

# 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.

|                                                                                                           |                             |
|-----------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1. Committee Information</b>                                                                           |                             |
| a. Full Name<br>COMMITTEE TO ELECT GRIFFITH SHERIFF                                                       | c. ID Number                |
| b. Mailing Address (include City, State and Zip Code)<br>7600 BEECH TREE COURT<br>CLEMMONS, NC 27012-9142 | d. Date Filed<br>04/26/2010 |
|                                                                                                           | e. Phone Number             |

|                        |                                               |                                             |                                                |
|------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------------|
| 2. Report Year<br>2010 | 3. Period Start Date (mm/dd/yy)<br>01/01/2010 | 4. Period End Date (mm/dd/yy)<br>04/17/2010 | 5. Treasurer Full Name<br>SUNNIE-KARIN K HOBBS |
|------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------------|

|                                                        |                                           |                                                                            |                                           |                                             |
|--------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|
| <b>6. Type of Committee (Check One)</b>                |                                           | <b>9. Type of Report (check only one type of report from one category)</b> |                                           |                                             |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party            | <b>Municipal</b>                                                           | <b>State/County</b>                       | <b>Referendum</b>                           |
| <input type="checkbox"/> PAC                           | <input type="checkbox"/> Referendum       | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Independent Expenditure       | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly        | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Legal Expense Fund            |                                           | <input type="checkbox"/> Pre-primary                                       | <input checked="" type="checkbox"/> First | <input type="checkbox"/> Final              |
|                                                        |                                           | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second           | <input type="checkbox"/> Supplemental Final |
|                                                        |                                           | <input type="checkbox"/> Pre-runoff                                        | <input type="checkbox"/> Third            | <input type="checkbox"/> Annual             |
|                                                        |                                           | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth           | <input type="checkbox"/> Special            |
|                                                        |                                           | <input type="checkbox"/> Mid Year                                          | <input type="checkbox"/> Semi-annual      |                                             |
|                                                        |                                           | <input type="checkbox"/> Year End                                          | <input type="checkbox"/> Mid Year         |                                             |
|                                                        |                                           | <input type="checkbox"/> Final                                             | <input type="checkbox"/> Year End         |                                             |
|                                                        |                                           | <input type="checkbox"/> Special                                           | <input type="checkbox"/> Final            |                                             |
|                                                        |                                           |                                                                            | <input type="checkbox"/> Special          |                                             |
| <b>7. Type of Fund (if applicable, check one)</b>      |                                           | <b>10. Special Report Name</b>                                             |                                           |                                             |
| <input type="checkbox"/> Booster Fund                  |                                           |                                                                            |                                           |                                             |
| <input type="checkbox"/> Building Fund                 |                                           |                                                                            |                                           |                                             |
| <input type="checkbox"/> Other:                        |                                           |                                                                            |                                           |                                             |
| <b>8. Number of Fundraisers this Report</b>            |                                           |                                                                            |                                           |                                             |
| 2                                                      |                                           |                                                                            |                                           |                                             |

|                                                |                                       |                                    |                         |
|------------------------------------------------|---------------------------------------|------------------------------------|-------------------------|
| <b>11. Account Information</b>                 |                                       | <b>11. Account Information</b>     |                         |
| a. Financial Institution Full Name<br>WACHOVIA |                                       | a. Financial Institution Full Name |                         |
| b. Purpose<br>ACCOUNTS RECEIVABLE/PAYABLE      | c. Account Code<br>001                | b. Purpose                         | c. Account Code         |
|                                                | d. Period Begin Balance<br>\$ 2114.35 |                                    | 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.

KARIN HOBBS Karin Hobbs 04/26/2010  
Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: 2/26/10 Employee: Judy Spear Delivery Method  
☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
☐ Signer has not received mandatory training

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  
☐ Signer has not received mandatory training

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

|                                                                                     |  |                                    |  |                                  |  |
|-------------------------------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                              |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                 |  | 2010 First Quarter                 |  |                                  |  |
| <b>Start of Election Cycle: January 1, 2009</b>                                     |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start                                                            |  | \$ 2,114.38                        |  | \$ 0.00                          |  |
| <b>RECEIPTS</b>                                                                     |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                             |  | \$ 11,440.00                       |  | \$ 13,010.00                     |  |
| 6) Contributions from Individuals (CRO-1210)                                        |  | \$ 17,423.89                       |  | \$ 21,709.86                     |  |
| 7) Contributions from Political Party Committees (CRO-1220)                         |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 8) Contributions from Other Political Committees (CRO-1230)                         |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 9) Loan Proceeds (CRO-1410)                                                         |  | \$ 25,000.00                       |  | \$ 28,000.00                     |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                              |  | \$ 200.00                          |  | \$ 505.00                        |  |
| 11) Other Receipt Sources                                                           |  |                                    |  |                                  |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                           |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)                     |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11c) Outside Sources of Income (CRO-1250)                                           |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                         |  | \$ 0.00                            |  | \$ 0.00                          |  |
| <b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 54,063.89                       |  | \$ 63,224.86                     |  |
| <b>EXPENDITURES</b>                                                                 |  |                                    |  |                                  |  |
| 13) Disbursements                                                                   |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                              |  | \$ 49,525.79                       |  | \$ 55,392.69                     |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                                      |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                                    |  | \$ 197.28                          |  | \$ 305.15                        |  |
| 15) Loan Repayments (CRO-1420)                                                      |  | \$ 3,000.00                        |  | \$ 3,000.00                      |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                            |  | \$ 900.58                          |  | \$ 1,416.43                      |  |
| 17) In-Kind Contributions (CRO-1510)                                                |  | \$ 2,394.89                        |  | \$ 2,950.86                      |  |
| <b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 56,018.54                       |  | \$ 63,065.13                     |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)        |  | \$ 159.73                          |  | \$ 159.73                        |  |
| <b>ADDITIONAL INFORMATION</b>                                                       |  |                                    |  |                                  |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                         |  | \$ 0.00                            |  |                                  |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)                  |  | \$ 25,000.00                       |  |                                  |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                          |  | \$ 0.00                            |  |                                  |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                          |  | \$ 0.00                            |  |                                  |  |
| 24) Account Transfers Within the Committee (CRO-1720)                               |  | \$ 0.00                            |  |                                  |  |
| 25) Administrative Support (CRO-1710)                                               |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 26) Forgiven Loans (CRO-1440)                                                       |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                           |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 28) Contributions to be Refunded (CRO-1215)                                         |  | \$ 0.00                            |  | \$ 0.00                          |  |

