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  Security Entering the form to update information  Sherrill for School Board  Language Address (include City, State and Zip Code)  Lower Sherrill  170 Asthorn Plance Circle  Winston-Salem, NC  27106  Lord Tipe Condition Campaign  Party  2010  10210/1	Disclosure Repor	t Cover						Ameno	lment Yes	No No		
Semilar School Board  E. ID Number  Sherrill for School Board  E. Date Filed  Co'o Nancy Sherrill  170 Ashton Place Circle  Winston-Salem, NC  27106  Condition  Control of the Company  Control of th			informat	ion, must be	signed	and su	bmitted along with o	ther de	tailed forms.			
Sherrill for School Board	Do not use this form to up	date information										
Sherrill for School Board    Mailing Address (include City, State and Zip Code)		m										
Natifug Address (include City, State and Zip Code)								e. 11	Number			
Co Nancy Sherrill   170 Ashton Place Circle	Sherrill for School Board							F	Cams	12		
C. Phone Number   336-922-7250     C. Phone Number   C. Phone N	b. Mailing Address (include Ci	ty, State and Zip Code)						d. D	1 7			
Winston-Salem, NC 27106   September   336-922-7250									Feb. #0, 2010			
Candidate Campaign						e Ca		e. Pl	e. Phone Number			
2010    Stephen Kirkman   Step	27106						336-922	-7250				
Candidate Campaign	2. Report Year 3.Pc	acous Seas Deire (min/a	iliwo:		dimit b	ie -	5 Treasmer Eu	lName				
Candidate Campaign				(mm/dd/yy) 02 04/	119/10 26/10		Control of the Contro					
PAC	6 Type of Committee (C	necktorie)	9. Typ	e of Report	(0	heck of	ily.one type.of repor	ttron	ne category)			
Independent	Candidate Campaign	Party	Municip	pal		State/0	County	Refe	rendum			
Expenditure   John Fundrater   Inny-live day   Guartery   Free Technol   Pre-primary   First   Supplemental Final   Supplemental Final   Semi-annual   Sem	<b>. ∵</b>	Referendum		Organizational	l ;	$\boxtimes$	Organizational		Organizational			
Pre-primary   First   Supplemental Final   Pre-primary   Pre-primary   Pro-primary   Supplemental Final   Annual   Annual   Special   Pounth   Special   Pounth   Special   Pounth   Special   Pounth   Pro-primary   Primary   Pr	Expenditure	Joint Fundraiser		Thirty-five day	y		Quarterly		Pre-referendum			
Pre-election		alientie (p.e. me)		Pre-primary			First		Final			
Building Fund	Control of the Contro					<del> </del>						
Other:	Building Fund			Pre-runoff					Annuai			
Other:    Year End				Semi-annual			Fourth		Special			
Final   Fina	<del></del>					_		70000000				
Second   Final   Second   Se	Other:		l H			님	<del></del>	2102		rt Name		
### Account Information  a. Financial Institution Full Name  Branch Banking & Trust  b. Purpose  c. Account Code  b. Purpose  c. Account Code  All campaign donations and  d. Period Begin Balance  expenses  for 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.    Nancy P. Shep Rills	Se Number 2018 Fundiense	s this Renner							- S	B-7		
### Account Information  a. Financial Institution Full Name  Branch Banking & Trust  b. Purpose  c. Account Code  b. Purpose  c. Account Code  All campaign donations and  d. Period Begin Balance  expenses  for 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.    Nancy P. Shep Rills				•		$\Box$	Special		A A	A.S.		
a. Financial Institution Full Name  Branch Banking & Trust  b. Purpose  c. Account Code  b. Purpose  c. Account Code  c. Acco					S 5 15 / 97							
Branch Banking & Trust  b. Purpose  c. Account Code  b. Purpose  c. Account Code  containing  donations and  d. Period Begin Balance  expenses  s  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.  NANCY P. SHEPRILL  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Date Secured:  Employee:  Electronically Filed		me							THE RESERVE OF THE PARTY OF THE	-, X		
b. Purpose c. Account Code b. Purpose c. Account Code  All campaign donations and d. Period Begin Balance d. Period Begin Balance supenses  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.  NANCY 1. SHEPRILL Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Date Sepanded:  Employee:  Em			····					<del></del>	< ≥	in S		
donations and d. Period Begin Balance d. Period Begin Balance sypenses stands d. Period Begin Balance sypenses stands d. Period Begin Balance sypenses stands d. Period Begin Balance sypenses symmetric systems 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.    Nancy   P. Sherrill	b. Purpose	c. Account Code			b. Purp	ose		c. 2	Account Code			
and expenses  d. Period Begin Balance  s. 15050000000000000000000000000000000000	~ -	GPK 1	125							57		
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.  NANCY P. SHERRILL  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed	and d. Period Begin Balance expenses					-	<u>N</u>					
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.    NANCY   P. SHERILL   Manuary   Finded Name of Signer									reriou begin bi	пансе		
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.    NANCY   P. SHERRILL   Manuary   Signature of Appointed Treasurer		\$ 232000 0	, , , , , , , , , , , , , , , , , , ,					S	<del>, ,</del>	<del></del>		
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.    NANCY P. SHERRILL   Manuary Shewith												
is complete, true and correct and that I have been trained by the NC State Board of Elections.  NANCY P. SHERRILL  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Employee:  Delivery Method  Employee:  Employee:  Delivery Method  Employee:  Employee:  Delivery Method  Employee:  D												
NANCY P. SHERRILL Printed Name of Signer  Signature of Appointed Treasurer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  E								. I turu	ier certify tha	t unis report		
Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Date Postmarked:  Employee:  Date Postmarked:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed	~ 47		uamea		MALL		Chessis V	Flek	(22.20)	10		
Date Received: 2/22/2010 Employee: Tuby Sea Delivery Method    Normal Mail     Registered Mail     Hand Delivered     Electronically Filed			•	Sig	gnature	f Appoin	ted Treasurer	<u> </u>	Date	<u> </u>		
Date Postmarked:  Date Postmarked:  Employee:  Employee:  Employee:  Employee:  Date Segment:  Employee:  Empl	FOR OFFICE USE ONLY							dys.				
Date Postmarked: Employee: Registered Mail Hand Delivered Electronically Filed	Date Received:	2/22/2010		Employee:	1	UDY	Spea					
Date Second:  Employee:  Electronically Filed	Date Postmarked:	이 보통하면 중요한 유명 1 보통하는		Employee:					Registered M	ail		
The state of the s									Electronically	y Filed		

