

## **Disclosure Report Cover**

| Amendment | To all along the measurables the parameters |
|-----------|---|
| ✓ Ves     | □ No  |

| Please note th  | at this cover she    | et cannot be u   | ised        | to amend c                    | ommitte      | e info          | rmation          | such as the     | committee address, treasu               | rer. |
|---|----------------------|------------------|-------------|-------------------------------|--------------|-----------------|------------------|-----------------|---|------|
|   | assista              | int treasurer, c | usto        | dian of boo                   | ks infor     | matior          | i, or acc        | ount inform     | nation.                                 |      |
| Y OU THE  | ust amend the St     | se the Adden     | rgan:       | form (CP)                     | O-2100       | A-E) to         | o make           | those kinds     | of committee changes.                   |      |
| 1. Committee  | Information          | 710000           | GGIII       | ioini (Citt                   | -1010)       | II IIIOI        | c chare:         | s are needed    | 1,                                      | _    |
| a. Full Name  |                      |                  | :           | <del></del> .                 |              |                 |                  |                 | c. ID Number                            | —    |
| COMMITTEE   | TO ELECT LO          | NNIE MAIN        | ES          | FOR SHE                       | RIFF         |                 |                  |                 |   |      |
| b. Mailing Addres   | s (include City, Sta | ate and Zip Cod  | e)          |                               | _            |                 |                  |                 | d. Date Filed                           |      |
| 404 CARPENTER AVE<br>WINSTON-SALEM, NC 27107  |                      |                  |             |                               |              |                 |                  | 04/16/2206      | _                                       |      |
| WING TON-SALEM, NC 27 107   |                      |                  |             |                               |              | e. Phone Number |                  |                 |   |      |
|   |                      |                  |             |                               |              |                 |                  |                 | 336-785-0696                            | -    |
| 2. Report Year  | 3. Period Start Da   | ate (mm/dd/yyyy  | y)          | 4. Period Er                  | d Date (n    | ım/dd/y         | уууу)            | 5. Treasurer    | Full Name                               |      |
|   | 01/01/2006           |                  | :           | 04/15/200                     | )6           |                 |                  | MARK WI         | LLIAMS                                  |      |
| 6. Type of Commit   |                      |                  |             | ype of Repor                  | t (ch        |                 |                  | e of report fro | m one category)                         | _    |
| ✓ Candidate Cam  Joint Fundraise  | • •                  | •                | Mu          | icipal                        |              | -               | County           |                 | Referendum                              |      |
| Referendum  | r PA                 | C                | H           | Organization                  |              | _               | )rganizati       | onal            | Organizational                          |      |
| 7. Type of Fund   | (if applicable,      | chack one)       | _           | Thirty-five da<br>Pre-primary | ıy           |                 | uarterly         | Di              | Pre-referendum                          |      |
| Soft Money Ac   |                      | check the)       |             | Pre-election                  |              |                 | First I<br>Secon |                 | Final                                   |      |
| Booster Fund"   |                      |                  |             | Pre-runoff                    |              |                 | Third            |                 | Supplemental Final Annual               |      |
| Building Fund   |                      |                  | Semi-annual |                               |              | H               | Fourt            | •               | Special                                 |      |
| NC Political Pa   | rty Financing Fund   |                  |             | Mid Yea                       | r            | <b></b> s       | emi-annu         |                 | - Special                               |      |
|   | ction Year Candida   |                  | Year End    |                               | đ            |                 |                  | Year            | 9. Special Report Name                  |      |
| NC Public Cam   | paign Financing Fu   | ınd              |             | Final                         |              |                 | Year 1           | End             | , |      |
| Other:  |                      |                  |             | Special                       |              | ☐ Fi            | inal             |                 |   |      |
|   |                      |                  |             |                               |              | ĺ               | pecial           |                 |   |      |
| 0. Account Info   |                      |                  |             |                               |              |                 | Inform           |                 |   |      |
| . Financial Institut  | ion Full Name        |                  |             |                               | a. Financ    | ial Ins         | titution F       | ull Name        |   |      |
| 3B&T<br>  |                      |                  | :           |                               |              |                 |                  |                 |   |      |
| . Purpose   |                      | c. Code          |             |                               | b. Purpo     | se              |                  |                 | c. Code                                 |      |
| CAMPAIGN RECEIPTS bbt   |                      | bbt              |             |                               |              |                 |                  | İ               |   |      |
| ND DISBURSI   | EMENIS               | d. Period Begin  | Rala        | ınce                          |              |                 |                  |                 | d. Period Begin Balance                 | 4    |
|   |                      |                  |             |                               |              |                 |                  |                 |   |      |
|   |                      | \$ 22,399.2      | 20          |                               |              |                 |                  |                 | \$                                      |      |
| CERTIFICATIO  | ON                   | . %              |             |                               |              |                 |                  |                 |   | 1    |
| I certify that the  | Committee is in      | n compliance     | with        | all provisi                   | ons of A     | rticle :        | 22A, in          | cluding that    | no funds are commingled                 | 1    |
| with funds for a  | federal or out-o     | of-state PAC.    | Lfu         | rther say th                  | at this re   | port is         | compl            | ete, true and   | d correct.                              | ı    |
|   |                      | - 1              | $f(\cdot)$  | AL                            | 1 1          | $N \wedge$      | 1                |                 |   | ı    |
| MARK WILL   | IAMS                 | ,                | U           | Mw                            | W            | ソレ              | 'wa              | <b>1</b> 0      | 05/16/2006                              | 1    |
| Printed Name of Signer Signature of Appointed Treasurer Date  |                      |                  |             |                               |              |                 |                  |                 |   |      |
| OR OFFICE U   |                      | _                |             |                               |              |                 |                  |                 |   | ┨    |
| Date Received   | i: <u>5-</u>         | 25-06            |             | Employ                        | ee: <u>-</u> | Judi            | <u> 1 Spec</u>   |                 | very Method<br>Normal Mail              |      |
| Date Received: 5-25-06 Employee: Judy Spear Delivery Method  [In Normal Mail]  Date Postmarked: 5-23-06 Employee: Judy Spear Hand Delivered |                      |                  |             |                               |              |                 |                  |                 |   |      |
| Date Scanned: Employee: Electronically Filed  |                      |                  |             |                               |              |                 |                  |                 |   |      |

