

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

Doris Kirby for Sheriff

c. ID Number

YDUHR2

b. Mailing Address (include City, State and Zip Code)

Doris Kirby
538 6th Ave SW
Hickory, NC 28602

d. Date Filed

04/26/2010

e. Phone Number

828-428-2118

2. Report Year

2010

3. Period Start Date (mm/dd/yy)

01/01/2010

4. Period End Date (mm/dd/yy)

04/17/2010

5. Treasurer Full Name

Laverne Bolick

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:

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

Municipal

- ☐ Organizational
☐ Thirty-five day

☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly

☒ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Peoples Bank

b. Purpose

Political

c. Account Code

100

d. Period Begin Balance

\$ 100.00

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.

Doris Kirby

Printed Name of Signer

Signature of Appointed Treasurer

04/26/2010

Date

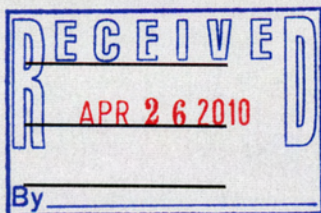
FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:



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	
DORIS KIRBY FOR SHERIFF		2010 1 ST QUARTER		YDUHR2	
Start of Election Cycle:		January 1,		2010	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 100.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$	
6) Contributions from Individuals		(CRO-1210)		\$ 1431.80	
7) Contributions from Political Party Committees		(CRO-1220)		\$	
8) Contributions from Other Political Committees		(CRO-1230)		\$	
9) Loan Proceeds		(CRO-1410)		\$ 2350.00	
10) Refunds/Reimbursements To the Committee		(CRO-1240)		\$ 208.65	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$	
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)		\$ 3990.45		\$ 4090.45	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 3103.36	
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)		\$ 576.80	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3680.16		\$ 3680.16	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 410.29		\$ 410.29	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)		\$ 2350.00	
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

Pg 1 of 3

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	
DORIS KIRBY FOR SHERIFF					YDUHR2	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GARY G. KIRBY 4435 S NC 127 HWY HICKORY, NC 28602-9301			INSURANCE ADJUSTER			
			c. Employer's Name/Specific Field			
			GMAC INSURANCE			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	100	CHECK		01/02/2010		\$ 50.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TIMOTHY J. BREWER 816 E 22 ND ST NEWTON, NC 28658			RETIRED			
			c. Employer's Name/Specific Field			
			LAW ENFORCEMENT			
					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
☐	100	CHECK		02/08/2010		\$ 200.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LISA BREWER 816 E 22 ND ST NEWTON, NC 28658			HOUSEWIFE			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	100	CHECK		02/12/2010		\$ 300.00
☐						\$
☐						\$
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1431.80	

Contributions from Individuals

Pg 2 of 3

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	
DORIS KIRBY FOR SHERIFF					YDUHR2	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONALD B PENIX 14217 CLEARVALE DR CHARLOTTE, NC 28227			RETIRED			
			c. Employer's Name/Specific Field			
			LAW ENFORCEMENT			
					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
☐	100	CHECK		02/15/2010		\$ 200.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RICHARD L. HATTENDORF 3508F COLONY RD CHARLOTTE, NC 28211			ATTORNEY			
			c. Employer's Name/Specific Field			
			HATTENDORF LAW			
					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
☐	100	CHECK		03/27/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TOM COSTELLO 3530 1 ST AVE N ST PETERSBURG, FL 33713			WEB MASTER			
			c. Employer's Name/Specific Field			
			AMERICAN BLUE COMPUTING			
					e. Election Sum to Date	
					\$ 5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	100	DRAFT		4/9/2010		\$ 5.00
☐						\$
☐						\$
4. Total only this Page					\$ 305.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1431.80	

Contributions from Individuals

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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	
DORIS KIRBY FOR SHERIFF					YDUHR2	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DORIS KIRBY 538 6 TH AVE SW HICKORY, NC 28602			RETIRE			
			c. Employer's Name/Specific Field			
			LAW ENFORCEMENT			
					e. Election Sum to Date	
					\$ 576.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	100		SIGNS & MAGNETS	04/02/2010	\$ 486.80	
☐	100		CAMPAIGN CLASS	01/21/2010	\$ 90.00	
☐					\$	
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						
					\$ 576.80	
5. Total of ALL CRO-1210 Pages						
					\$ 1431.80	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Loan Proceeds

