Disclosure Report Cover

COPY

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
Witherspoon Committee	8CP402
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO 840 Lewisville, NC 27023	08302010
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	0725 2010	0630 2010	Wm. H. Witherspoon

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

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	
Southern Community Bank	
b. Purpose	**c. Account Code**
Deposit and Disbursement Campaign Funds	WC
	d. Period Begin Balance
	$ ZERO

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.

Wm. H. Witherspoon	[signature]	8/30/10
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	8/30/10	Employee:	Judy Speas	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail
Date Scanned:		Employee:		☐ Registered Mail
Date Data Entered:		Employee:		☑ 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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
WHITE HEART Committee	2ND QT	SCQ402

Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	$ ZERO	$ ZERO
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	$	$
6) Contributions from Individuals (CRO-1210)	$ 51,191.00	$ 51,191.00
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)	$	$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	$	$
11c) Outside Sources of Income (CRO-1250)	$	$
11d) Legal Expense Fund - Other Sources (CRO-1270)	$	$
11e) Exempt Purchase Price Sales (CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	$ 51,191.00	$ 51,191.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	~~$ 25,430.10~~	~~$ 25,430.10~~
13b) Contributions to Candidates/Political Committees (CRO-1310)	$ 25,239.10	$ 25,239.10
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)	$ 191.00	$ 191.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	$ 25,430.10	$ 25,430.10
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	$ 25,760.90	$ 25,760.90
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-2220)	$	$
28) Contributions to be Refunded (CRO-1215)	$	$

Contributions from Individuals

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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
WHITEHEART COMMITTEE	8CQ402

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Wm. H. WHITEHEART P O B 40 LEWISVILLE, N C 27023	BUSINESS OPERATOR	
	c. Employer's Name/Specific Field: SELF	e. Election Sum to Date: $ 191.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	[redacted]	V# 1151	FILING FEE	02252010	$ 191.00
☐	[redacted]				$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Wm. H. WHITEHEART P O B 40 LEWISVILLE NC 27023	BUSINESS OPERATOR	
	c. Employer's Name/Specific Field: SELF	e. Election Sum to Date: $ 1,191.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	[redacted]	V# 1152		02252010	$ 1,000.00
☐	WC				$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Wm. H. WHITEHEART P O B 40 LEWISVILLE, N C 27023	BUSINESS OPERATOR	
	c. Employer's Name/Specific Field: SELF	e. Election Sum to Date: $ 51,191.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	[redacted]	V# 1156		04182010	$ 50,000.00
☐	WC				$
☐					$

4. Total only this Page	$ 51,191.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 51,191.00

Disbursements

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

Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable): WHITEHEAD Committee — 2. ID Number: BCQ402

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
FORSYTH County BOE 201 N. CHESTNUT ST. 27101	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 191.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	AHW VH# 1151	O	02252010	$ 191.00	
				$	

4. Payee Information — ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state & zip)	b. Coordinated Committee Name	d. Comments
WOOTEN GRAPHICS 172 HINGLE ROAD WELCOME, NC 27374	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 894.33

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted] WC	VH 001	B	03252010	$ 894.33	CARDS/ENVS
				$	

4. Payee Information — ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state & zip)	b. Coordinated Committee Name	d. Comments
POSTMARK, INC 390 CASSELL ST. W. SALEM NC 27107	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 1,887.99

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted] WC	VH 002	I	04192010	$ 1,887.99	
				$	

5. Total on this Page: $ 2,973.32

6. Total of ALL CRO-1310 Pages: $ 2,973.32

(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)

7. Purpose Codes (Use detailed expenditure code in the above fields)

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	O* - Other

*Codes requiring detailed explanation in required remark field (k)

COPY

Disbursements

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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): WHITEHEART COMMITTEE
2. ID Number: 8CQ402

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): BYRON NELSON, 4825 COMMERCIAL PLAZA, SUITE A27, W-SALEM, NC 27104
b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH 003	E	04222010	$ 1,000.00	
WC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): WILLIAMS PRINTING, INC., POB 1166, KING, NC 27021
b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 1,278.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH 004	B	04222010	$ 1,278.10	CARDS
WC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): CLEMMONS COURIER, POB 765, CLEMMONS, NC 27012
b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 362.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH 005	A	04222010	$ 362.25	ADV.
WC				$	

5. Total on this Page: $ 2,640.35

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)
$ 5,613.67

7. Purpose Codes (Historically these expenditure codes have never):
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; O* - Other
*Codes require detailed explanation in required remarks field (k).

Disbursements

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if Applicable): WHITEHEART Committee

2. ID Number: 8CQ402

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
KERNERSVILLE NEWS KERNERSVILLE, NC		☐ Federal ☑ County: ☐ State ☐ Municipality:		$1,105.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH006	A	04232010	$1,105.00	Adv.
WC				$	

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
BETH PERDUE 457 C. MAPLE WELCOME, NC 27374		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 240.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH007	E	04262010	$240.00	
WC				$	

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
DEBBIE'S STAFFING 4431 N. CHERRY ST.-STE#50 W-SALEM, NC 27105		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 252.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH008	E	04262010	$252.00	
WC				$	

5. Total on This Page: $ 1,597.00

6. Total of All CRO-1310 Pages: $ 7,210.67

(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)