CRO-1000

NC State Board of Elections

March 2003

## **Detailed Summary**

Amendment

Yes ☐ No

| 1. Committee Full Name (and Fund if applicable)                   | 2. Type of l   | Report                         |   | . ID Nu  | mber                         |
|---|--|--------------------------------|---|--|------------------------------|
| COMMITTEE TO ELECT LONNIE MAINES FOR                              | FIRST Q  | UARTER                         | RPLUS   |  |                              |
| Start of Election Cycle: January 1, 2005                          |  |                                | Total this orting Period  |  | Total this<br>Election Cycle |
| 4) Cash on Hand at Start  |  | \$                             | 22,399.2  | 20 \$  | 0.00                         |
| RECEIPTS  |  |                                |   |  |                              |
| 5) Aggregated Contributions from Individuals                      | (CRO-1205  | \$                             | 678.0   | 0 \$   | 903.00                       |
| 6) Contributions from Individuals                                 | (CRO-1210)   | \$                             | 1,471.9   | 97 \$  | 3,671.97                     |
| 7) Contributions from Political Party Committees                  | (CRO-1220)   | <b>S</b>                       |   | \$   |                              |
| 8) Contributions from Other Political Committees                  | (CRO-1230)   | \$                             |   | \$   | ·                            |
| 9) Loan Proceeds  | (CRO-1410)   | \$                             |   | \$   | 20,000.00                    |
| 10) Refunds/Reimbursements To the Committee                       | (CRO-1240)   | \$                             |   | <del>                                     </del> |                              |
| 11) Other Receipt Sources   | (CRO-1250)   |                                |   |  |                              |
| 11a) Interest on Bank Accounts                                    | (CRO-1250)   | S                              |   | \$   |                              |
| 11b) Contributions from Not-for-Profit Organization               | IS (CRO-1250)  | s                              |   | s  |                              |
| 11c) Outside Sources of Income                                    | (CRO-1250)   | \$                             |   | - s  | <del></del>                  |
| 12) "Goods and Services" Contributions                            | (CRO-1260)   | s                              | ······································  | \$   |                              |
| 13) TOTAL RECEIPTS  | (0210-1200)  |                                |   | 1 3  |                              |
| (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)              |  | \$                             | 2,149.9   | 7 \$   | 24,574.97                    |
| EXPENDITURES  | Vanish and a superior of the s | ayerum erinmine ne<br>Ar<br>Ar |   |  |                              |
| 14) Disbursements   | (CRO-1310)   |                                |   |  |                              |
| 14a) Operating Expenditures                                       | (CRO-1310)   | \$                             | 9,806.80  | ) <b>S</b>                                       | 9,832.60                     |
| 14b) Contributions to Candidates/Political Committee              | es (CRO-1310)  | \$                             |   | \$   |                              |
| 14c) Coordinated Party Expenditures                               | (CRO-1310)   | \$                             | · <u>.</u>  | \$   |                              |
| 15) Loan Repayments   | (CRO-1420)   | \$                             |   | \$   |                              |
| 6) Refunds/Reimbursements From the Committee                      | (CRO-1320)   | \$                             |   | \$   |                              |
| 7) In-Kind Contributions  | (CRO-1510)   | \$                             |   | \$   |                              |
| 8) TOTAL EXPENDITURES   |  | \$                             | 0000.00   | s  |                              |
| (Add lines 14a, 14b, 14c, 15, 16, and 17)  9) Cash on Hand at End | .  |                                | 9806.80   |  | 9,832.60                     |
| (Add lines 4 and 13 together, then subtract line 18)              |  | \$                             | 14,742.37   | \$   | 14,742.37                    |
| ADDITIONAL INFORMATION  |  |                                |   |  |                              |
| 0) Non-Monetary Gifts Given to Other Committees                   | (CRO-1330)   | \$                             | THE CHANGE OF THE STATE OF THE | A SANGER STREET                                  |                              |
| 1) Outstanding Loans (incl. ones from other campaigns)            | (CRO-1430)   | \$                             | 20,000.00   |  |                              |
| 2) Debts and Obligations owed By the Committee                    | (CRO-1610)   | \$                             |   |  |                              |
| 3) Debts and Obligations owed To the Committee                    | (CRO-1620)   | \$                             |   |  |                              |
| 4) Account Transfers Within the Committee                         | (CRO-1720)   | \$                             |   |  |                              |
| 5) Administrative Support   | (CRO-1710)   | \$                             |   | \$   |                              |
| 6) Forgiven Loans   | (CRO-1440)   | \$                             |   | \$   | <del></del>                  |
| y) 48-Hour Notice Reports Sum                                     | elektronenthe ned samtifikant kalle toppy praesen in represent   | \$                             |   | \$   |                              |
| RO-1100 NC State Box  | ard of Elections   |                                |   |  | March 2003                   |