Pg 1 of 3

Amendment

☐

Yes

☒

No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DORIS KIRBY FOR SHERIFF				YDUHR2	
3. Lender Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DORIS KIRBY 538 6 TH AVE SW HICKORY, NC 28602		RETIRED		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field		02/05/2010	
		RETIRED		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		100		\$ 1000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 2350.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Loan Proceeds

Pg 2 of 3

Amendment

☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DORIS KIRBY FOR SHERIFF				YDUHR2	
3. Lender Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DORIS KIRBY 538 6 TH AVE SW HICKORY, NC 28602		RETIRED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		RETIRED		02/08/2010	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		100		\$ 700.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 2350.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Loan Proceeds

Pg 3 of 3

Amendment		
☐	Yes	☒ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DORIS KIRBY FOR SHERIFF				YDUHR2	
3. Lender Information				☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DORIS KIRBY 538 6 TH AVE SW HICKORY, NC 28602		RETIRED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		RETIRED		02/22/2010	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		100		\$ 650.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 2350.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Refunds/Reimbursements To the Committee

Pg 1

of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable) DORIS KIRBY FOR SHERIFF				2. ID Number	
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DORIS KIRBY 538 6 TH AV SW HICKORY, NC 28602			d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party		g. Comments
			e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		h. Original Expenditure Date 3/15/2010
					i. Original Expenditure Amt \$ 208.65
			f. Purpose DRAFTED FROM WRONG ACCOUNT		j. Election Sum to Date \$ 208.65
b. Job Title/Profession	c. Employer's Name/Specific Field				
k. Account Code 1	l. Form of Payment DRAFT	m. In-Kind Description	n. Date (mm/dd/yyyy) 3/15/2010	o. Amount \$ 208.65	
3. Contributor Information ☐ Add ☐ Remove					
			d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party		g. Comments
			e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt \$
			f. Purpose		j. Election Sum to Date \$
b. Job Title/Profession	c. Employer's Name/Specific Field				
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$	
3. Contributor Information ☐ Add ☐ Remove					
			d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party		g. Comments
			e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt \$
			f. Purpose		j. Election Sum to Date \$
b. Job Title/Profession	c. Employer's Name/Specific Field				
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$	
4. Total only this Page \$ 208.65					
5. Total of ALL CRO-1240 Pages \$ 208.65 (This line must be on line 10 of Detailed Summary Page CRO-1100)					

Disbursements

Pg 1 of 3

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	
DORIS KIRBY FOR SHERIFF					YDUHR2	
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	
WALLACE PRINTING INC. PO BOX 1238 2032 FAIRGROVE CHURCH RD SE NEWTON, NC 28658						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 702.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	CHECK	B	02/8/2010	\$702.86	CAMPAIGN SIGNS	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
TOM COSTELLO'A LA CARTE' PR 667971 FREEDOM STATION CHARLOTTE, NC 28266						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 104.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	CHECK	O	02/14/2010	\$104.00	WEBSITE DOMAIN & HOST FEE	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
COFFEE NEWS 125 AIR PARK DR MORGANTON, NC 28655						
			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	
100	CHECK	A	03/24/2010	\$150.00	ADVERTISING	
				\$		
5. Total only this Page					\$ 956.86	
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)					\$ 3103.36	
(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

Pg 2 of 3

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	
DORIS KIRBY FOR SHERIFF					YDUHR2	
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 BOE PO BOX 389 NEWTON, NC 28658						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 715.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	CHECK	H	02/8/2010	\$715.00	FILING FEE	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
HARLAND CLARK CHECK ORDERS						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 13.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	DRAFT	K	02/24/2010	\$13.25	ORDERED CHECKS	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WALLACE PRINTING INC PO BOX 1238 NEWTON, NC 28658						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 108.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	CHECK	B	03/10/2010	\$108.00	SIGNS	
				\$		
5. Total only this Page					\$ 836.25	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 3103.36	
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