# Aggregated Contributions from Individuals

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Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                                                                                                          |                        |                           |                               |                             |                     |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                      |                        |                           |                               |                             |                     |  |
| <b>3. Contributor Information</b>                                                                        |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                                                          | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 01/14/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Credit Card               |                               | 01/18/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 01/14/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/26/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/24/2010                  | \$ 40.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 03/24/2010                  | \$ 40.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/18/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Credit Card               |                               | 03/26/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 02/20/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 03/19/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 03/26/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Credit Card               |                               | 03/23/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 02/20/2010                  | \$ 10.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/22/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/27/2010                  | \$ 10.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/18/2010                  | \$ 40.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/27/2010                  | \$ 40.00            |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                             | \$ 520.00           |  |
| <b>5. Total of ALL CRO-1205 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                        |                           |                               |                             | \$ 11,440.00        |  |

# Aggregated Contributions from Individuals

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Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                                                                        |                        |                           |                               |                             |                     |  |
|------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                 |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                    |                        |                           |                               |                             |                     |  |
| <b>3. Contributor Information</b>                                      |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                        | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/07/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/25/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/25/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 01/27/2010                  | \$ 40.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 02/01/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 01/17/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 01/02/2010                  | \$ 40.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/26/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 01/14/2010                  | \$ 40.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/26/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/12/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/26/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/11/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/06/2010                  | \$ 50.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 02/20/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/21/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 03/19/2010                  | \$ 35.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 01/31/2010                  | \$ 20.00            |  |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                     |  |
| <b>4. Total only this Page</b>                                         |                        |                           |                               |                             | \$ \$565.00         |  |
| <b>5. Total of ALL CRO-1205 Pages</b>                                  |                        |                           |                               |                             | \$ \$11,440.00      |  |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                             |                     |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                             |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                      |                 |                    |                        |                      |              |  |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/19/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/05/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/16/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 04/14/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/23/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 02/28/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ 550.00    |  |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$ 11,440.00 |  |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |              |  |

# Aggregated Contributions from Individuals

Page 4 of 21

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                             |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                      |                 |                    |                        |                      |              |  |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/06/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 04/15/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/25/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 01/11/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/10/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/10/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 02/20/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/06/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/06/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ 620.00    |  |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$ 11,440.00 |  |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |              |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                                                        |                 |                    |                        |                      |              |  |
| a. Amend                                                                                          | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/19/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/25/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 01/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/15/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 02/15/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/24/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/05/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/18/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 02/07/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/08/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/25/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 01/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/18/2010           | \$ 20.00     |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                      | \$ 520.00    |  |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ 11,440.00 |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                                                        |                 |                    |                        |                      |              |  |
| a. Amend                                                                                          | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/26/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 01/16/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/14/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/16/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/22/2010           | \$ 20.00     |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                      | \$ 540.00    |  |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ 11,440.00 |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                             |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                      |                 |                    |                        |                      |              |  |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/09/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/09/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/04/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/24/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/20/2010           | \$ 35.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/20/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/15/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/04/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/11/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/25/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/16/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/25/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/10/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ 515.00    |  |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$ 11,440.00 |  |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |              |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                                                        |                 |                    |                        |                      |              |  |
| a. Amend                                                                                          | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/07/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/04/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/05/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/16/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/07/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/23/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 02/11/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/17/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/03/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 02/03/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 01/18/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/07/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/07/2010           | \$ 50.00     |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                      | \$ 540.00    |  |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ 11,440.00 |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                                                        |                 |                    |                        |                      |              |  |
| a. Amend                                                                                          | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/04/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/10/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/02/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/23/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/16/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/15/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/24/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/07/2010           | \$ 20.00     |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                      | \$ 480.00    |  |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ 11,440.00 |  |

# Aggregated Contributions from Individuals

Page 10 of 21

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                             |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                      |                 |                    |                        |                      |              |  |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/18/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/18/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/18/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/18/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/18/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/17/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/18/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/04/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/05/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/25/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/12/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/17/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/18/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/07/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/24/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 02/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/08/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/23/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ 660.00    |  |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$ 11,440.00 |  |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |              |  |

# Aggregated Contributions from Individuals

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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   |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                             |                 |                    |                        |                      |                |  |
| 3. Contributor Information                                      |                 |                    |                        |                      |                |  |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount      |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/06/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/07/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/19/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/25/2010           | \$ 40.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/22/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/25/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/14/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/24/2010           | \$ 40.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Money Order        |                        | 03/03/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/02/2010           | \$ 40.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/07/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/22/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/29/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/29/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/29/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                |  |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ \$520.00    |  |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$ \$11,440.00 |  |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |                |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                             |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                      |                 |                    |                        |                      |              |  |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/18/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/20/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/15/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/07/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/07/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/14/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/28/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/07/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 01/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/20/2010           | \$ 10.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ 590.00    |  |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$ 11,440.00 |  |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |              |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                             |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                      |                 |                    |                        |                      |              |  |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/22/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/02/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/12/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/25/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/10/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 01/16/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/17/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/19/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/07/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ 500.00    |  |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$ 11,440.00 |  |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |              |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                                                        |                 |                    |                        |                      |              |  |
| a. Amend                                                                                          | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/26/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/19/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/07/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/08/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 02/08/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/09/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/04/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/10/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/16/2010           | \$ 40.00     |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                      | \$ 540.00    |  |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ 11,440.00 |  |

