Disclosure Report Cover

Amendment ☐ Yes ☒ No

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

1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Judy Hoke Sherrill	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO Box 1288 Newton, NC 28658	01/15/2014
	e. Phone Number
	828-464-8839

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	07/01/2013	12/31/2013	Cathie Hodnett

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

One

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☒ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name	
SECU	
b. Purpose	**c. Account Code**
Campaign Acct	JHS
	d. Period Begin Balance
	$ 200.00

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	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.

Judy Hoke Sherrill — Printed Name of Signer

Judy Hoke Sherrill — Signature of Appointed Treasurer

01/15/2014 — Date

FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:

RECEIVED JAN 15 2014 By

Employee:

Employee:

Employee:

Employee:

Delivery Method

- ☐ Normal Mail
- ☐ Registered Mail
- ☐ 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

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Judy Hoke Sherrill	2013 Year End	

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 200.00	$
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6) Contributions from Individuals	*(CRO-1210)*	$ 10,653.28	$ 10,915.28
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)*	$ 2.16	$ 2.16
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)*		$ 10,655.44	$ 10,917.44
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 3,409.81	$ 3,409.81
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$	$
13c) Coordinated Party Expenditures	*(CRO-1310)*	$	$
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 344.94	$ 344.94
15) Loan Repayments	*(CRO-1420)*	$	$
16) Refunds/Reimbursements From the Committee	*(CRO-1320)*	$ 1,555.28	$ 1,555.28
17) In-Kind Contributions	*(CRO-1510)*	$ 2,243.28	$ 2,305.28
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 7,553.31	$ 7,615.31
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 3,302.13	$ 3,302.13
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)*	$	$

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Theodore F Cummings, III 2816 Blowing Rock Blvd Lenoir, NC 28645	Attorney	Self Empolyed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		07/28/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Blair E Cody III 449 5th Ave Pl NE Hickory, NC 28601	Attorney	Self Empolyed		$ 900.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		07/24/2013	$ 800.00
☐		In-Kind	BBQ	10/19/2013	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Paige E Pope 1015 3rd St NW Hickory, NC 28601	Retired	Paralegal		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		07/24/2013	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 1050.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee To Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Margaret A Burgess 1593 Travis Road Newton, NC 28658	Retired	Supervisor		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		08/01/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Vicky H. Greeson 4855 Crestside Street Claremont, NC 28610	Retired	Sample Maker		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		08/05/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Cathie Hodnett 2341 Mtn. View Rd Hickory, NC 28602	Retired	Administrator		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		08/05/2013	$ 100.00
☐	JHS	Check		10/19/2013	$ 100.00
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Melvin Ray Cline 3030 Bethany Church Road Claremont, NC 28610	Tile Contractor	C&R Tile Co.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		08/20/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Frances S. Setzer 4612 Hwy 10 Catawba, NC 28609	Office/Bookkeeper	Setzer & Sons		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		08/16/2013	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Betty C. Powell 3633 Cobb Drice Claremont, NC 28610	Retired	Office Manager		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		09/04/2013	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Paul E Culpepper 824 7th St NW Hickory, NC 28601	Attorney	Tate, Young & Morphis		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		09/17/2013	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Marianna Hass 8207 Peninsula Lane Sherrills Ford, NC 28673	Retired	Insurance Agent		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		09/02/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ray G Corne PO Box 747 Newton, NC 28658	Attorney	Corne & Cilley		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/15/2013	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John W. Crone 1671 8th St Dr NW Hickory, NC 28601	Attorney	Gorham & Crone		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/15/2013	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jeffrey T. Mackie 220 35th Ave NW Hickory, NC 28601	Attorney	Sigmon, Clark & Mackie		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/10/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Monroe Pannell 2013 Conover Blvd East Conover, NC 28613	Attorney	Self Employed		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/10/2013	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Charles R. Young, Sr PO Box 7 Hickory, NC 28603	Attorney	Tate, Young & Morphis		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/10/2013	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kathy W Armstrong 1323 5th St NE Hickory, NC 28601	Secretary	Patrick, Harper & Dixon Attorney Office		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/18/2013	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mrs. Forrest Ferrell 324 2nd St Pl NW Hickory, NC 28601	Retired	Housewife		$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/19/2013	$ 1000.00
☐					$
☐					$

4. Total only this Page	$ 1070.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mary Killian 4735 Elmhurst Dr NE Hickory, NC 28601	Nurse	Catawba Memorial Hosiptal		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/18/2013	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kevin McIntosh 560 20th Ave Ct NW Hickory, NC 28601	Attorney	Tate, Young, Morphis Attorney Office		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/18/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Adam Millsaps 2069 21st St Se Apt O Hickory, NC 28602	Attorney	Self Employed		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/19/2013	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jason A Orndoff 1575 Brookstone Drive Hickory, NC 28602	Attorney	Self Employed		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/19/2013	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Scott Reilly 11 East A Street Newton, NC 28658	Attorney	Self Empolyed		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/18/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Angela Starnes PO Box 1503 Conover, NC 28613	Paralegal	Cody Law Firm		$ 40.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/19/2013	$ 40.00
☐					$
☐					$

