

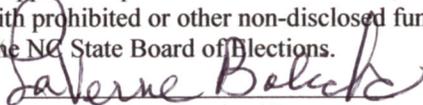
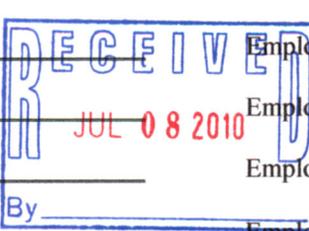
# Disclosure Report Cover

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

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
DORIS KIRBY FOR SHERIFF		YDUHR2	
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
DORIS KIRBY 538 6 <sup>TH</sup> Ave SW HICKORY, NC 28602		07/09/2010	
		<b>c. Phone Number</b>	
		828-428-2118	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2010	04/17/010	06/30/2010	LAVERNE BOLICK
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>State/County</b>	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>	
<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
PEOPLES BANK			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
POLITICAL	100.		
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$ 410.29		\$
<b>CERTIFICATION</b>			
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 BOLICK			07/09/2010
Printed Name of Signer		Signature of Appointed Treasurer	Date
<b>FOR OFFICE USE ONLY</b>			
Date Received:		Employee:	<b>Delivery Method</b>
Date Postmarked:	JUL 08 2010	Employee:	<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:	By _____	Employee:	<input type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> 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 2 <sup>ND</sup> QUARTER	YDUHR2	
<b>Start of Election Cycle:</b>	<b>January 1,</b>	<b>2010</b>	
		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 410.29	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1588.00	\$ 3019.80
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 2450.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 117.72	\$ 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)		\$ 1705.72	\$ 5796.17
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1303.89	\$ 4407.25
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)	\$ 263.00	\$ 839.80
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1566.89	\$ 5247.05
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 549.12	\$ 549.12
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2450.00	
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

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
DORIS KIRBY FOR SHERIFF					YDUHR2	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
REBECCA P INGLEFIELD 510 11 <sup>TH</sup> AVE. PL. NW HICKORY, NC 28601-3600			HOUSEWIFE			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$ 500.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	100	CHECK		05/10/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOSEPH TERRY MANGUM, SR 701 DAFFODIL LANE DURHAM, NC 24412-1563 919-477-3793			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			LAW ENFORCEMENT		<b>e. Election Sum to Date</b>	
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	100	CHECK		05/12/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BARBARA S. WIREMAN P.O. BOX 1048 NEWTON, NC 28658 828-465-0105			HOUSEWIFE			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$ 75.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	100	CHECK		05/12/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 700.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1588.00	
<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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
DORIS KIRBY FOR SHERIFF					YDUHR2	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DONNA ROULIC 2029 16 <sup>TH</sup> AVE. PL. SW HICKORY, NC 28602			HOUSEWIFE			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$ 250.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	100	CHECK		06/01/2010	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LAVERNE BOLICK 4127 S. OLIVERS RD. NEWTON, NC 28658 828-428-2118			CAFETERIA WORKER			
			<b>c. Employer's Name/Specific Field</b>			
			CATAWBA ELEMENTARY		<b>e. Election Sum to Date</b>	
				\$ 300.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	100	CHECK		06/10/2010	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JO ANN POPE 2274 ROME JONES RD NEWTON, NC 28658 828-464-7790			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			LAW ENFORCEMENT		<b>e. Election Sum to Date</b>	
				\$ 75.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	100	CHECK		06/11/2010	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 625.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1588.00	
<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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
DORIS KIRBY FOR SHERIFF					YDUHR2	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TIMOTHY BREWER 816 E 22 <sup>ND</sup> ST NEWTON, NC 28658 828-465-4209			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			LAW ENFORCEMENT		<b>e. Election Sum to Date</b>	
				\$ 463.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	100		PENS	06/03/2010	\$ 239.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TIMOTHY BREWER 816 E 22 <sup>ND</sup> ST NEWTON, NC 28658 828-465-4209			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			LAW ENFORCEMENT		<b>e. Election Sum to Date</b>	
				\$ 463.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	100		CAMPAIGN SPACE	05/09/2010	\$ 24.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 263.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1588.00	
<i>(This line must be on line 6 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.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
DORIS KIRBY FOR SHERIFF				YDUHR2	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
DORIS KIRBY 538 6 <sup>TH</sup> AVE SW HICKORY, NC 28602 828-322-8198			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/14/2010
					<b>i. Original Expenditure Amt</b>
					\$ 117.72
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				DRAFTED FROM WRONG ACCOUNT	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
100	DRAFT			6/14/2010	\$ 117.72
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>i. Original Expenditure Amt</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>i. Original Expenditure Amt</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>4. Total only this Page</b>					\$ 117.72
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 117.72

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
DORIS KIRBY FOR SHERIFF					YDUHR2
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
COFFEE NEWS 125 AIR PARK DRIVE MORGANTON, NC 28655 828-475-1505					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 450.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
100	CHECK	A	04/28/2010	\$150.00	ADVERTISING
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
WOOTEN GRAPHICS 172 HINKLE LANE WELCOME, NC 27374 336-731-4650					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 407.22
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
100	DRAFT	B	05/25/2010	\$190.00	DEPOSIT BUMPER STICKERS
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
WOOTEN GRAPHICS 172 HINKLE LANE WELCOME, NC 27374 336-731-4650					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 407.22
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
100	DRAFT	B	06/03/2010	\$217.22	FINAL BILL BUMPER STICKERS
				\$	
<b>5. Total only this Page</b>					\$ 557.22
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 1303.89
<b>7. Purpose Codes</b> (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.

<b>1. Committee Full Name (and Fund if applicable)</b> DORIS KIRBY FOR SHERIFF					<b>2. ID Number</b> YDUHR2
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) WALLACE PRINTING 2032 FAIRGROVE CHURCH RD SE NEWTON, NC 28658 828-466-3300		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 972.86	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
100	CHECK	B	06/10/2010	\$162.00	CAMPAIGN SIGNS
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) NATIONAL PEN P.O. BOX 55000 DETROIT, MI 48255-2745 336-731-4650		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 316.95	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
100	DRAFT	B	06/11/2010	\$316.95	MAGNETS
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DILLARDS VALLEY HILLS MALL HICKORY, NC 28602		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 117.72	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
100	DRAFT	B	06/14/2010	\$117.72	DRAFTED FROM WRONG ACCOUNT
				\$	
<b>5. Total only this Page</b>					\$ 596.67
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 1303.89
<b>7. Purpose Codes</b> (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

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.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
DORIS KIRBY FOR SHERIFF					YDUHR2
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
COFFEE NEWS 125 AIR PARK DRIVE MORGANTON, NC 28655 828-475-1505					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 450.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
100	CHECK	A	06/18/2010	\$150.00	ADVERTISING
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 150.00
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 1303.89
<b>7. Purpose Codes</b> (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

Amendment

Pg 1 of 1  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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
DORIS KIRBY FOR SHERIFF		YDUHR2	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
TIMOTHY BREWER 816 E 22 <sup>ND</sup> ST NEWTON, NC 28658 828-465-4209		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
		\$ 439.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
PENS		06/30/2010	\$ 239.90
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
TIMOTHY BREWER 816 E 22 <sup>ND</sup> ST NEWTON, NC 28658 828-465-4209		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
		\$ 439.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
CAMPAIGN SPACE		05/09/2010	\$ 24.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>			\$ 263.00
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 263.00

# Outstanding Loans

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

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