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.

Employee:

Date Data Entered:

mandatory training

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

Amendment No No Yes

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

Use this form to summarize all disclosure reporting forms an incommutee Eull Name (and Eund (applicable)			3×ID Number
Sherrill for School Board	Organizational		FCQM52
Start of Floring Coules X	2010	Total this	Total this
Start of Election Cycle: January 1,	2010	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
Recognitis	(300 1405)	•	
5) Aggregated Contributions from Individuals 6) Contributions from Individuals	(CRO-1205)	\$ 1,500.00	\$ 1,500.00
	(CRO-1210)		<del>-  </del>
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)	\$	\$
11a) Interest on Bank Accounts  11b) Contributions from Not-for-Profit Organization		\$	\$
	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$ 1,500,00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	c, 11d and 11e)	\$ 1,500.00	\$ 1,500.00
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committ	· · · · · · · · · · · · · · · · · · ·	\$	\$
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	<del></del>	\$ 0	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	\$ 1,500.00	\$ 1,500,00	
A SS S S S S A S S S S S S S S S S S S	100 mil 10)		(- /) 0001-
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	s) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	<u> </u>
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
· -	(CRO-2200)	\$	\$
27) 48-Hour Notice Reports Sum	· • •		-
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		m Individuals			Pg <u>1</u> of	1_	Ye	es 🛛 No
		ividual contributions		or contributions u	nder \$50 if form CR			
A.Comi	nittee/Fill/Name	(and Fundstrapplica	ible)			2.IDNu		
Sherrill 1	for School Board					FCG	2M52	,
3 Conti	ព្រះចេខពិវិធីកាន់ព្រ	on		Add [4] I	Кешохе			
	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Commen		
Nancy P	city, state, & zip) Sherrill			Retired		Candidate	<b>3</b>	
	ton Place Circle			c. Employer's Name	/Specific Field			
	Winston-Salem, NC					a Flaction S	Sum to Date	
27106						<u> </u>	<u> </u>	<u> </u>
		Historia	- La			\$	1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/y		k. Amoun	
	GPK125	check			02/19/	10	\$	1,500.00
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				·			\$	
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	ne, Mailing Address			b. Job Title/Professi	o <b>n</b>	d. Comment	s	
(include	city, state, & zip)							
				c. Employer's Name	Specific Field	-		
								· · · · · · · · · · · · · · · · · · ·
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	уу)	k. Amoun	
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	bjiffe); Litterantable ie, Mailing Address &	The second secon		Addiese R b. Job Title/Profession	omove m	d. Comment	s	
	city, state, & zip)			<u> </u>			<u> </u>	
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			}	c. Employer's Name/	Specific Field			
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f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy	yy)	k. Amount	
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							\$	
	konlig diris Pag	and provided the control of the cont			2	\$		1,500.00
	enfalel (CRO)	Control of the contro			100	\$		1,500.00
(a) justina	ลเสรีย์สินใหญ่ในเกิด <b>/ร</b> ับกุม	ម្រុកឃ្មានរដ្ឋស្វាក់ក្រាក់ប្រើស្វាក់ក្នុង(ន	ROSHUD)					,

**Contributions from Individuals** 

Amendment

No