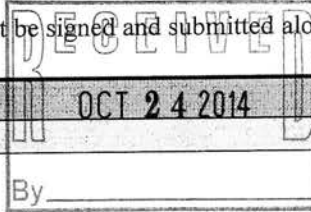


Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment

☐ Yes☒ No

1. Committee Information			
a. Full Name COY REID FOR SHERIFF		c. ID Number 4DU6V5	
b. Mailing Address (include City, State and Zip Code) PO BOX 1212 NEWTON, NC 28658		d. Date Filed 10/23/2014	
		e. Phone Number 828-244-1182	
2. Report Year 2014	3. Period Start Date (mm/dd/yy) 07/01/2014	4. Period End Date (mm/dd/yy) 10/18/2014	5. Treasurer Full Name FRED W. LAXTON
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	
7. Type of Fund (if applicable, check one) ☐ "Booster Fund" ☐ Building Fund ☐ Other:		State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☒ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	
8. Number of Fundraisers this Report 1		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name CAPITAL BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCE	c. Account Code 001	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 12369.36		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
FRED W. LAXTON Printed Name of Signer		Fred W. Laxton Signature of Appointed Treasurer	
		10/23/2014 Date	
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
Date Postmarked:	Employee:	☐ Normal Mail	
Date Scanned:	Employee:	☐ Registered Mail	
Date Data Entered:	Employee:	☐ Hand Delivered	
		☐ Electronically Filed	
		☐ Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COY REID FOR SHERIFF		3 RD QUARTER		4DU6V5	
Start of Election Cycle:		January 1,		2011	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 12369.36		\$ 5959.92	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 369.00	\$ 5087.00	
6) Contributions from Individuals		(CRO-1210)	\$ 400.00	\$ 14477.24	
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)	\$ 3.14	\$ 37.26	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)	\$	\$	
11c) Outside Sources of Income		(CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources		(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 772.14	\$ 19601.50	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 1059.00	\$ 11846.68	
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures		(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$	\$	
15) Loan Repayments		(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee		(CRO-1320)	\$	\$	
17) In-Kind Contributions		(CRO-1510)	\$	\$ 1632.24	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 1059.00	\$ 13478.92	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 12082.50	\$ 12082.50	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$		
22) Debts and Obligations owed By the Committee		(CRO-1610)	\$		
23) Debts and Obligations owed To the Committee		(CRO-1620)	\$		
24) Account Transfers Within the Committee		(CRO-1720)	\$		
25) Administrative Support		(CRO-1710)	\$	\$	
26) Forgiven Loans		(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum		(CRO-2200)	\$	\$	
28) Contributions to be Refunded		(CRO-1215)	\$	\$	

Aggregated Contributions from Individuals

Page

1 of 1

Amendment
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DU6V5	
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add		001	CASH		10/09/2014	\$ 10.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 20.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 20.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 19.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 20.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 20.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 10.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 25.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 40.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 25.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 20.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 25.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 50.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 50.00
☐ Remove						
☒ Add		001	CASH		10/09/2014	\$ 15.00
☐ Remove						
☐ Add						\$
☐ Remove						
☐ Add						\$
☐ Remove						
☐ Add						\$
☐ Remove						
☐ Add						\$
☐ Remove						
☐ Add						\$
☐ Remove						
☐ Add						\$
☐ Remove						
☐ Add						\$
☐ Remove						
☐ Add						\$
☐ Remove						
4. Total only this Page					\$ 369.00	
5. Total of ALL CRO-1205 Pages					\$ 369.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 1 of 2

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DU6V5	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BILLY BEARD 5165 HALL STREET CONOVER, NC 28613			RETIRED			
			c. Employer's Name/Specific Field			
			BEST ATTEMPT			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		10/09/2014		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS BEARD 961 N CENTER STREET HICKORY, NC 28601			RETIRED			
			c. Employer's Name/Specific Field			
			BEST ATTEMPT			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		10/09/2014		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARK SIGMON 6448 LOVE POINTE RD DENVER, NC 29037			EXECUTIVE			
			c. Employer's Name/Specific Field			
			PEOPLES BANK			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		10/09/2014		\$ 100.00
☐						\$
☐						\$
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 400.00	

Contributions from Individuals

Pg 2 of 2

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DU6V5	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DEAN PROCTOR 125 6 TH ST NW HICKORY, NC 28601			EXECUTIVE			
			c. Employer's Name/Specific Field			
			UNITED BEVERAGES, INC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		10/09/2014		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐						\$
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐						\$
☐						\$
☐						\$
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 400.00	

Other Receipt Sources

Pg

1

of

1

Amendment

☐

Yes

☒

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 <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
☒ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income					
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
CAPITAL BANK					
			c. Outside Source Explanation		
					e. Election Sum to Date
					\$ 35.57
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
001	ELECTRONIC		VARIOUS		\$ 3.14
					\$
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
			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 (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
			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					
					\$ 3.14
6. Total of ALL CRO-1250 Pages					
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					
					\$ 3.14

Disbursements

Pg 1 of 2

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DU6V5	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FAMILY GUIDANCE CENTER 17 US HWY 70 SE HICKORY, NC 28602						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	A	07/11/2014	\$150.00	ADVERTISEMENT IN PROGRAM	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
US POSTAL SERIVE						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 462.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	O	09/16/2014	\$34.00	POSTAGE	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
AMERICAN LEGION POST #48 1127 US 70 NEWTON, NC 28658						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 2400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	C	09/30/2014	\$400.00	BBQ FOR FUNDRAISER	
001	CHECK	C	10/09/2014	\$400.00	BBQ/SPACE FOR FUNDRAISER	
5. Total only this Page					\$ 984.00	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 1059.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Amendment
☐ Yes ☒ No

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DU6V5	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CATAWBA COUNTY GOP						
			c. Level Registered (Specify)			
			☐ Federal ☒ County:			
			☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	A	09/30/2014	\$75.00	PROGRAM AD	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			☐ Federal ☐ County:			
			☐ State ☐ Municipality:		e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			☐ Federal ☐ County:			
			☐ State ☐ Municipality:		e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			☐ Federal ☐ County:			
			☐ State ☐ Municipality:		e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 75.00	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 1059.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						