Sum to Date	
			_			
Code 1		SALES OF SALES			\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	(I	(\$		
				Þ		
	()	i		\$		
5. Total only this				Φ		
	CRO-1310 Pages				\$ 1100.00	
(This line goes in)	line 13a of Detailed Summ	mary Page CRO-1100	(CO			
(This line goes in I	line 13b of Detailed Sum	mary Page CRO-1100	if Operating Expenses) if Contrib to Candidates/Political		\$ 7057.40	
(This line goes in I	line 13c of Detailed Sumi	marv Page CRO-1100	if Contrib to Candidates/Political if Coordinated Party Expenditure	l Comm)		
. Purpose Codes	s (List detailed exp	penditure code in (h) above)	es)		
* - Media	B* - Printing	C* - Fundra		D To Anot		
E - Salaries	F* - Equipment	G - Political	al Party	Party H* - Holding P		
- Postage D* - Other	J - Penalties	K* - Office		H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund		
	2 (11 2 2 2 2 2 2 2 2 4	STREET,		The Storman Super	M to DeBut Dahamer I min	
Codes require	detailed explanatio	n in required rer	narks field (k)			