# Aggregated Contributions from Individuals

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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         |              |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                      |              |
| 3. Contributor Information                                                                        |                 |                    |                        |                      |              |
| a. Amend                                                                                          | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/08/2010           | \$ 40.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 02/15/2010           | \$ 40.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/18/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/21/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/21/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/10/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/14/2010           | \$ 40.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/17/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/08/2010           | \$ 20.00     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/16/2010           | \$ 20.00     |
| 4. Total only this Page                                                                           |                 |                    |                        |                      | \$ 580.00    |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ 11,440.00 |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                                                        |                 |                    |                        |                      |              |  |
| a. Amend                                                                                          | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/18/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/22/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 01/24/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/06/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 02/08/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/16/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/16/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/18/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 02/07/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/03/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 02/10/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                      | \$ 550.00    |  |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ 11,440.00 |  |

# Aggregated Contributions from Individuals

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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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                             |                 |                    |                        |                      |              |  |
| 3. Contributor Information                                      |                 |                    |                        |                      |              |  |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/20/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/20/2010           | \$ 50.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/29/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/25/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 01/14/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 03/22/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/26/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/22/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/22/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Check              |                        | 02/18/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 01/12/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/27/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 03/21/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Cash               |                        | 02/20/2010           | \$ 20.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| <input type="checkbox"/> Add                                    | 001             | Credit Card        |                        | 03/15/2010           | \$ 40.00     |  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |              |  |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ 660.00    |  |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$ 11,440.00 |  |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |              |  |

# Aggregated Contributions from Individuals

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Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                                                                                                          |                        |                           |                               |                             |                  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               | <b>2. ID Number</b>         |                  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                      |                        |                           |                               |                             |                  |
| <b>3. Contributor Information</b>                                                                        |                        |                           |                               |                             |                  |
| <b>a. Amend</b>                                                                                          | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b> |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Credit Card               |                               | 02/09/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 01/14/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 01/14/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Credit Card               |                               | 03/19/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/26/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 02/20/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 02/20/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/19/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 01/14/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 02/20/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 03/27/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 01/29/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 01/29/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 03/11/2010                  | \$ 50.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 02/20/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Credit Card               |                               | 02/17/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Credit Card               |                               | 03/19/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 02/20/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Check                     |                               | 03/07/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00         |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00         |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                             | \$ 490.00        |
| <b>5. Total of ALL CRO-1205 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                        |                           |                               |                             | \$ 11,440.00     |

# Aggregated Contributions from Individuals

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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   |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                      |                |  |
| 3. Contributor Information                                                                        |                 |                    |                        |                      |                |  |
| a. Amend                                                                                          | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount      |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/26/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 03/26/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/26/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/21/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Check              |                        | 01/14/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/06/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/18/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/18/2010           | \$ 40.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/18/2010           | \$ 40.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/18/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/18/2010           | \$ 40.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/17/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/25/2010           | \$ 40.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 01/25/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/07/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 02/10/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 40.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 03/25/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Cash               |                        | 03/27/2010           | \$ 20.00       |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                   | 001             | Credit Card        |                        | 01/20/2010           | \$ 20.00       |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                      | \$ \$560.00    |  |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ \$11,440.00 |  |

# Aggregated Contributions from Individuals

Page 20 of 21

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                                                                        |                        |                           |                               |                             |                  |
|------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                 |                        |                           |                               | <b>2. ID Number</b>         |                  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                    |                        |                           |                               |                             |                  |
| <b>3. Contributor Information</b>                                      |                        |                           |                               |                             |                  |
| <b>a. Amend</b>                                                        | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b> |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 02/09/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/19/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/19/2010                  | \$ 40.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/22/2010                  | \$ 40.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 03/25/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 01/28/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/16/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 02/10/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/21/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/27/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/17/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 01/29/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 01/29/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 02/06/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/19/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 01/06/2010                  | \$ 40.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 01/29/2010                  | \$ 40.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/19/2010                  | \$ 40.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 03/19/2010                  | \$ 50.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Check                     |                               | 01/06/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Cash                      |                               | 03/26/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add                                           | 001                    | Credit Card               |                               | 03/19/2010                  | \$ 20.00         |
| <input type="checkbox"/> Remove                                        |                        |                           |                               |                             |                  |
| <b>4. Total only this Page</b>                                         |                        |                           |                               | \$ 590.00                   |                  |
| <b>5. Total of ALL CRO-1205 Pages</b>                                  |                        |                           |                               | \$ 11,440.00                |                  |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                             |                  |

# Aggregated Contributions from Individuals

Page 21 of 21

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 |
| COMMITTEE TO ELECT GRIFFITH SHERIFF             |              |

## 3. Contributor Information

| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
|-----------------------------------------------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Check              |                        | 03/24/2010           | \$ 40.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Check              |                        | 03/19/2010           | \$ 50.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Check              |                        | 02/20/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Credit Card        |                        | 03/21/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Cash               |                        | 02/20/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Cash               |                        | 03/07/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Cash               |                        | 03/07/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Check              |                        | 02/06/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Cash               |                        | 03/07/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Cash               |                        | 03/26/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Credit Card        |                        | 03/18/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Cash               |                        | 03/27/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Cash               |                        | 03/27/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Credit Card        |                        | 03/04/2010           | \$ 20.00  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 001             | Credit Card        |                        | 03/23/2010           | \$ 20.00  |

|                                                                                                   |              |
|---------------------------------------------------------------------------------------------------|--------------|
| 4. Total only this Page                                                                           | \$ 350.00    |
| 5. Total of ALL CRO-1205 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) | \$ 11,440.00 |