Pg 3 of 3

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	
DORIS KIRBY FOR SHERIFF					YDUHR2	
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	
VICK'S CUSTOM SCREEN PRINTING 307 DUSTY RD TAYLORSVILLE, NC 28681						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 1101.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	CHECK	B	02/23/2010	\$1101.60	CAMPAIGN SIGNS & WIRE	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
PIEDMONT NATURAL GASS						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 208.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	DRAFT	O	03/15/2010	\$208.65	DRAFTED FROM ACCOUNT-	
				\$	REIMBURSED	
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					\$ 1310.25	
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)					\$ 3103.36	
(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)						

In-Kind Contributions

Pg 1 of 1

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	
DORIS KIRBY FOR SHERIFF		YDUHR2	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DORIS KIRBY 538 6 TH AVE SW HICKORY, NC 28602		☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 576.80	
e. Description		f. Date (mm/dd/yyyy)	
SIGNS AND MAGNETS		04/02/2010	
		\$ 486.80	
CAMPAIGN CLASS		01/21/2010	
		\$ 90.00	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		\$	
		\$	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 576.80	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 576.80	

Outstanding Loans

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
DORIS KIRBY FOR SHERIFF			YDUHR2
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DORIS KIRBY 538 6 TH AVE SW HICKORY, NC 28602		RETIRED	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		RETIRED	12/30/2009
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DORIS KIRBY 538 6 TH AVE SW HICKORY, NC 28602		RETIRED	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		RETIRED	02/05/2010
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1000.00	\$ 1000.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DORIS KIRBY 538 6 TH AVE AVE SW HICKORY, NC 28602		RETIRED	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		RETIRED	02/08/2010
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 700.00	\$ 700.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1800.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 2450.00

Outstanding Loans

Pg 2 of 2

Amendment	
☐ Yes	☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
DORIS KIRBY FOR SHERIFF			YDUHR2
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DORIS KIRBY 538 6 TH AVE SW HICKORY, NC 28602		RETIRED	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		RETIRED	02/22/2010
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 650.00	\$ 650.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 650.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 2450.00

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	DORIS KIRBY FOR SHERIFF
Person lending money to committee (Lender):	DORIS KIRBY
Date of loan to committee:	02/05/2010
Name of lending institution and account number (source):	N/A
Amount of loan:	1000.00
Names of all parties responsible for payment of loan (guarantor):	N/A
Period of loan:	N/A
Rate of interest of loan:	N/A
Security pledged for loan:	N/A

I, DORIS KIRBY
(Person lending money to committee)

acknowledge that all of the

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.



Signature of Lender



Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

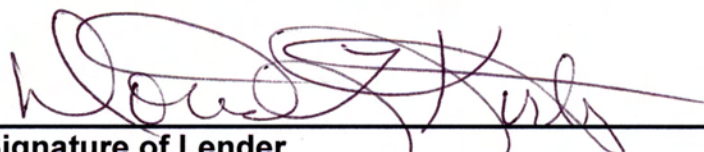
Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	DORIS KIRBY FOR SHERIFF
Person lending money to committee (Lender):	DORIS KIRBY
Date of loan to committee:	02/08/2010
Name of lending institution and account number (source):	N/A
Amount of loan:	700.00
Names of all parties responsible for payment of loan (guarantor):	N/A
Period of loan:	N/A
Rate of interest of loan:	N/A
Security pledged for loan:	N/A

I, DORIS KIRBY acknowledge that all of the
(Person lending money to committee)

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.



Signature of Lender



Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	DORIS KIRBY FOR SHERIFF
Person lending money to committee (Lender):	DORIS KIRBY
Date of loan to committee:	02/22/2010
Name of lending institution and account number (source):	N/A
Amount of loan:	650.00
Names of all parties responsible for payment of loan (guarantor):	N/A
Period of loan:	N/A
Rate of interest of loan:	N/A
Security pledged for loan:	N/A

I, DORIS KIRBY
(Person lending money to committee)

acknowledge that all of the

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.



Signature of Lender



Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.