

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

COY REID FOR SHERIFF

c. ID Number

4 DUGV5

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

PO BOX 1212
NEWTON, NC 28658

d. Date Filed

04/26/2010

e. Phone Number

828-244-1182

2. Report Year

2009

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

01/01/2009

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

04/17/2010

5. Treasurer Full Name

FRED WARNER LAXTON

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

1

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

CAPITAL BANK

b. Purpose

CAMPAIGN
FINANCE

c. Account Code

001

d. Period Begin Balance

\$ 8740.79

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.

Fred W Laxton

Printed Name of Signer

Fred W Laxton

Signature of Appointed Treasurer

4-26-10

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

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
COY REID FOR SHERIFF	1 ST QTR PLUS	4DU6V5

Start of Election Cycle:	January 1, 2009	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 8740.79	\$ 0

RECEIPTS

5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 476.00	\$ 786.00
6) Contributions from Individuals	(CRO-1210)	\$ 13517.00	\$ 28361.37
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 535.31
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 9.95	\$ 22.68
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)		\$ 14002.95	\$ 29705.36

EXPENDITURES

13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 11701.10	\$ 17558.35
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)	\$ 240.00	\$ 1344.37
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 11941.10	\$ 18902.72
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 10802.64	\$ 10802.64

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COY REID FOR SHERIFF						4DU6V5	
3. Contributor Information							
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☒	Add	001	CHECK		04/14/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		02/25/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		02/25/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		02/25/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		02/25/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		02/25/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		02/27/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		02/24/2010	\$ 25.00	
☐	Remove						
☒	Add	001	CHECK		03/19/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		03/30/2010	\$ 50.00	
☐	Remove						
☒	Add	001	CHECK		04/15/2010	\$ 25.00	
☐	Remove						
☒	Add	001	CHECK		02/25/2010	\$ 26.00	
☐	Remove						
☐	Add					\$	
☐	Remove					\$	
☐	Add					\$	
☐	Remove					\$	
☐	Add					\$	
☐	Remove					\$	
☐	Add					\$	
☐	Remove					\$	
☐	Add					\$	
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☐	Add					\$	
☐	Remove					\$	
☐	Add					\$	
☐	Remove					\$	
☐	Add					\$	
☐	Remove					\$	
☐	Add					\$	
☐	Remove					\$	
4. Total only this Page						\$ 476.00	
5. Total of ALL CRO-1205 Pages						\$ 476.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg 1 of 13

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					400615	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JERRY PHILLIPS 1327 10 TH ST DR NW HICKORY, NC 28601			RETIRED			
			c. Employer's Name/Specific Field			
					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
☐	001	CHECK		01/05/10		\$ 150.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANK CRAVEN 1262 BENNINGTON DRIVE CONCORD, NC 28027			OWNER			
			c. Employer's Name/Specific Field			
			GENERAL STORE			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		01/03/2010		\$ 500.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES CONNOR, III PO BOX 700 CLAREMONT, NC 28610			EXECUTIVE			
			c. Employer's Name/Specific Field			
			FIRST SECURITY INS CO			
					e. Election Sum to Date	
					\$ 1000	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		01/01/2010		\$ 1000.00
☐						\$
☐						\$
4. Total only this Page					\$ 1650.00	
5. Total of ALL CRO-1210 Pages					\$ 13517.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 13
42

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DUGVS	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARGARET GARRISSON PO BOX 605 CLAREMONT, NC 28610			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		01/01/2010		\$ 500.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROY BROWN 630-37 TH AVE NE HICKORY, NC 28601			DEPUTY			
			c. Employer's Name/Specific Field			
			CATAWBA CTY			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		01/07/2010		\$ 200.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WALTER THOMAS 562 STONEWOOD DR HICKORY, NC 28602			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		01/21/2010		\$ 100.00
☐	001	CHECK		03/18/2010		\$ 100.00
☐						\$
4. Total only this Page					\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 3 of 13

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DUGVS	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BLAIR CODY 1145 21 ST AVE NE HICKORY, NC 28601			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		01/27/2010		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL JOHNSON 4220-4 TH ST LANE NW HICKORY, NC 28601			EXECUTIVE			
			c. Employer's Name/Specific Field			
			HICKORY TOYOTA			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/04/2010		\$ 500.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KENNETH TURNMYRE 721 36 TH AVE NE HICKORY, NC 28603			EXECUTIVE			
			c. Employer's Name/Specific Field			
			VESCO			
					e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/01/2010		\$ 1000.00
☐						\$
☐						\$
4. Total only this Page					\$ 1750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 4 of 13