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 37

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                                |                      |                         |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                |                      |                         |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                        |                      | d. Comments             |              |  |
| ROBERT E. ANDERSON<br>600 PEPPERIDGE ROAD<br>LEWISVILLE, NC 27023                                |                 |                    | DEPUTY SHERIFF - RETIRED                       |                      |                         |              |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field              |                      |                         |              |  |
|                                                                                                  |                 |                    | FCSO                                           |                      |                         |              |  |
|                                                                                                  |                 |                    |                                                |                      | e. Election 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               |              |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                                | 03/14/2010           | \$ 100.00               |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                |                      | \$                      |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                |                      | \$                      |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                |                      |                         |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                        |                      | d. Comments             |              |  |
| KALIM ANDRAOS<br>5016 KNOB VIEW TRAIL<br>WINSTON-SALEM, NC 27104                                 |                 |                    | OWNER                                          |                      |                         |              |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field              |                      |                         |              |  |
|                                                                                                  |                 |                    | ANDRAOS BROTHERS, INC. -<br>CONVENIENCE STORES |                      |                         |              |  |
|                                                                                                  |                 |                    |                                                |                      | e. Election Sum to Date |              |  |
|                                                                                                  |                 |                    |                                                |                      | \$ 300.00               |              |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                         | j. Date (mm/dd/yyyy) | k. Amount               |              |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                | 03/19/2010           | \$ 300.00               |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                |                      | \$                      |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                |                      | \$                      |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                |                      |                         |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                        |                      | d. Comments             |              |  |
| WILLIAM M. AVLES<br>37795 OXFORD DRIVE<br>MURRIETA, CA 95262                                     |                 |                    | FIRE CAPTAIN                                   |                      |                         |              |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field              |                      |                         |              |  |
|                                                                                                  |                 |                    | RIVERSIDE FIRE DEPT.                           |                      |                         |              |  |
|                                                                                                  |                 |                    |                                                |                      | e. Election 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               |              |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                                | 03/10/2010           | \$ 100.00               |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                |                      | \$                      |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                |                      | \$                      |              |  |
| 4. Total only this Page                                                                          |                 |                    |                                                |                      |                         | \$ 500.00    |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1010) |                 |                    |                                                |                      |                         | \$ 17,423.89 |  |

# Contributions from Individuals

Pg 2 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                                       |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                       |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                               |                      | d. Comments             |  |
| DONNA BARHAM<br>153 TULLYRIES LANE<br>LEWISVILLE, NC 27023                                       |                 |                    | REALTOR                                               |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field                     |                      |                         |  |
|                                                                                                  |                 |                    | REMAX WINSTON-SALEM                                   |                      |                         |  |
|                                                                                                  |                 |                    |                                                       |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                                       |                      | \$ 30.00                |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                                | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | In-Kind            | INK FOR PRINTER                                       | 02/18/2010           | \$ 89.95                |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                       |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                       |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                       |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                               |                      | d. Comments             |  |
| WILLIAM BEACH<br>P.O. BOX 17<br>JOHANNESBURG, MI 49751                                           |                 |                    | FIREFIGHTER/POSTAL<br>WORKER                          |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field                     |                      |                         |  |
|                                                                                                  |                 |                    | ALBERT<br>TOWNSHIP/LLEWISTON<br>FD/USPS GAYLORD 49735 |                      |                         |  |
|                                                                                                  |                 |                    |                                                       |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                                       |                      | \$ 60.00                |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                                | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                       | 03/08/2010           | \$ 60.00                |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                       |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                       |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                       |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                               |                      | d. Comments             |  |
| EILEEN BEASLEY<br>2060 JAY DEE DRIVE<br>WINSTON-SALEM, NC 27104                                  |                 |                    | COMPUTER SALES                                        |                      | RAFFLE                  |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field                     |                      |                         |  |
|                                                                                                  |                 |                    | HEWLETT PACKARD                                       |                      |                         |  |
|                                                                                                  |                 |                    |                                                       |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                       | 01/29/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                       |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                       |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                                       |                      | \$ 249.95               |  |
| 5. Total of ALL CRO 1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO 1000) |                 |                    |                                                       |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 3 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                 |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove             |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                               |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| CHARLES BERGAN<br>32668 MT. OLIVE ROAD<br>SALISBURY, MD 21804                                       |                 |                    | CORRECTIONAL OFFICER              |                      |                         |  |
|                                                                                                     |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                     |                 |                    | STATE OF MARYLAND                 |                      |                         |  |
|                                                                                                     |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                     |                 |                    |                                   |                      | \$ 80.00                |  |
| f. Prior                                                                                            | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                            | 001             | Credit Card        |                                   | 03/04/2010           | \$ 80.00                |  |
| <input type="checkbox"/>                                                                            |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                            |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove             |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                               |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| JOHN A. BLACKWELDER<br>2626 BROMLEY PARK DRIVE<br>WINSTON-SALEM, NC 27103                           |                 |                    | FINANCE - RETIRED                 |                      |                         |  |
|                                                                                                     |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                     |                 |                    | LANDMARK BUILDINGS                |                      |                         |  |
|                                                                                                     |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                     |                 |                    |                                   |                      | \$ 200.00               |  |
| f. Prior                                                                                            | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                            | 001             | Credit Card        |                                   | 04/16/2010           | \$ 200.00               |  |
| <input type="checkbox"/>                                                                            |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                            |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove             |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                               |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| MIKE BLAKELY<br>1316 WOODLYN COURT<br>KERNERSVILLE, NC 27284                                        |                 |                    | DIRECTOR OF SECURITY              |                      |                         |  |
|                                                                                                     |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                     |                 |                    | HANES MALL                        |                      |                         |  |
|                                                                                                     |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                     |                 |                    |                                   |                      | \$ 200.00               |  |
| f. Prior                                                                                            | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                            | 001             | Check              |                                   | 03/27/2010           | \$ 200.00               |  |
| <input type="checkbox"/>                                                                            |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                            |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                             |                 |                    |                                   |                      | \$ 480.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page 2 CRO-1210) |                 |                    |                                   |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 4 of 37