7. Purpose Codes (Unitemized Expenditure Codes in Bold)

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	O* - Other

Code requires 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
WHITEHEART COMMITTEE	8CQ402

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
POSTMARK, INC. 390 CASSELL ST. W-SALEM, NC 27107		☐ Federal ☑ County: ☐ State ☐ Municipality:		$3,957.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	V#009	I	04262010	$2,069.33	
WC				$	

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
CLEMMONS COURIER POB 765 CLEMMONS NC 27012		☐ Federal ☑ County: ☐ State ☐ Municipality:		$724.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	V#1026	A	04292010	$362.25	ADV.
WC				$	

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
BYRON NELSON 4825 COMMERCIAL PLAZA SUITE A27 W-SALEM, NC 27104		☐ Federal ☑ County: ☐ State ☐ Municipality:		$1,750.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	V#1001	B	05052010	$750.00	CARDS
WC				$	

5. Total only this Page $ 3,181.58

6. Total of ALL CRO-1310 Pages $ 10,392.25

(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)

7. Purpose Codes (list the letter of expenditure code in the 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	O* - Other

* Codes require detailed explanation in required remarks field (K)

COPY

Disbursements

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

Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable): WHITEHEART Committee

2. ID Number: 8C9402

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
BETH PERDUE 457 E. HINKLE WELCOME, NC 27374		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 580.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	V# 1002	E	05052010	$ 340.00	
WC				$	

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
CREATIVE DESIGN 6025 HOLDER ROAD CLEMMONS, NC 27012		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 375.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	V# 1003	B	05052010	$ 375.00	CARDS
WC				$	

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
~~CREATIVE D~~ BYRON NELSON 4875 COMMERCIAL PLAZA SUITE A27 W-SALEM, NC 27104		☐ Federal ☐ County: ☐ State ☐ Municipality:	$1,750.00	$ ~~2,000.00~~

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	V# 1004	B	05242010	$ 1,000.00	CARDS
WC				$	

5. Total on this Page: $ 1,715.00

6. Total of All CRO-1310 Pages: $ 12,107.25

(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)

7. Purpose Codes: (Use detailed description on the above)

A* - Media B* - Printing C* - Fundraising D - To Another Candidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expense
I - Postage J - Penalties K* - Office Expense O* - Other

Codes required detailed explanations are required in the Remarks field.

COPY

Disbursements

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

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Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable): WHITE HEART COMMITTEE
2. ID Number: 8CQ402

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
WOOTEN GRAPHICS 172 HINKLE ROAD WELCOME, NC 27374	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $1,691.68

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1005	B	05252010	$797.35	SIGNS
NC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DON KIRK 2100 FACULTY DR. N-SALEM, NC 27106	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1006	A	06142010	$250.00	ADV. PROD.
NC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WSJS 875 W. 5TH ST. W-SALEM, NC 27101	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $1400.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1007	A	06142010	$1400.00	ADV.
NC				$	

5. Total only This Page: $2,447.35

6. Total of All CRO-1310 Pages: $14,354.60

(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)

7. Purpose Codes: (List default expenditure code in dark box)

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	O* - Other

* Code requires detailed explanation in required remarks field (k)

Disbursements

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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
WHITEHEART Committee	SCQ 402

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
POSTMARK, INC 390 CASSELL ST. W. SALEM, NC 27107	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 5,332.82

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1008	I	06142010	$ 1375.50	
WC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TRISH BINKLEY CREATIVE DESIGN 6025 HOLDER ROAD CLEMMONS NC 27012	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 475.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1009	B	06142010	$ 100.00	CREATIVE ROU.
WC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SEAN CRAIG 4825 COMMERCIAL PLAZA SUITE A27 W-SALEM, NC 27104	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1010	E	06142010	$ 100.00	
WC				$	

5. Total only this Page	$ 1,575.50
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)*	$ 16,130.10

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 8 of 9

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
WHITEHEART Committee	BCQ402

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
JCV MEDIA CLOVERDALE AVE W-SALEM 27103	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1011	A	06142010	$ 300.00	EMAIL ADV
WC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CLEAR CHANNEL RADIO 2-B PAE PARK GREENSBORO, NC 27409	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 700.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1012	A	06142010	$ 700.00	ADV.
WC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WILLIAMS PRINTING POB 1166 KING, NC 27021	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,878.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1013	B	06142010	$ 600.00	MAILER
WC				$	

5. Total only this Page	$ 1,600.00
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)*	$ 17,730.10

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 9 of 9

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
WHITEHEART Committee	BCQ402

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

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BYRON NELSON 4825 Commercial Plaza Suite A27 Winston, NC 27104	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	$2,950.00 e. Election Sum to Date ~~$1950.00~~

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1014	E	06212010	$200.00	
WC				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VOIDED CHECK	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
	VH1015		06212010	$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WHITEHEART OUTDOOR ADV. PO Box 40 Lewisville NC 27023	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 7,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[redacted]	VH1016	A	06212010	$7,500.00	Adv.
WC				$	

5. Total only this Page	$ 7,700.00
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)*	$ 25,430.10

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)

COPY

In-Kind Contributions

Pg ____ of ____

Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Wilkerhart Committee	SC4402

3. Contributor Information ☑ Add ☐ Remove

(Wm.N.)

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Bill Wilkerhart PoB 40 Zip 27023	☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee	02252010	$ 191.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 191.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 191.00