

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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) 538 6 th Ave SW Hickory, NC 28602	d. Date Filed 10/23/2010
	e. Phone Number 828-322-8198

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	07/01/2010	10/16/2010	LaVerne Bolick

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	<input type="checkbox"/> Special
1				

11. Account Information		11. Account Information	
a. Financial Institution Full Name Peoples Bank		a. Financial Institution Full Name	
b. Purpose Political	c. Account Code 100	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 549.12		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.

LAVERNE A. BOLICK Printed Name of Signer LaVerne A. Bolick Signature of Appointed Treasurer 10/23/2010 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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) DORIS KIRBY FOR SHERIFF		2. Type of Report 2010 3 rd Quarter		3. ID Number YDUHR2	
Start of Election Cycle: January 1, <u>2010</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 549.12		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 693.00	\$ 693.00		
6) Contributions from Individuals	(CRO-1210)	\$ 870.00	\$ 3889.80		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$ 1000.00	\$ 3450.00		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$ 326.37		
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)		\$ 2563.00	\$ 8359.17		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 2676.59	\$ 7083.84		
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)	\$	\$ 839.80		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2676.59	\$ 7923.64		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 435.53	\$ 435.53		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 3450.00			
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)	\$	\$		

Aggregated Contributions from Individuals

Page

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Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable) DORIS KIRBY FOR SHERIFF					2. ID Number YDUHR2	
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	100	Check		09/18/2010	\$ 28.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Check		09/18/2010	\$ 16.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Check		09/18/2010	\$ 16.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Check		09/18/2010	\$ 30.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Check		09/18/2010	\$ 16.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	100	Cash		09/18/2010	\$ 8.00
<input type="checkbox"/>	Remove					
4. Total only this Page					\$ 242.00	
5. Total of ALL CRO-1205 Pages					\$ 693.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page

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Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable) DORIS KIRBY FOR SHERIFF				2. ID Number YDUHR2		
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Cash		09/18/2010	\$ 8.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 176.00	
5. Total of ALL CRO-1205 Pages					\$ 693.00	

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Shelby Teague 38 31 st Ave NW Hickory, NC 28601			Retired			
			c. Employer's Name/Specific Field			
			School Teacher			
					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	
<input type="checkbox"/>	100		Check	08/24/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Von Sigmon 2345 Rome Jones Road Newton, NC 28658			Retired			
			c. Employer's Name/Specific Field			
					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	
<input type="checkbox"/>	100	Check		08/24/2010	\$ 50.00	
<input type="checkbox"/>	100	Check		09/18/2010	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ruth Long 4207 Hemingway Dr Hickory, NC 28601			Retired			
			c. Employer's Name/Specific Field			
					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	
<input type="checkbox"/>	100	Check		09/03/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages					\$ 870.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Patricia W Triplett 532 6 th Ave SW Hickory, NC 28602			Retired			
			c. Employer's Name/Specific Field			
			Triplett Electric			
					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
<input type="checkbox"/>	100	Check		09/18/2010		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Gary Kirby 4435 S NC 127 Hwy Hickory, NC 28602			Insurance Adjustor			
			c. Employer's Name/Specific Field			
			GMAC			
					e. Election Sum to Date	
					\$ 210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	100	Check		09/08/2010		\$ 160.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Shirley Watts 909 1 st Ave S Conover, NC 28613			Housewife			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	100	Check		09/18/2010		\$ 80.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 290.00	
5. Total of ALL CRO-1210 Pages					\$ 870.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeffrey Korn 4356 Laney Road Maiden, NC 28650			Supervisor			
			c. Employer's Name/Specific Field			
			R-Anell Homes			
					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
<input type="checkbox"/>	100	Check		09/13/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charlotte Meck FOP Lodge 9 1201 Hawthorne Rd Charlotte, NC 28205			Fraternal Organization			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	100	Check		09/07/2010		\$ 80.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeffrey Gray 2500 Two Hannover Square Raleigh, NC 27601			Attorney			
			c. Employer's Name/Specific Field			
			Bailey & Dixon			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	100	Check		08/15/2010		\$ 150.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 330.00	
5. Total of ALL CRO-1210 Pages					\$ 870.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Loan Proceeds

Amendment		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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		08/30/2010	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		100	DRAFT	\$ 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				\$ 1000.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Disbursements

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>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Old Soldiers Reunion Newton, NC 28658					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	07/13/2010	\$25.00	Parade
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
ASR Graphics 623 N Carolina Ave Maiden, NC 28650					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 236.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	B	07/30/2010	\$94.77	Shirts
100	Draft	B	08/13/2010	\$142.13	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Robby Reitzel 1528 N. Deal Ave. Newton, NC 28658					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 94.77	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	B	07/29/2010	\$94.77	Reimbursement For Shirts
				\$	
5. Total only this Page					\$ 356.67
6. Total of ALL CRO-1310 Pages					\$ 2676.59
<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>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> 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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	A	08/02/2010	\$150.00	Advertising
100	Check	A	10/03/2010	\$150.00	Avertising
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Vicks Printing 307 Dusty Road Taylorsville, NC 28681			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 1546.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	B	09/03/2010	\$445.00	Signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Catawba County Chamber of Commerce 1055 Southgate Corp Park Hickory, NC 28602			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Draft	O	09/16/2010	\$25.00	Dinner
				\$	
5. Total only this Page					\$ 770.00
6. Total of ALL CRO-1310 Pages					\$ 2676.59
<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>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Lynn Eckard 1666 Rolling Lane Hickory, NC 28602					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	C	09/19/2010	\$600.00	Food
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Wallace Printing P.O. Box 1238 Newton, NC 28658					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1149.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	B	09/10/2010	\$177.12	Signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
ASR Graphics 623 N Carolina Ave Maiden, NC 28650					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 409.70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Draft	B	09/30/2010	\$172.80	Shirts
				\$	
5. Total only this Page					\$ 949.92
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>					\$ 2676.59
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Observer News Enterprise 309 North College Ave Newton, NC 28658		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		\$ 600.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Draft	A	10/13/2010	\$600.00	Advertising
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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					\$ 600.00
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>					\$ 2676.59
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)					

Outstanding Loans

Amendment

Pg 1 of 1 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 <input type="checkbox"/> Add <input type="checkbox"/> 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)
		Law Enforcement	08/30/2010
			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 <input type="checkbox"/> Add <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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			
			\$ 1000.00
5. Total of ALL CRO-1430 Pages			
			\$ 1000.00
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			

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:	08/30/2010
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.