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                                   |           |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| JOHN BONER<br>2017 CLAXTON DRIVE<br>WINSTON-SALEM, NC 27127                                       |                 |                    |                        | SHERIFF-RETIRED                   |           |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                   |                 |                    |                        | FCSO                              |           |              |  |
|                                                                                                   |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                                   |                 |                    |                        | \$                                |           | 60.00        |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/23/2010                        | \$ 20.00  |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/25/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$        |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| JASON BOWDEN<br>111 LAMON STREET<br>FAYETTEVILLE, NC 28301                                        |                 |                    |                        | OWNER                             |           |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                   |                 |                    |                        | C & D GRAPHIC DESIGN              |           |              |  |
|                                                                                                   |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                                   |                 |                    |                        | \$                                |           | 60.00        |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/23/2010                        | \$ 20.00  |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/25/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$        |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| WALTER BOWDEN<br>111 LAMON STREET<br>FAYETTEVILLE, NC 28301                                       |                 |                    |                        | OWNER                             |           |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                   |                 |                    |                        | C & D ENTERPRISES                 |           |              |  |
|                                                                                                   |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                                   |                 |                    |                        | \$                                |           | 140.00       |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/19/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/23/2010                        | \$ 20.00  |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/25/2010                        | \$ 40.00  |              |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                                   |           | \$ 220.00    |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                        |                                   |           | \$ 17,423.89 |  |

# Contributions from Individuals

Pg 5 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                                                        |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                                        |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                |                      | d. Comments             |  |
| WALTER BOWDEN<br>111 LAMON STREET<br>FAYETTEVILLE, NC 28301                                       |                 |                    | OWNER                                                  |                      | straight contribution   |  |
|                                                                                                   |                 |                    | c. Employer's Name/Specific Field<br>C & D ENTERPRISES |                      |                         |  |
|                                                                                                   |                 |                    |                                                        |                      | e. Election Sum to Date |  |
|                                                                                                   |                 |                    |                                                        |                      | \$ 140.00               |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description                                 | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                                                        | 03/25/2010           | \$ 40.00                |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                                        |                      | \$                      |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                                        |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                                        |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                |                      | d. Comments             |  |
| CHERYL BOWMAN<br>632 NOTTINGHILL DRIVE<br>WINSTON-SALEM, NC 27107                                 |                 |                    | PHYSICIAN SUPPORT<br>MANAGER                           |                      |                         |  |
|                                                                                                   |                 |                    | c. Employer's Name/Specific Field<br>NOVANT HEALTH     |                      |                         |  |
|                                                                                                   |                 |                    |                                                        |                      | e. Election Sum to Date |  |
|                                                                                                   |                 |                    |                                                        |                      | \$ 500.00               |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description                                 | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                          | 001             | Check              |                                                        | 02/20/2010           | \$ 500.00               |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                                        |                      | \$                      |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                                        |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                                        |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                |                      | d. Comments             |  |
| DOUGLAS BRANDON<br>1701 VALLEYBROOK ROAD<br>CLEMMONS, NC 27012                                    |                 |                    | OWNER                                                  |                      |                         |  |
|                                                                                                   |                 |                    | c. Employer's Name/Specific Field<br>BRANDON PLUMBING  |                      |                         |  |
|                                                                                                   |                 |                    |                                                        |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                                                        | 03/22/2010           | \$ 40.00                |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                                                        | 03/23/2010           | \$ 20.00                |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                                                        | 03/25/2010           | \$ 40.00                |  |
| 4. Total only this Page                                                                           |                 |                    |                                                        |                      | \$ 640.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                                                        |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 6 of 37

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                                   |           |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| ROBERT BRANNOCK<br>2179 GREENFIELD ROAD<br>WALNUT COVE, NC 27052                                  |                 |                    |                        | NONE                              |           |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                   |                 |                    |                        | DISABLED                          |           |              |  |
|                                                                                                   |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                                   |                 |                    |                        |                                   |           | \$ 200.00    |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/04/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 03/25/2010                        | \$ 20.00  |              |  |
| <input type="checkbox"/>                                                                          | 001             | Check              |                        | 03/25/2010                        | \$ 140.00 |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| GEORGE BRITTON<br>5645 MURRAY ROAD<br>WINSTON-SALEM, NC 27106                                     |                 |                    |                        | PSYCHOLOGIST-RETIRED              |           |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                   |                 |                    |                        | SELF EMPLOYED                     |           |              |  |
|                                                                                                   |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                                   |                 |                    |                        |                                   |           | \$ 200.00    |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                          | 001             | Check              |                        | 03/19/2010                        | \$ 200.00 |              |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$        |              |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$        |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| CLARENCE BROWNING<br>13116 DEVAL ROAD<br>BATON ROUGH, LA 70818                                    |                 |                    |                        | ELECTRICIAN                       |           |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                   |                 |                    |                        | EXXON MOBILE CO USA               |           |              |  |
|                                                                                                   |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                                   |                 |                    |                        |                                   |           | \$ 60.00     |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                          | 001             | Credit Card        |                        | 02/25/2010                        | \$ 60.00  |              |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$        |              |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$        |              |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                                   |           | \$ 460.00    |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                        |                                   |           | \$ 17,423.89 |  |

