Disclosure Re			a	a to an execution	Amendment Yes No		
Do not use this form	neral report and committee in to update information	formation, must be	signed and sub	mitted along with	other detailed forms.		
1. Committee Infor							
a. Full Name					c. ID Number		
COY REID FOR SI	HERIFF				4DU6V5		
				***************************************	3		
PO BOX 1212	lude City, State and Zip Code)				d. Date Filed		
NEWTON, NC 286	558				05/07//2018		
, , , , , , , , , , , , , , , , , , , ,	ž 5.				e. Phone Number		
					828-244-1182		
2. Report Year	3. Period Start Date (mm/de	d/yy) 4. Period (mm/dd/yy)	4. Period End Date 5. Treasure		ıll Name		
2018	01/01/2018	1	6/2018	FRED W. LAX	TON		
6. Type of Committee	tee (Check One)	9. Type of Report	(check on	ly one type of repo	ort from one category)		
Candidate Camp	aign Party	Municipal	State/C		Referendum		
PAC Independent	Referendum	Organizationa		Organizational	Organizational		
Expenditure Legal Expense Fo	Joint Fundraiser	Thirty-five day	(Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff Semi-annual	ᅵ님	Third Fourth	Annual Special		
		Mid Year	. 🗀	Semi-annual	Special		
Other:		Year End		Mid Year	10. Special Report Name		
		Final		Year End			
8. Number of Fund	raisers this Report	Special		Final			
11 4 17 6	0		11. Account	Special			
11. Account Inform a. Financial Institution				titution Full Name			
CAPITAL BANK	Made numera est valuries	SULPH SPATING MEDICAL SECTION		ATTACAMENT OF THE PROPERTY OF			
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
CAMPAIGN	001						
FINANCE d. Period Begin Balance		SERVESTICATION OF THE SERVESTION			d. Period Begin Balance		
	\$ 95.68	SOLE OF CHICAGOS STREET, SEC. STREET			\$		
				TOWAT CANADA STATE	Ψ		
CERTIFICATION							
I certify that the Cor	nmittee or Fund is in complia	ance with all applica	ible provisions	non-disclosed fun	2B, & 22D-22M of Chapter 163 of ds. I further certify that this report		
	d correct and that I have been	trained by the NC	State Board of	Elections.	am a same coming that the report		
FRED W. I	LAXTON	1	teel W To	Man	05/07/2018		

Signature of Appointed Treasurer Date Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received mandatory training Date Data Entered: Employee:

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

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

Amendment

Detailed Summary
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

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
COY REID FOR SHERIFF	FINAL REPORT		4DU6V5
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 95.68	\$ 12,131.12
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 1,686.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 7,090.00
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)	\$	\$ 16.67
11b) Contributions from Not-for-Profit Organization	ions (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, 1.	1c, 11d and 11e)	\$ 0.00	\$ 8792.67
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 48.00	\$ 16,876.11
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$ 4,000.00
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)	\$ 47.68	\$ 47.68
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 95.68	\$ 20,923.79
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION			Street in the Control of the Control
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (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-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

					Amendment
Disbursements	Pg	1	of	1	Yes

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

	ull Name (and Fun	d if applicable)			2. ID Number
COY REID FO	R SHERIFF				4DU6V5
3. Type of Disb	ursement (Plea	se use separate C	CRO-1310 forms for each t	ype of Disbursem	<u>ent.)</u>
Operating E		Contributions to Car	andidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	Autorities (S. 1984) (March 1984) (1984) (1984)
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
CAPITAL BAN	NK			A CONTROL OF THE PARTY OF THE P	
			c. Level Registered (Specify)		
			Federal 🖂	County:	El di Si i Bi
			State	Municipality:	e. Election Sum to Date
					\$ 108.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			VARIOUS	I seem on	SERVICE CHARGES
001	ELECTRONIC	0	1,2,76,75,75,75,75	\$48.00	
				0	
				S	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					s
	Tavas in interesses	1 n C .1		T.	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				S	
4. Payee Inform	nation		Add	Remove	
The Control of Control of the Control of Con	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
(р)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					S
				Transaction and	And the second s
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				S	
				1000	
				S	
5 Total calvett	is Page				\$ 48.00
5. Total only th	CRO-1310 Pages				Ψ 40.00
		nmarv Page CRO-110	00 if Operating Expenses)		
			00 if Contrib to Candidates/Politic	cal Comm)	\$ 48.00
			00 if Coordinated Party Expendit		
	es (List detailed ex	to the second se			
A* - Media	B* - Printing	C* - Fun	ndraising	D - To Anoth	
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offi	ice Expenses	Q* - Donatio	n to Legal Expense Fund
	e detailed explanat	ion in required r	remarks field (k)	in the second	