4. Total only this Page	$ 490.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Stephen M Thomas 660 5th St NW Hickory, NC 28601	Attorney	Patrick, Harper & Dixon		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/17/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kimberly H. Whitley 2566 Ironwood Drive Hickory, NC 28602	Attorney	Patrick, Harper & Dixon		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/18/2013	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
James Samuel Gorham, III PO Box 2507 Hickory, NC 28603	Attorney	Gorham & Crone		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/25/2013	$ 75.00
☐					$
☐					$

4. Total only this Page	$ 325.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Lyndon Helton PO Box 1014 Hickory, NC 28603	Attorney	Self Employed		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/28/2013	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
M Victoria Jayne 1045 18th Ave NW Hickory, NC 28601	Attorney	Self-Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/29/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Michael E Keenan 1416 Wedgewood Drive Conover, NC 28613	Insurance Salesman	Agent		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/22/2013	$ 75.00
☐					$
☐					$

4. Total only this Page	$ 675.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
David R. Moose PO Box 168 Newton, NC 28658	Attorney	Self Employed		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/25/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Paula K Timmerman PO Box 1155 Conover, NC 28613	Owner Wrought Iron	Timmerman Mfg		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/25/2013	$ 100.00
☐	JHS	Check		10/29/2013	$ 400.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Deborah J. Triplett Ashton 13125 Fort Caroline Rd Jacksonville, Fl 32225	Housewife	Housewife		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/21/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John M Moretz 4150 8th St Ct NW Hickory, NC 28601	Owner/Hosiery	Moretz Mills		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		10/31/2013	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Steven A Marlowe 1291 Old Conover-Startown Rd Newton, NC 28658	Laborer	CommScope		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		11/01/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robert M Grant, Jr. 217 N Main Newton, NC 28658	Attorney	Grant,Richmond		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		12/30/2013	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mrs Jane Doughton PO Box 458 Sparta, NC 28675	Secretary	Best Attempted		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		12/09/2013	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robert Cayll PO Box 2284 Hickory, NC 28603	Attorney	Self Employed		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		12/09/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	TCC/Admin Asst	State of North Carolina		$ 1555.28

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		In-Kind	Cards	07/26/2013	$ 292.34
☐		In-Kind	Campaign Merch.	08/16/2013	$ 263.00
☐		In-Kind	Cards	08/27/2013	$ 232.94

4. Total only this Page	$ 1,238.28
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Contributions from Individuals

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
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	TCC/Admin Asst.	State of North Carolina		$ 1555.28

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		In-Kind	Signs	10/25/2013	$ 505.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Scott Matthews 1071 18th Ave NW Hickory, NC 28601	Attorney	Self Employed		$ 850.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		In-Kind	Food/Fundraiser	10/19/2013	$ 850.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William A Jennings 4014 Glen Hollow Ln NE Hickory, NC 28601	Attoney	Self Empolyed		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JHS	Check		09/10/2013	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1,605.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,653.28

Other Receipt Sources

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
Committee to Elect Judy Hoke Sherrill	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☒ 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 #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
State Employees Credit Union Fairgrove Church Rd Hickory, NC 28601				$ 2.16

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
JHS	Electronic		12/19/2013	$ 2.16
				$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	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 #	c. Outside Source Explanation	d. Comments	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)* *(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)*	$ 2.16

Disbursements

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): Committee to Elect Judy Hoke Sherrill

2. ID Number:

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ASR GRAPHICS 623 N. Carolina Ave Maiden, NC 28650 828-428-0396		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 648.94

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	07/26/2013	$124.00	Shirts
JHS	Check	O	08/21/2013	$136.11	Shirts

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ASR GRAPHICS 623 N. Carolina Ave Maiden, NC 28650 828-428-0396		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 648.94

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	08/09/2013	$211.00	Shirts
JHS	Check	O	08/27/2013	$177.83	Shirts

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
US Postal Service Newton, NC 28658		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 124.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	12/09/2013	$62.00	PO Box Rent
				$	

5. Total only this Page: $ 710.94

6. Total of ALL CRO-1310 Pages: $ 3,409.81

(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)

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)**

Disbursements

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
Committee to Elect Judy Hoke Sherrill	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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
Capitol Promotions, Inc PO Box 231 Glenside, PA 19038 800-884-3024	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1380.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	12/19/2013	$1380.00	Signs
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Hickory American Legion PO Box 1844 Hickory, NC 28603 828-464-5433	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	08/06/2013	$250.00	Booth Rental
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Adeda Promotions 15 North College Avenue Newton, NC 28658 828-466-3410	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 717.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	08/16/2013	$400.42	Campaign Merchandise
JHS	Check	O	09/19/2013	$317.09	Campaign Merchandise