#### Amendment Aggregated Contributions from Individuals 1 of ✓ Yes ☐ No 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT LONNIE MAINES 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 bbt CASH Remove \$ 03/31/2006 50.00 Add bbt CASH \$ 03/31/2006 30.00 Remove Add bbt CASH 03/31/2006 Remove 30.00 Add bbt **CASH** \$ Remove 03/31/2006 20.00 Add bbt **CASH** 03/31/2006 5.00 Remove Add bbt CASH \$ 03/31/2006 50.00 Remove Add bbt **CASH** 03/31/2006 50.00 Remove ☐ Add bbt **CASH** \$ 03/31/2006 10.00 Remove Add bbt **CASH** 03/31/2006 \$ Remove 25.00 Add bbt CASH \$ 03/31/2006 50.00 Remove Add Add bbt 03/31/2006 CASH 20.00 Remove Add bbt CASH 03/31/2006 \$ 50.00 Remove Add bbt **CASH** \$ Remove 03/31/2006 10.00 Add bbt CASH \$ 03/31/2006 22.00 Remove Add bbt **CASH** 03/31/2006 \$ 20.00 Remove Add bbt **CASH** \$ 03/31/2006 Remove 36.00 Add bbt CASH 03/31/2006 \$ 50.00 Remove ☐ Add bbt CASH \$ 03/31/2006 50.00 Remove Add bbt **CASH** 03/31/2006 \$ 100.00 Remove Add \$ Remove Add \$ Remove Add \$ Remove Add \$ Remove 4. Total only this Page \$ 678.00 5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

678.00

\$

#### ✓ Yes □ No 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT LONNIE MAINES FOR SHERIFF 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **PASTOR** MICHEAL DUFFIELD c. Employer's Name/Specific Field 4770 COUNTRY BOY LANE CLEMMONS, NC 27012 VICTORY BAPTIST e. Election Cycle Sum to Date CHURCH 100.00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK \$ 100.00 03/31/2006 \$ \$ 3. Contributor Information □ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) HOMEMAKER SHELBY BLACKBURN c. Employer's Name/Specific Field 2828 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127 e. Election Cycle 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 bbt CHECK \$ 03/31/2006 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **CLERK** LINDA SHELL c. Employer's Name/Specific Field 1620 GILFORD DRIVE WINSTON-SALEM, NC 27127 **FORSYTH COUNTY** e. Election Cycle Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description i. Date (mm/dd/yyyy) k. Amount CHECK bbt 03/31/2006 \$ 50.00 \$ 4. Total only this Page \$ 250.00 5. Total of ALL CRO-1210 Pages \$ 1,471.97 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Amendment