 \boxtimes

No

1. Committee Fun	Name (and F	und if applicable)			2.	ID Number	
COY REID FOR SHERI	FF				4DI	U6V5	
3. Payee Information	on	⊠ A	dd Remove				
a. Full Name, Mailing A			d. Type of Committee		h. C	Original Receipt Date	
(include city, state, &			Candidate	PAC	"	11/29/2017	
COY REID			Referendum	Party		1112712017	
PO BOX 1212			e. Level Registered (Specify		i. O	riginal Receipt Amoun	
NEWTON, NC 28658			Federal County:			\$ 100.00	
			State	Municipality:	3	100.00	
			f. Purpose Code		j. E	lection Sum to Date	
			L		\$	100.00	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code	
SHERIFF		CATAWBA COUNTY			001		
1. Form of Payment	m. Required	Remarks		n. Date (mm/dd/yy	yyy)	o. Amount	
CASH		NK ACCOUNT		04/26/2018		\$ 47.68	
	200000000000000000000000000000000000000			04/20/2018	18861	7 77.00	
3. Payee Information		- The state of the	dd Remove	mressannes et lie	1 (Note to the Posts	
a. Full Name, Mailing A			d. Type of Committee Candidate	PAC	n. C	Original Receipt Date	
(include city, state, &	zip)		Referendum	Party			
			e. Level Registered (Specify		i. 0	riginal Receipt Amoun	
			Federal	County:	1	1.B	
				·	\$		
			State	Municipality:	2000		
				Municipality:	j. E	lection Sum to Date	
			f. Purpose Code	Municipality:	j. E	lection Sum to Date	
h Joh Title/Profession	assaulia esta esta esta esta esta esta esta est	c Employer's Name/Specific Field	f. Purpose Code	Municipality:	s		
b. Job Title/Profession		c. Employer's Name/Specific Field		Municipality:	s	Account Code	
	- David		f. Purpose Code		\$ k. A	Account Code	
b. Job Title/Profession	m. Required		f. Purpose Code	n. Date (mm/dd/y	\$ k. A	o. Amount	
	m. Required		f. Purpose Code		\$ k. A	Account Code	
l. Form of Payment	PARTICIPATION OF THE PARTICIPA	Remarks	f. Purpose Code		\$ k. A	o. Amount	
	on	Remarks A	f. Purpose Code g. Comments		S k. A	o. Amount	
Form of Payment Payee Information	on Address & Phone	Remarks A	f. Purpose Code g. Comments dd Remove		S k. A	o. Amount	
Form of Payment Payee Informatia. Full Name, Mailing A	on Address & Phone	Remarks A	f. Purpose Code g. Comments dd Remove d. Type of Committee Candidate Referendum	n. Date (mm/dd/yy	S k. A	o. Amount S Driginal Receipt Date	
I. Form of Payment 3. Payee Informati a. Full Name, Mailing A	on Address & Phone	Remarks A	f. Purpose Code g. Comments dd Remove d. Type of Committee Candidate Referendum e. Level Registered (Specifications)	n. Date (mm/dd/yy PAC Party	S k. A	o. Amount S Driginal Receipt Date	
I. Form of Payment 3. Payee Informati a. Full Name, Mailing A	on Address & Phone	Remarks A	f. Purpose Code g. Comments dd Remove d. Type of Committee Candidate Referendum e. Level Registered (Specif	n. Date (mm/dd/yy PAC Party y) County:	S k. A	o. Amount S Driginal Receipt Date	
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I. Form of Payment 3. Payee Informati a. Full Name, Mailing A	on Address & Phone	Remarks A	f. Purpose Code g. Comments dd Remove d. Type of Committee Candidate Referendum e. Level Registered (Specif	n. Date (mm/dd/yy PAC Party y) County:	S k. A	o. Amount S Driginal Receipt Date	
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l. Form of Payment 3. Payee Informatia. Full Name, Mailing A (include city, state, &	on Address & Phone	Remarks	f. Purpose Code g. Comments dd Remove d. Type of Committee Candidate Referendum e. Level Registered (Specif	n. Date (mm/dd/yy PAC Party y) County:	S K. A A A A A A A A A A	o. Amount S Original Receipt Date Original Receipt Amount	
Form of Payment Payee Informatia. Full Name, Mailing A	on Address & Phone	Remarks A	f. Purpose Code g. Comments dd Remove d. Type of Committee Candidate Referendum e. Level Registered (Specif Federal State f. Purpose Code	n. Date (mm/dd/yy PAC Party y) County:	S K. A A A A A A A A A A	o. Amount S Original Receipt Date Original Receipt Amount Clection Sum to Date	
l. Form of Payment 3. Payee Informati a. Full Name, Mailing A (include city, state, &	on Address & Phone	Remarks A	f. Purpose Code g. Comments dd Remove d. Type of Committee Candidate Referendum e. Level Registered (Specif Federal State f. Purpose Code	PAC Party y) County: Municipality:	S K. A A S S K. A A S S S S K. A A A A A A A A A A	o. Amount S Original Receipt Date Original Receipt Amoun	
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l. Form of Payment 3. Payee Informati a. Full Name, Mailing A (include city, state, &	on Address & Phone z zip)	Remarks A	f. Purpose Code g. Comments dd Remove d. Type of Committee Candidate Referendum e. Level Registered (Specif Federal State f. Purpose Code	PAC Party y) County: Municipality:	S K. A A S S S S S S S S	o. Amount S Driginal Receipt Date Driginal Receipt Amount Clection Sum to Date	

Refunds/Reimbursements From the Committee

Amendment

of <u>1</u>

No