

Disclosure Report Cover

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

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name

COY REID FOR SHERIFF

c. ID Number

4DU6V5

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

PO BOX 1212
NEWTON, NC 28658

d. Date Filed

1/22/13

e. Phone Number

828-244-1182

2. Report Year

2012

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

07/01/2012

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

12/31/2012

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

10. Special Report Name

8. Number of Fundraisers this Report

1

11. Account Information

a. Financial Institution Full Name

CAPITAL BANK

b. Purpose

CAMPAIGN
FINANCE

c. Account Code

001

d. Period Begin Balance

\$ 6996.47

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

Signature of Appointed Treasurer

1-22-2013

Date

FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee:

Employee:

Employee:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

1. Committee Full Name (and Fund if applicable) COY REID FOR SHERIFF		2. Type of Report YEAR END		3. ID Number 4DU6V5	
Start of Election Cycle: January 1, <u>2011</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 6996.47		\$ 5959.92	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1124.00		\$ 3165.00	
6) Contributions from Individuals (CRO-1210)		\$ 2850.00		\$ 3705.70	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 3.94		\$ 26.37	
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)		\$ 3977.94		\$ 6897.07	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1380.23		\$ 3167.11	
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)		\$		\$ 95.70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1380.23		\$ 3262.81	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 9594.18		\$ 9594.18	
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 2

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		09/16/2012	\$ 25.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 50.00
☒	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 50.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 50.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 50.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 50.00
☐	Remove					
☒	Add	001	CHECK		10/11/2012	\$ 50.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 20.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 50.00
☐	Remove					
☐	Add	001	CASH		10/11/2012	\$ 50.00
☐	Remove					
☐	Add	001	CASH		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 35.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 10.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 10.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 50.00
☐	Remove					
4. Total only this Page					\$ 775.00	
5. Total of ALL CRO-1205 Pages					\$ 1124.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page

2

of

2

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	CASH		10/11/2012	\$ 50.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 50.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 20.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 25.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 20.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 40.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 50.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 20.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 4.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 25.00
☐	Remove					
☐	Add	001	CASH		10/11/2012	\$ 20.00
☐	Remove					
☒	Add	001	CASH		10/11/2012	\$ 25.00
☐	Remove					
☐	Add					\$
☐	Remove					
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☐	Remove					
☐	Add					\$
☐	Remove					

4. Total only this Page	\$ 349.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	\$ 1124.00

Contributions from Individuals

Pg 1 of 5

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	
KIMBERLY SIGMON 420 E NORTH ST NEWTON, NC			HOUSEWIFE			
			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		09/11/2012	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MITCHELL SETZER PO BOX 416 CATAWBA, NC 28609			NC HOUSE REPRESENTATIVE			
			c. Employer's Name/Specific Field			
			STATE OF NC		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		09/25/2012	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TOMMY STEWART PO BOX 535 CONOVER, NC 28613			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		09/26/2012	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2850.00	

Contributions from Individuals

Pg 2 of 5 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) DONALD ROBINSON PO BOX 74 CATAWBA, NC 28609			b. Job Title/Profession		d. Comments	
			PUBLIC			
			c. Employer's Name/Specific Field			
			TOWN OF CATAWBA		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	CHEKC		10/11/2012	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LARRY DRUM 2852 BUFFALO SHOALS RD NEWTON, NC 28658			b. Job Title/Profession		d. Comments	
			OWNER			
			c. Employer's Name/Specific Field			
			DRUMS RESTAURANT		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		10/11/2012	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LES SIGMON PO BOX 1423 NEWTON, NC 28658			b. Job Title/Profession		d. Comments	
			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED		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		10/11/2012	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2850.00	

Contributions from Individuals

Pg 3 of 5 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	
EDIE CONNOR PO BOX 700 CATAWBA, NC 28610			HOUSEWIFE			
			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		10/11/2012		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EDDIE HAUPT PO BOX 508 NEWTON, NC 28658			OWNER			
			c. Employer's Name/Specific Field			
			H&W DRUG			
					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		10/11/2012		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WAYNE WILLIS 5172 HWY 127 S HICKORY, NC 28602			OWNER			
			c. Employer's Name/Specific Field			
			WAYNEO'S			
					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		10/11/2012		\$ 200.00
☐						\$
☐						\$
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2850.00	

Contributions from Individuals

Pg 4 of 5 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	
GRADY CONNER 820 2 nd AVE SW HICKORY, NC 28602			PRIVATE INVESTIGATOR			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					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		10/11/2012		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DEBRA KAYLOR 5403 HERMAN RD CLAREMONT, NC 28610			ADMINISTATOR			
			c. Employer's Name/Specific Field			
			HICKORY PLASTIC SURGERY			
					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		10/11/2012		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DANNY CHAFFIN 5385 E BANDYS CROSSRDS CATAWBA, NC 28609			MANAGEMENT			
			c. Employer's Name/Specific Field			
			COMMSCOPE			
					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		10/11/2012		\$ 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)					\$ 2850.00	

Contributions from Individuals

Pg 5 of 5

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	
PAUL BEATTY 103 S 8 TH AVE NEWTON, NC 28658			MANAGEMENT			
			c. Employer's Name/Specific Field			
			DUKE ENERGY			
					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		10/11/2012		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID MOOSE PO BOX 168 NEWTON, NC 28658			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
					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		10/19/2012		\$ 100.00
☐						\$
☐						\$
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
☐						\$
☐						\$
☐						\$
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2850.00	

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)				2. ID Number	
COY REID FOR SHERIFF				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					
			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	
001	ELECTRONIC		VARIOUS	\$ 3.94	
				\$	
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				\$ 3.94	
6. Total of ALL CRO-1250 Pages				\$ 3.94	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <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 2

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	
NATIONAL PEN STORE SAN DIEGO, CA						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 112.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	C	09/05/2012	\$112.90	CAMPAIGN CALENDARS	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
US POSTAL SERVICE						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 216.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	I	09/13/2012	\$96.00		
001	CHECK	I	12/19/2012	\$120.00		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
ADEDA PROMOTIONS 15 NORTH COLLEGE AVE NEWTON, NC 28658						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 251.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	C	10/02/2012	\$251.33	COY REID FOR SHERIFF PENS	
				\$		
5. Total only this Page					\$ 580.23	
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)					\$ 1380.23	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 1

of 2

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	
AMERICAN LEGION POST 48 1127 US 70 NEWTON, NC 28658						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 800.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	CHECK	C	10/11/2012	\$800.00	PURCHASE FOOD FOR FUNDRAISER	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 800.00	
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)					\$ 1380.23	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						