# Contributions from Individuals

Pg 7 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                         |                        |                           |                               |                                          |  |                                |  |
|---------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                  |                        |                           |                               |                                          |  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                     |                        |                           |                               |                                          |  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| WAYNE BUMGARDNER<br>9281 SHALLOWFORD ROAD<br>LEWISVILLE, NC 27023                                       |                        |                           |                               | MANAGER-RETIRED                          |  |                                |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                         |                        |                           |                               | BELL SOUTH                               |  |                                |  |
|                                                                                                         |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                          |  | \$ 80.00                       |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Cash                      |                               | 03/26/2010                               |  | \$ 40.00                       |  |
| <input type="checkbox"/>                                                                                | 001                    | Cash                      |                               | 03/26/2010                               |  | \$ 40.00                       |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| GLENN E. CALLAHAN<br>WYNDHAM BENTLEY BROOK<br>1 COREY ROAD<br>HANCOCK, MA 01237                         |                        |                           |                               | RESORT MANAGER                           |  |                                |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                         |                        |                           |                               | WYNDHAM VACATION OWNERSHIP               |  |                                |  |
|                                                                                                         |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Credit Card               |                               | 03/21/2010                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| RICH CARLETON<br>P.O. BOX 712<br>LEWISVILLE, NC 27023                                                   |                        |                           |                               | FBI-RETIRED                              |  |                                |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                         |                        |                           |                               | FBI                                      |  |                                |  |
|                                                                                                         |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                          |  | \$ 120.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 03/21/2010                               |  | \$ 60.00                       |  |
| <input type="checkbox"/>                                                                                | 001                    | Cash                      |                               | 03/26/2010                               |  | \$ 20.00                       |  |
| <input type="checkbox"/>                                                                                | 001                    | Cash                      |                               | 03/27/2010                               |  | \$ 40.00                       |  |
| <b>4. Total only this Page</b>                                                                          |                        |                           |                               |                                          |  | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on the 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                          |  | \$ 17,423.89                   |  |

# Contributions from Individuals

Pg 8 of 37

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                     |                 |                    |                        |                                   |           |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| NORMA CASTLEBERRY<br>8791 KIGER ROAD<br>GERMANTON, NC 27019                             |                 |                    |                        | MANAGER-RETIRED                   |           |              |  |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                         |                 |                    |                        | AT&T                              |           |              |  |
|                                                                                         |                 |                    |                        | e. Election 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 |              |  |
| <input type="checkbox"/>                                                                | 001             | Check              |                        | 02/20/2010                        | \$ 100.00 |              |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |              |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| TOM CHANEY<br>206 LONGWOOD GRIVE<br>WINSTON-SALEM, NC 27104                             |                 |                    |                        | MANAGER                           |           |              |  |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                         |                 |                    |                        | PAT'S BODY SHOP                   |           |              |  |
|                                                                                         |                 |                    |                        | e. Election 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 |              |  |
| <input type="checkbox"/>                                                                | 001             | Cash               |                        | 03/27/2010                        | \$ 20.00  |              |  |
| <input type="checkbox"/>                                                                | 001             | Cash               |                        | 03/27/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                | 001             | Cash               |                        | 03/27/2010                        | \$ 40.00  |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| AL CHILDRESS<br>375 FAIRHAVEN ROAD<br>LEWISVILLE, NC 27023                              |                 |                    |                        | CAPTAIN                           |           |              |  |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                         |                 |                    |                        | FORSYTH COUNTY FIRE DEPARTMENT    |           |              |  |
|                                                                                         |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                         |                 |                    |                        | \$                                |           | 60.00        |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                | 001             | Cash               |                        | 02/20/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                | 001             | Cash               |                        | 03/19/2010                        | \$ 20.00  |              |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |              |  |
| 4. Total only this Page                                                                 |                 |                    |                        |                                   |           | \$ 260.00    |  |
| 5. Total of ALL CRO-1210 Pages                                                          |                 |                    |                        |                                   |           | \$ 17,423.89 |  |
| (This line must be on the 6 of Detailed Summary Page CRO-1100)                          |                 |                    |                        |                                   |           |              |  |