#### l. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT LONNIE MAINES FOR SHERIFF 3. Contributor Information ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF-EMPLOYED CALVIN WEATHERMAN c. Employer's Name/Specific Field 4306 OLD BELLEWS CREEK RD WINSTON-SALEM, NC 27101 OSHA MOBILE TESTING e. Election Cycle Sum to Date 100.00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK bbt \$ 100.00 03/31/2006 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED ALBERT E DILLON c. Employer's Name/Specific Field 940 WALKERTOWN RD WINSTON-SALEM, NC 27101 e. Election Cycle 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 bbt CHECK 03/31/2006 \$ 150.00 \$ \$ 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **HOMEMAKER** CANDICE DILLON c. Employer's Name/Specific Field 940 WALKERTOWN RD WINSTON-SALEM, NC 27101 e. Election Cycle 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 CHECK bbt 03/31/2006 \$ 100.00 \$ \$ 4. Total only this Page \$ 350.00 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100) 1,471.97

Contributions from Individuals

Amendment

☐ No

✓ Yes

### ✓ Yes ☐ No 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT LONNIE MAINES FOR SHERIFF 3. Contributor Information ☐ Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF-EMPLOYED **BILLY REAVIS** c. Employer's Name/Specific Field 3320 BURKE MILL RD WINSTON-SALEM, NC **BILLY REAVIS BONDING** e. Election Cycle Sum to Date CO. 150.00 . Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK bbt 150.00 03/31/2006 \$ \$ 3. Contributor Information ✓ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED POLICEMAN LONNIE M MAINES, JR c. Employer's Name/Specific Field 404 CARPENTER AVE RETIRED WINSTON-SALEM, NC e. Election Cycle Sum to Date 721.97 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount bbt CHECK **FILING FEE** \$ 02/13/2006 721.97 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Cycle Sum to Date g. Account Code Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount S \$ \$ 4. Total only this Page \$ 871.97 5. Total of ALL CRO-1210 Pages \$ 1,471.97 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Amendment