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4 DUGVS	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN MORETZ 4150 8 TH ST CT NW HICKORY, NC 28603			b. Job Title/Profession EXECUTIVE		d. Comments	
			c. Employer's Name/Specific Field MORETZ MILLS			
			e. Election Sum to Date \$ 200.00			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	001	CHECK		02/02/2010	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES HUFFMAN 3641 HERMAN SIPE RD CONOVER, NC 28613			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field			
			e. Election Sum to Date \$ 200.00			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	001	CHECK		02/10/2010	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LINZY STARNES 1948 28 TH ST NE HICKORY, NC 28601			b. Job Title/Profession SELF-EMPLOYED		d. Comments	
			c. Employer's Name/Specific Field RENTALS			
			e. Election Sum to Date \$ 4000.00			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	001	CHECK		02/16/2010	\$ 1000.00	
☐	001	CHECK		04/16/2010	\$ 1000.00	
☐					\$	
4. Total only this Page					\$ 2400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 5 of 13

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DUIGVS	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRITT GRIFFITH PO BOX 475 CLAREMONT, NC 28610			EXECUTIVE			
			c. Employer's Name/Specific Field			
			GRIFFITH SECURITY			
					e. Election Sum to Date	
					\$ 2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/23/2010		\$ 2000.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LARRY BOWMAN 1043 ROLLING GREEN DRIVE 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
☐	001	CHECK		02/25/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVE MAINS 716-17 TH AVE DR SE HICKORY, NC 28602			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/25/2010		\$ 100.00
☐	001	CHECK		03/31/2010		\$ 100.00
☐						\$
4. Total only this Page					\$ 2300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 6 of 13
12

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4 DUGVS	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HAZEL MURRAY 1151 CLINE YODER RD HICKORY, NC 28602			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
☐	001	CHECK		02/25/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAY HILDEBRAN 1006 ROCK BARN RD CONOVER, NC 28613			EXECUTIVE			
			c. Employer's Name/Specific Field			
			BALLS CREEK OIL			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/25/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAUL BEATTY 103 S 8 TH AVE MAIDEN, NC 28650			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
☐	001	CHECK		02/25/2010		\$ 100.00
☐						\$
☐						\$
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 7 of 13

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					420615	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RHONDA CAMPBELL 106 PLAYERS RIDGE RD HICKORY, NC 28601			NURSE			
			c. Employer's Name/Specific Field			
			CATAWBA VALLEY MED CTR			
					e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/25/2010		\$ 350.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DELANE STEWART 4086 DEAL RD CLAREMONT, NC 28610			SELF-EMPLOYED			
			c. Employer's Name/Specific Field			
			REAL ESTATE			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/25/2010		\$ 200.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EUGENE ELLIOTT 3120 6 TH AVE SW HICKORY, NC 28602			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/25/2010		\$ 100.00
☐						\$
☐						\$
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 8 of 12

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DU6V5	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
IRA CLINE 4444 LEE CLINE RD CONOVER, NC 28613			SELF-EMPLOYED			
			c. Employer's Name/Specific Field			
			FARMER			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		02/24/2010		\$ 200.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LES SIGMON PO BOX 1423 NEWTON, NC 28658			SELF-EMPLOYED			
			c. Employer's Name/Specific Field			
			ATTORNEY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/01/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS GOODIN 602 5 TH AVE NE CONOVER, NC 28613			SELF-EMPLOYED			
			c. Employer's Name/Specific Field			
			PHYSICIAN			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/08/2010		\$ 500.00
☐						\$
☐						\$
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 9 of 12

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4046VS	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STINE ISENHOWER PO BOX 425 CONOVER, NC 28613			RETIRED			
			c. Employer's Name/Specific Field			
					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
☐	001	CHECK		03/04/2010		\$ 150.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TROY POOVEY 3236 SIPE ROAD NEWTON, NC 28658			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/01/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILMA PARSONS PO BOX 1909 MORGANTON, NC 29680			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/05/2010		\$ 250.00
☐						\$
☐						\$
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 10 of 12

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY RIED FOR SHERIFF					4DU6V5	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARY ANN GOSNELL 3826 1 ST LANE NW HICKORY, NC 28601			PROFESSOR			
			c. Employer's Name/Specific Field			
			L-R UNIVERSITY			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/19/2010		\$ 200.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHERRY BUTLER 5410 BATTLE RUN DRIVE CATAWBA, NC 28609			DIRECTOR			
			c. Employer's Name/Specific Field			
			GREEN ROOM			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/30/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAY BEATTY 3738 PLEASANT LANE SHERRILLS FORD, NC 28673			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/20/2010		\$ 200.00
☐						\$
☐						\$
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 11 of 13

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					40UGV5	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN PILAND 4039 LEE CLINE RD CONOVER, NC 28613			SELF-EMPLOYED			
			c. Employer's Name/Specific Field			
			PHYSICIAN			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/22/2010		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN LANCASTER 116 LILLY PAD LOOP TROUTMAN, NC 28166			EXECUTIVE			
			c. Employer's Name/Specific Field			
			BOATHOUSE MARINA			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		04/16/2010		\$ 500.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES SCRONCE 4559 PLATEAU RD VALE, NC 28168			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/31/2010		\$ 250.00
☐						\$
☐						\$
4. Total only this Page					\$ 1000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 12 of 13