# Contributions from Individuals

Pg 9 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| CONRAD R. CHURCH<br>4601 CLIPSTONE LANE<br>KERNERSVILLE, NC 27284                                |                 |                    | MARKET DEVELOPMENT                |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | MAGAZINE DEVELOPMENT INC.         |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                   | 03/18/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| KEVIN CLODFELTER<br>1151 KENOSHA DRIVE<br>KERNERSVILLE, NC 27284                                 |                 |                    | POLICE OFFICER                    |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | KERNERSVILLE POLICE DEPT.         |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                   |                      | \$ 180.00               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                   | 02/20/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         | 001             | Cash               |                                   | 03/27/2010           | \$ 40.00                |  |
| <input type="checkbox"/>                                                                         | 001             | Cash               |                                   | 03/27/2010           | \$ 40.00                |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| R COBB<br>1008 CASTLE PINES<br>WINSTON-SALEM, NC 27127                                           |                 |                    | ATTORNEY-RETIRED                  |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | NANA DEVELOPMENT CORPORATION      |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                   |                      | \$ 80.00                |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                   | 03/27/2010           | \$ 80.00                |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                   |                      | \$ 360.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1210) |                 |                    |                                   |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 10 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                           |                        |                           |                               |                                          |  |                                |  |
|-----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                        |                           |                               |                                          |  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                       |                        |                           |                               |                                          |  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| W.R. COOK JR<br>PO BOX 871<br>APEX, NC 27502                                                              |                        |                           |                               | DEVELOPMENT MANAGER                      |  |                                |  |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                           |                        |                           |                               | HH HUNT CORP.                            |  |                                |  |
|                                                                                                           |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                           |                        |                           |                               |                                          |  | \$ 80.00                       |  |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                  | 001                    | Credit Card               |                               | 03/25/2010                               |  | \$ 40.00                       |  |
| <input type="checkbox"/>                                                                                  | 001                    | Credit Card               |                               | 03/26/2010                               |  | \$ 40.00                       |  |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| PETER COVILL<br>388 N. GATE PLACE<br>WINSTON-SALEM, NC 27105                                              |                        |                           |                               | BODYMAN                                  |  |                                |  |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                           |                        |                           |                               | PETER COLVILES<br>AUTOWORK               |  |                                |  |
|                                                                                                           |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                           |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                  | 001                    | Check                     |                               | 03/27/2010                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| MIKE CUDE<br>P O BOX 879<br>PILOT MOUNTAIN, NC 27041                                                      |                        |                           |                               | TRUSTEE/ RETIRED HWY<br>PATROL OFFICER   |  |                                |  |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                           |                        |                           |                               | MORAVIAN MUSIC<br>FOUNDATION             |  |                                |  |
|                                                                                                           |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                           |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                  | 001                    | Check                     |                               | 03/26/2010                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                          |  | \$                             |  |
| <b>4. Total only this Page</b>                                                                            |                        |                           |                               |                                          |  | \$ 280.00                      |  |
| <b>5. Total of ALL CRO 1210 Pages</b><br>(This line must be on the 6th of Detailed Summary Page CRO 1210) |                        |                           |                               |                                          |  | \$ 17,423.89                   |  |

# Contributions from Individuals

Pg 11 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                        |                        |                           |                               |                                          |  |                                |  |
|--------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                 |                        |                           |                               |                                          |  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                    |                        |                           |                               |                                          |  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                       |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| CAHTERINE DAVIS<br>6051 ROLLINGGREEN DRIVE<br>WINSTON-SALEM, NC 27103                                  |                        |                           |                               | HOUSEWIFE                                |  |                                |  |
|                                                                                                        |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                        |                        |                           |                               | HOUSEWIFE                                |  |                                |  |
|                                                                                                        |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                        |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                        | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                               | 001                    | Check                     |                               | 02/20/2010                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                               |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                               |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                       |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| DON EAST<br>971 LONGHILL DRIVE<br>PILOT MOUNTAIN, NC 27041                                             |                        |                           |                               | LEGISLATOR                               |  |                                |  |
|                                                                                                        |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                        |                        |                           |                               | NC STATE GOVERNMENT                      |  |                                |  |
|                                                                                                        |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                        |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                        | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                               | 001                    | Check                     |                               | 03/27/2010                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                               |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                               |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                       |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| R. DEAN EBERT<br>1675 JONESTOWN ROAD<br>WINSTON-SALEM, NC 27103                                        |                        |                           |                               | OWNER                                    |  |                                |  |
|                                                                                                        |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                        |                        |                           |                               | EBERT SIGN COMPANY                       |  |                                |  |
|                                                                                                        |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                        |                        |                           |                               |                                          |  | \$ 500.00                      |  |
| <b>f. Prior</b>                                                                                        | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                               | 001                    | Check                     |                               | 04/07/2010                               |  | \$ 500.00                      |  |
| <input type="checkbox"/>                                                                               |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                               |                        |                           |                               |                                          |  | \$                             |  |
| <b>4. Total only this Page</b>                                                                         |                        |                           |                               |                                          |  | \$ 700.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on the 6 of Deleted Summary Page CRO-1100) |                        |                           |                               |                                          |  | \$ 17,423.89                   |  |

# Contributions from Individuals

Pg 12 of 37

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                        |                                   |  |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |  |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |  | d. Comments  |  |
| BRIAN ELLIOTT<br>1307 BLUEBILL BLVD.<br>BUFFALO, MN 55313                                         |                 |                    |                        | OWNER                             |  |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |  |              |  |
|                                                                                                   |                 |                    |                        | ELLIOTT COMPUTER SERVICES         |  |              |  |
|                                                                                                   |                 |                    |                        | e. Election Sum to Date           |  |              |  |
|                                                                                                   |                 |                    |                        |                                   |  | \$ 80.00     |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              |  | k. Amount    |  |
| <input type="checkbox"/>                                                                          | 001             | Credit Card        |                        | 03/03/2010                        |  | \$ 40.00     |  |
| <input type="checkbox"/>                                                                          | 001             | Credit Card        |                        | 03/26/2010                        |  | \$ 40.00     |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   |  | \$           |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |  |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |  | d. Comments  |  |
| RICHARD ERNEST<br>195 TULLYRIES LANE<br>LEWISVILLE, NC 27023                                      |                 |                    |                        | CW 5                              |  |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |  |              |  |
|                                                                                                   |                 |                    |                        | NC NATIONAL GUARD                 |  |              |  |
|                                                                                                   |                 |                    |                        | e. Election Sum to Date           |  |              |  |
|                                                                                                   |                 |                    |                        |                                   |  | \$ 120.00    |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              |  | k. Amount    |  |
| <input type="checkbox"/>                                                                          | 001             | Cash               |                        | 02/20/2010                        |  | \$ 20.00     |  |
| <input type="checkbox"/>                                                                          | 001             | Check              |                        | 03/27/2010                        |  | \$ 100.00    |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   |  | \$           |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |  |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |  | d. Comments  |  |
| THOMAS EVANS<br>3570 UNION SCHOOL ROAD<br>CLINTON, NC 28328                                       |                 |                    |                        | SHERIFF - RETIRED                 |  |              |  |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |  |              |  |
|                                                                                                   |                 |                    |                        | FCSO                              |  |              |  |
|                                                                                                   |                 |                    |                        | e. Election 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    |  |
| <input type="checkbox"/>                                                                          | 001             | Credit Card        |                        | 03/04/2010                        |  | \$ 100.00    |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   |  | \$           |  |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   |  | \$           |  |
| 4. Total only this Page                                                                           |                 |                    |                        |                                   |  | \$ 300.00    |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                        |                                   |  | \$ 17,423.89 |  |