| Refunds/Rei                               | imbur      | sements F                             | rom the Co                | mmittee 1                  | Pg <u>1</u> of _   | 1                             | Amendment  Yes No             |  |  |
|---|------------|---------------------------------------|---------------------------|----------------------------|--|-------------------------------|-------------------------------|--|--|
| 1. Committee Full Na                      | me (and F  | und if applicable)                    | -                         |                            | <del></del>  | 12 1                          | D Number                      |  |  |
| COMMITTEE TO                              |            |                                       |                           | ERIFF                      |  | 2. 1                          | D Number                      |  |  |
| 3. Payee Informa                          | tion       | ·                                     |                           | Add 🛛 R                    | emove  |                               |                               |  |  |
| a. Full Name, Mailing Address & Phone     |            |                                       |                           | d. Type of Com             |  | g. (                          | Comments                      |  |  |
| (include city, state, & zip)              |            |                                       | :<br>                     | Z Candidate                | PAC  | 1                             |                               |  |  |
| LONNIE M MAINES, JR<br>404 CARPENTER AVE. |            |                                       |                           | Referendun                 | <del></del>  | 1                             |                               |  |  |
|   |            |                                       | :                         | e. Level Register  Federal | County:  | h. (                          | h. Original Receipt Date      |  |  |
| WINSTON-SALEM, NC                         |            |                                       | State                     | Municipality:              | 02   | 2/13/2006                     |                               |  |  |
|   |            |                                       |                           |                            |  | i. Original Receipt Amt       |                               |  |  |
|   |            |                                       |                           |                            |  | \$ 721.9                      |                               |  |  |
| b. Job Title/Profession                   |            | c. Employer's N                       | ame/Specific Field        | ld f. Purpose              |  |                               | j. Election Cycle Sum to Date |  |  |
| RETIRED POLIC                             | E          | RETIRED                               | :                         | FILING FEE                 |  | \$ 721                        |                               |  |  |
| k. Account Code                           | l. Form    | of Payment                            | m. In-Kind Desc           | ription                    | n. Date (mm/dd/y)  | yyy)                          | o. Amount                     |  |  |
|   |            |                                       |                           |                            |  |                               | \$                            |  |  |
| 3. Payee Informati                        |            | · .                                   |                           | Add 🗖 Re                   | move   |                               | <u></u>                       |  |  |
| a. Full Name, Mailing                     |            | Phone                                 |                           | d. Type of Comn            |  | g. C                          | omments                       |  |  |
| (include city, state, &                   | zip)       |                                       |                           | ☐ Candidate                | □ PAC  |                               |                               |  |  |
|   |            |                                       | . :                       | Referendum                 |  |                               |                               |  |  |
|   |            |                                       |                           | e. Level Registere         | County:  | b. Original Receipt Date      |                               |  |  |
|   |            |                                       | :                         | State                      | Municipality:  |                               |                               |  |  |
|   |            |                                       | :                         |                            |  |                               | i. Original Receipt Amt       |  |  |
|   |            |                                       |                           |                            |  | s                             |                               |  |  |
| . Job Title/Profession c. Employer's Nam  |            | me/Specific Field                     | f. Purpose                | 3e                         |  | j. Election Cycle Sum to Date |                               |  |  |
|   |            |                                       |                           |                            |  | \$                            | ·                             |  |  |
| . Account Code                            | i. Form o  | Payment                               | m. In-Kind Descr          | iption                     | n. Date (mm/dd/yy  | vv)                           | o. Amount                     |  |  |
| -   |            |                                       | :                         |                            |  | ,,,                           | \$                            |  |  |
| . Payee Informatio                        | <u> </u>   | · · · · · · · · · · · · · · · · · · · | <b>6</b>                  | Add 🗖 Rei                  |  | 1                             |                               |  |  |
| Full Name, Mailing A                      |            | Phone                                 |                           | d. Type of Commi           |  | a Ca                          | mments                        |  |  |
| (include city, state, &                   | zip)       |                                       |                           | Candidate                  | PAC  | g. Cu                         | innents                       |  |  |
|   |            |                                       | :                         | Referendum                 | Party  |                               |                               |  |  |
|   |            |                                       | •                         | e. Level Registere         |  | h. Or                         | iginal Receipt Date           |  |  |
|   |            |                                       |                           | Federal State              | County:  |                               |                               |  |  |
|   |            |                                       |                           | State                      | Municipality:  | i Ori                         | ginal Receipt Amt             |  |  |
|   |            |                                       | •                         |                            |  |                               | gmai Receipt Ame              |  |  |
| Joh Title/Profession                      |            |                                       |                           |                            |  | \$                            |                               |  |  |
| Job Title/Profession c. Employer's Name   |            | ne/Specific Field                     | Specific Field f. Purpose |                            | j. Ele   | Election Cycle Sum to Date    |                               |  |  |
|   |            |                                       |                           |                            |  | \$                            |                               |  |  |
| Account Code                              | l. Form of | Payment                               | m. In-Kind Descri         | ption                      | n. Date (mm/dd/yyy   | y) 0                          | . Amount                      |  |  |
|   |            |                                       |                           |                            |  | T                             | \$                            |  |  |
| Total only this                           | Page       | <u> </u>                              |                           |                            |  | \$                            |                               |  |  |
| Total of ALL                              |            | 320 Pages                             |                           |                            |  |                               |                               |  |  |
| This line must be on li                   |            |                                       | Page CRO-1100)            |                            | r vanados de la companya de la compa | \$                            |                               |  |  |

FOPSYTH COUNTY

# COMMITTEE TO ELECT LONNIE MAINES

FOR SHERRIF

2006 MAY 25 AM 8: 12

Mark Williams, Treasurer 353 Jonestown Road, Suite 195 Winston-Salem, NC 27104 Tel: (336) 830-5963

The same of the sa

May 16, 2006

COPY

Judy J Speas Campaign Reporting Forsyth County Board of Elections 201 North Chestnut Street Winston-Salem, NC 27101

Dear Ms Speas:

Attached please find the amended forms that you requested to be submitted. I trust you will find them in order. In reference to your letter of April 20, 2006 and our phone conversations regarding the reporting of the amount of \$ 678 received in a fund raiser; I spoke to Mr Maines and he was able to obtain the names of all the contributors (I have a copy of that list in my possession). Form 1205 was amended indicating the individual contributions. With this amended Form 1205, I feel that we are in compliance with NCGS 163-278:14 and NCGS 163-278.8 (d) and the funds should not have to be paid to the Civil Penalty and Forfeiture Fund of the State of North Carolina.

Very truly yours, Committee to Elect Lonnie Maines for Sheriff

May William

Mark Williams, Treasurer