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					40UGVS	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RENEE OSBORNE 732 ST ANDREWS WICHITA, KS 67230			EXECUTIVE			
			c. Employer's Name/Specific Field			
			A SIGN CO			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		03/31/2010		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES PRESTON PO BOX 367 CONOVER, NC 28613			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		04/12/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RONALD SAIN 2219 SETTLEMYRE BRIDGE RD NEWTON, NC 28658			SELF-EMPLOYED			
			c. Employer's Name/Specific Field			
			ORTHODONTIST			
					e. Election Sum to Date	
					\$ 177.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	001	CHECK		04/15/2010		\$ 177.00
☐						\$
☐						\$
4. Total only this Page					\$ 527.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Contributions from Individuals

Pg 13 of 13

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DU6V5	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID STEWART 8018 VISTA VIEW DR SHERRILLS FORD, NC 28673			RETIRED			
			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
☐	001		PURCHASED FOOD	03/28/2010		\$ 240.00
☐						\$
☐						\$
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					\$ 240.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13517.00	

Other Receipt Sources

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable) COY REID FOR SHERIFF				2. ID Number 4DU6V5	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
☒ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income					
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
CAPITAL BANK HICKORY, NC					
			c. Outside Source Explanation		
			e. Election Sum to Date \$ 22.68		
f. Account Code 001	g. Form of Payment ELECTRONIC	h. In-Kind Description	i. Date (mm/dd/yyyy) VAROIOUS	j. Amount \$ 9.95	
				\$	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date \$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date \$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page					
				\$ 9.95	
6. Total of ALL CRO-1250 Pages					
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>				\$ 9.95	
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

Pg 1 of 4

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
COY REID FOR SHERIFF					40UGV5
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	
ASR GRAPHICS 623 N. CAROLINA AVE MAIDEN, NC 28650		c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:			
		e. Election Sum to Date			
				\$ 1779.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	CHECK	B	01/26/2010	\$889.50	POLITICAL SIGNS
001	CHECK	B	04/02/2010	\$889.50	POLITICAL SIGNS
4. Payee Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
CATAWBA COUNTY BOARD OF ELECTIONS		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
001	CHECK	H	02/08/2010	\$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	
SEAN REID 6227 HAYDEN DRIVE HICKORY, NC 28601		c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:			
		e. Election Sum to Date			
				\$ 6688.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	CHECK	B	02/16/2010	\$55.00	REIMBURSE BUSINESS CARDS
001	CHECK	B	02/25/2010	\$1649.03	REIMBURSE BROCHURES
5. Total only this Page					\$ 4198.03
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>					\$ 11701.10
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 4

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					40UGVS	
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	
SEAN REID 6227 HAYDEN DRIVE HICKORY, NC 28601						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 8742.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	B	03/25/2010	\$1325.00	REIMB. YARD SIGNS	
001	CHECK	B	03/25/2010	\$729.00	REIM. LOGOWORKS .COM	
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CROWN PLAZA 1385 LR BLVD HICKORY, NC 28601						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 136.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	C	02/25/2010	\$136.56	FOOD FOR BANQUET	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
THE OBSERVER NEWS ENTERPRISE PO DRAWER 48 NEWTON, NC 28658						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 575.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	A	03/09/2010	\$450.00	NEWSPAPER AD	
001	CHECK	A	04/17/2010	\$125.00	NEWSPAPER AD	
5. Total only this Page					\$ 2765.56	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 11701.10	
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 4

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					404615	
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	
USPS						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 2221.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	I	03/11/2010	\$657.00		
001	CHECK	I	04/13/2010	\$1516.96		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
THE SIGN SHOP 5683 E HWY 150 NC DENVER, NC 28037						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 735.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	B	03/24/10	\$388.80	T-SHIRTS	
001	CHECK	B	04/09/2010	\$346.68	T-SHIRTS	
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CATAWBA MAILING PO BOX 9001 HICKORY, NC 28603						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 1124.26	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	B	03/18/2010	\$760.76	CAMPAIGN MAILING	
001	CHECK	B	04/12/2010	\$363.50	CAMPAIGN MAILING	
5. Total only this Page					\$ 4033.70	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 11701.10	
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 4 of 4

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COY REID FOR SHERIFF					4DU6V5	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
MDR						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 449.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	O	04/17/2010	\$449.94	COY REID FOR SHERIFF PENS	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WAL-MART						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 53.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	K	04/06/2010	\$53.87	PREPAID PHONE MINUTES	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CLATER-KAYE PRODUCTIONS 3387 S NC 127 HICKORY, NC 28602						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	A	03/31/2010	\$200.00	POLITICAL AD	
				\$		
5. Total only this Page					\$ 703.81	
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>					\$ 11701.10	
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	
COY REID FOR SHERIFF		4DU6V5	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID STEWART 8018 VISTA VIEW DRIVE SHERRILLS FORD, NC 28673	b. Type of Contributor ☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	c. Comments d. Election Sum to Date \$ 240.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
PURCHASED REFRESHMENTS FOR FUNDRAISER	3/30/2010	\$ 240.00	
		\$	
		\$	
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)	g. Fair Market Amount	
		\$	
		\$	
		\$	
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)	g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 240.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 240.00	