5. Total only this Page	$ 2,347.51
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)*	$ 3,409.81

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)**

Disbursements

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
Committee to Elect Judy Hoke Sherrill	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Over the Top 1647 NC 16 South Newton, NC 28658 828-465-1626		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 124.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	12/21/2013	$124.75	Pens
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Catawba County Historical Asso PO Box 73 Newton, NC 28658 828-465-0383		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	09/03/2013	$50.00	Booth Rental
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
KMART OLD 70 Hwy Conover, NC 28613		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 89.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	12/07/2013	$89.88	Tables,Chairs
				$	

5. Total only this Page	$ 264.63
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)*	$ 3,409.81

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)**

Disbursements

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
Committee to Elect Judy Hoke Sherrill	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SAMS Club Hwy 64-70 Hickory, NC 28601		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 80.73

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Check	O	10/18/2013	$80.73	Fundraiser Supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
State Employees Credit Union Fairgrove Church Rd Hickory, NC 28601		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 6.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JHS	Draft	O	12/19/2013	$6.00	Service Charges
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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	$ 86.73
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)*	$ 3,409.81

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)**

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of $50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Judy Hoke Sherrill	

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	JHS	Check	O	07/24/13	$ 33.66	Office Supplies
☐ Add ☐ Remove	JHS	Check	O	07/30/13	$ 25.00	Entry Fee- Parade
☐ Add ☐ Remove	JHS	Check	O	10/05/13	$ 25.00	Entry Fee - Campaign
☐ Add ☐ Remove	JHS	Check	O	09/24/13	$ 19.06	Office Supplies
☐ Add ☐ Remove	JHS	Check	O	09/24/13	$ 42.17	Office Supplies
☐ Add ☐ Remove	JHS	Check	O	10/18/13	$ 47.08	Fundraiser Supplies
☐ Add ☐ Remove	JHS	Check	O	10/19/13	$ 10.68	Fundrasier Supplies
☐ Add ☐ Remove	JHS	Check	O	10/31/13	$ 35.00	Booth Rental
☐ Add ☐ Remove	JHS	Check	O	11/01/13	$ 30.00	Entry Fee- Parade
☐ Add ☐ Remove	JHS	Check	O	11/08/13	$ 40.91	Office Supplies
☐ Add ☐ Remove	JHS	Check	O	12/02/13	$ 36.38	Small Table
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	

4. Total only this Page	$ 344.94
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 344.94

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (g)**

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Judy Hoke Sherrill	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	06/19/2013
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 200.00
	f. Purpose Code	j. Election Sum to Date
	L	$ 1555.28

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
TCC/Admin Asst.	State of NC		JHS

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimburse for Monies to Start Acct	10/25/2013	$ 200.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	06/20/2013
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 62.00
	f. Purpose Code	j. Election Sum to Date
	P	$ 1555.28

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
TCC/Admin Asst	State of NC		JHS

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimburse for PO Box Rental	07/26/2013	$ 62.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	07/26/2013
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 292.34
	f. Purpose Code	j. Election Sum to Date
	P	$ 1555.28

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Tcc/Admin Asst	State of NC		JHS

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimburse for Cards	07/26/2013	$ 292.34

4. Total only this Page	$ 554.34
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 1555.28

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind **O* Other**
*** Codes require detailed explanation in required remarks field (m)**

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Judy Hoke Sherrill	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	08/16/2013
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 263.00
	f. Purpose Code	j. Election Sum to Date
	P	$ 1555.28

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
TCC/Admin Asst	State of NC		JHS

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimburse for Campaign Merchandise	10/25/2013	$ 263.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	08/27/2013
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 232.94
	f. Purpose Code	j. Election Sum to Date
	P	$ 1555.28

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
TCC/Admin Asst	State of NC		JHS

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimburse for Cards	10/25/2013	$ 232.94

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	10/25/2013
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 505.00
	f. Purpose Code	j. Election Sum to Date
	P	$ 1555.28

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
TCC/Admin Asst	State of NC		JHS

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimburse for Signs	10/25/2013	$ 505.00

4. Total only this Page	$ 1000.94
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 1555.28

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind O* Other
*** Codes require detailed explanation in required remarks field (m)**

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Blair E Cody III 449 5th Ave Pl NE Hickory, NC 28601	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 900.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food for Fundraiser - BBQ	10/19/2013	$ 100.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 1555.28

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Cards	07/26/2013	$ 292.34
Campaign Merchandise	08/16/2013	$ 263.00
Cards	08/27/2013	$ 232.94

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Judy Hoke Sherrill PO Box 1288 Newton, NC 28658	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 1555.28

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Signs	10/25/2013	$ 505.00
		$
		$

4. Total only this Page	$ 1,393.28
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 2,243.28

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Judy Hoke Sherrill	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Scott Matthews 1071 18th Ave NW Hickory, NC 28601	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 850.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food/Fundraiser	10/19/2013	$ 850.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 2,243.28