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	c. ID Number
COY REID FOR SHERIFF	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO BOX 1212 NEWTON, NC 28658	1-7-10
	e. Phone Number
	828-244-1182

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	07/01/09	12/31/09	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:

8. Number of Fundraisers this Report

-0-

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☒ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		
CAPITAL BANK		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
CAMPAIGN FINANCE	001	$ 2486.91

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	Fred W Laxton	1-7-10
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:		Employee:		Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail ☐ Registered Mail
Date Scanned:		Employee:		☐ Hand Delivered ☐ Electronically Filed
Date Data Entered:		Employee:		☐ 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 RIED FOR SHERIFF	YEAR END	

Start of Election Cycle: January 1, 2009		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 2486.91	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 310.00	$ 310.00
6) Contributions from Individuals	(CRO-1210)	$ 11740.00	$ 14844.37
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)	$ 9.88	$ 12.73
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)*		$ 12059.88	$ 15702.41
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 5806.00	$ 5857.25
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)	$	$ 1104.37
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 5806.00	$ 6961.62
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 8740.79	$ 8740.79
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

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	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add ☐ Remove	001	CHECK		09-03-2009	$ 50.00
☒ Add ☐ Remove	001	CHECK		10-14-2009	$ 25.00
☒ Add ☐ Remove	001	CHECK		10-20-2009	$ 25.00
☒ Add ☐ Remove	001	CHECK		12-11-2009	$ 25.00
☒ Add ☐ Remove	001	CHECK		12-11-2009	$ 20.00
☒ Add ☐ Remove	001	CHECK		12-11-2009	$ 35.00
☒ Add ☐ Remove	001	CHECK		12-11-2009	$ 30.00
☒ Add ☐ Remove	001	CHECK		08-31-2009	$ 50.00
☒ Add ☐ Remove	001	CHECK		8-31-2009	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 310.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 310.00

Contributions from Individuals

Pg 1 of 10 | 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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LARRY DRUM 2852 BUFFALO SHOALS ROAD NEWTON, NC 28658	SELF-EMPLOYED	RESTUARANT		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECJ		07/13/09	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GRANT HAYWARD 2741-28TH AVE NE HICKORY, NC 28601	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		07/20/09	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TERRY HOLLAR PO BOX 2570 HICKORY, NC 28603	SELF-EMPLOYED	INSURANCE		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		07-24-09	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD HUBBARD 8437 TIMBERLAKE LANE TERRELL, NC 28682	RETIRED			$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		07-24-09	$ 1000.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARLES CHILDS PO BOX 1207 NEWTON, NC 28658	SELF-EMPLOYED	ATTORNEY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		08-25-09	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BILLY BEARD 5165 HALL ST CONOVER, NC 28613	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		08-26-09	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EUGENE ELLIOTT 3120 6TH AVE SW HICKORY, NC 28602	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		08-26-09	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINZY STARNES 1948 28TH ST NE HICKORY, NC 28601	SELF-EMPLOYED	RENTAL EQUIPMENT		$ 2000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		08-29-09	$ 1000.00
☐	001	CHECK		10-10-09	$ 1000.00
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KENNETH CROUSE 513 NORTH SPRING AVE NEWTON, NC 28658	RETIRED			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-04-09	$ 300.00
☐					$
☐					$

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)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TROY POOVEY 3236 SIPE RD NEWTON, NC 28658	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-01-09	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CARLTON DAY PO BOX 778 CATAWBA, NC 28609	DEPUTRY	CATAWBA CTY GOVERNMENT		$ 270.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-08-09	$ 270.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BERKLEY CANUPP 2398 MT VIEW RD HICKORY, NC 28602	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-09-09	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 470.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARIAN MOMIER 2188 LESLIE AVE HICKORY, NC 28602	RETIRED			$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-09-09	$ 70.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEWIS WADDELL, JR 410 3RD AVE NE CONOVER, NC 28613	ATTORNEY	SELF-EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-14-09	$ 250.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID MOOSE 30 WEST A STREET NEWTON, NC 28658	ATTORNEY	SELF-EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-18-09	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 420.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WALTER THOMAS 5269 STONEWOOD DRIVE HICKORY, NC 28602	RETIRED			$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-17-09	$ 200.00
☐	001	CHECK		10-23-09	$ 200.00
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PAMELA LILJEBERG 720 9TH AVE NW HICKORY, NC 28601	HOUSEWIFE			$ 1500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-25-09	$ 1500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PEGGY REAVES 3236 ST JAMES CHURCH RD NEWTON, NC 28658	HOUSEWIFE			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-19-09	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 2200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SYBIL STEWART 8018 VISTA VIEW DR SHERRILLS FORD, NC 28673	HOUSEWIFE			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-22-09	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN PILAND 4039 LEE CLINE RD CONOVER, NC 28613	Doctor	self-employed		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-18-09	$ 250.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOE TEAGUE 7130 GREEDY HWY HICKORY, NC 28602	RETIRED			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-20-09	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 950.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WALLACE TALLENT 3135 NC HWY 16 S VALE, NC 28168	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		09-27-09	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JACKY BAKER 8515 W NC Q0 HWY VALE, NC 28168	INSURANCE	BCBS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		10-01-09	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRIS REESE 2716 CHARLESTON CT CLAREMONT, NC 28610	DENTIST	SELF-EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		10-02-09	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TERESA SHOOK 2815 STARTOWN RD NEWTON, NC 28658	SELF-EMPOLYED	JEWELRY		$ 900.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		10-12-09	$ 900.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CYNTHIA STEWART 4955 LITTLE MTN RD CATAWBA, NC 28609	HOUSEWIFE			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		11-4-09	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEAN PROCTOR 605 2ND AVE NW HICKORY, NC 28601	EXECUTIVE	UNITED BEVERAGES		$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		11-2-09	$ 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)*	$ 11740.00

Contributions from Individuals

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	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JIM MCREE 7692 WINDWARD POINT SHERRILLS FORD, NC 28673	RETIRED			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		12-7-09	$ 200.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID BLANTON 2096 WESTOVER ROAD HICKORY, NC 28602	SELF-EMPLOYED	CPA		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	CHECK		12-11-09	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11740.00

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	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☒ 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 28601	c. Outside Source Explanation	e. Election Sum to Date
		$ 12.73

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
001	ELECTRONIC		VARIOUS	$ 9.88
				$

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	$ 9.88
6. Total of ALL CRO-1250 Pages *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ 9.88

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
COT REID FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LEXAN DESIGNS 6227 Hayden Drive Hickory NC 28601		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 674.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	08/31/2009	$ 674.00	Signs
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Sean Reid 6227 Hayden Drive Hickory NC 28601		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 4984.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	09/14/2009	$ 4620.00	Reimburse for signs
001	Check	B	12/08/2009	$ 364.00	Reimb. Window Decals

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Maiden High School Boosters 600 W Main Maiden, NC 28650		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	09/30/2009	$ 100.00	Advertising
				$	

5. Total only this Page	$ 5758.00
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)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 5806.00

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

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
COT REZO FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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
Postmaster	c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 48.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
901	Check	I	12/11/2009	$ 48.00	
				$	

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	$ 48.00
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)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 5806.00

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)