# Contributions from Individuals

Pg 13 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                         |                        |                           |                               |                                                                              |                  |                                |  |
|---------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------------------------------------------|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                  |                        |                           |                               |                                                                              |                  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                     |                        |                           |                               |                                                                              |                  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                                                              |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>                                               |                  | <b>d. Comments</b>             |  |
| EDWARD L. FARREN<br>3336 N. TEXAS STREET<br>SUITE J. PMB 402<br>FAIRFIELD, CA 94533                     |                        |                           |                               | AIRCRAFT MECHANIC                                                            |                  |                                |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>ZIMEX AVIATION LTD.              |                  |                                |  |
|                                                                                                         |                        |                           |                               |                                                                              |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                                                              |                  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                                  | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                | 001                    | Credit Card               |                               | 03/09/2010                                                                   | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                              | \$               |                                |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                              | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                                                              |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>                                               |                  | <b>d. Comments</b>             |  |
| APRIL FEARRINGTON<br>5548 MORAVIAN HEIGHTS<br>CLEMMONS, NC 27012                                        |                        |                           |                               | OFFICE MANAGER                                                               |                  | RAFFLE                         |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>TUTTLE MOTOR & BODY SHOP         |                  |                                |  |
|                                                                                                         |                        |                           |                               |                                                                              |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                                                              |                  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                                  | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 01/14/2010                                                                   | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                              | \$               |                                |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                              | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                                                              |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>                                               |                  | <b>d. Comments</b>             |  |
| MEGHEAN FIELD<br>5300 HOLMES RUN PARKWAY<br>#1503<br>ALEXANDRIA, VA 23304                               |                        |                           |                               | OFFICE ADMINISTRATOR                                                         |                  |                                |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>LEVINE, BLASZAK, BLOCK & BOOTHBY |                  |                                |  |
|                                                                                                         |                        |                           |                               |                                                                              |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                                                              |                  | \$ 120.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                                  | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                | 001                    | Credit Card               |                               | 03/26/2010                                                                   | \$ 120.00        |                                |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                              | \$               |                                |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                              | \$               |                                |  |
| <b>4. Total only this Page</b>                                                                          |                        |                           |                               |                                                                              |                  | \$ 320.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on the 6 of Detailed Summary Page CRO-1210) |                        |                           |                               |                                                                              |                  | \$ 17,423.89                   |  |

# Contributions from Individuals

Pg 14 of 37

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                |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                        |                                   |           |                             |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments                 |  |
| MARK FLYNT<br>638 RUNNINGBROOK LANE<br>RURAL HALL, NC 27045                                      |                 |                    |                        | OWNER                             |           |                             |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |                             |  |
|                                                                                                  |                 |                    |                        | PULLIAM HOT DOGS                  |           |                             |  |
|                                                                                                  |                 |                    |                        | e. Election 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 |                             |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 03/26/2010                        | \$ 100.00 |                             |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |                             |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |                             |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments                 |  |
| WALLACE GASTLEY<br>129 CENTRAL OAKS ROAD<br>CLEMMONS, NC 27012                                   |                 |                    |                        | CONSTRUCTION WORKER               |           | winner of Harley motorcycle |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |                             |  |
|                                                                                                  |                 |                    |                        | UNEMPLOYED                        |           |                             |  |
|                                                                                                  |                 |                    |                        | e. Election Sum to Date           |           |                             |  |
|                                                                                                  |                 |                    |                        | \$                                |           | 60.00                       |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                             |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 03/24/2010                        | \$ 60.00  |                             |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |                             |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |                             |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments                 |  |
| PAULA GLOVER<br>301 GATEWOOD DRIVE<br>WINSTON-SALEM, NC 27104                                    |                 |                    |                        | WEDING PLANNER                    |           |                             |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |                             |  |
|                                                                                                  |                 |                    |                        | SELF EMPLOYED                     |           |                             |  |
|                                                                                                  |                 |                    |                        | e. Election Sum to Date           |           |                             |  |
|                                                                                                  |                 |                    |                        | \$                                |           | 300.00                      |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                             |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 03/19/2010                        | \$ 300.00 |                             |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |                             |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |                             |  |
| 4. Total only this Page                                                                          |                 |                    |                        |                                   |           | \$ 460.00                   |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1200) |                 |                    |                        |                                   |           | \$ 17,423.89                |  |

# Contributions from Individuals

Pg 15 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                                      |                                   |           |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                      |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                                      | b. Job Title/Profession           |           | d. Comments             |  |
| RUSSELL GRAY<br>7528 WILKES-YADKIN ROAD<br>HAMPTONVILLE, NC 27020                                 |                 |                    |                                      | RJR TOBACCO-RETIRED               |           |                         |  |
|                                                                                                   |                 |                    |                                      | c. Employer's Name/Specific Field |           |                         |  |
|                                                                                                   |                 |                    |                                      | RJR TOBACCO                       |           | e. Election 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 |                         |  |
| <input type="checkbox"/>                                                                          | 001             | Check              |                                      | 03/21/2010                        | \$ 100.00 |                         |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                      |                                   | \$        |                         |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                      |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                      |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                                      | b. Job Title/Profession           |           | d. Comments             |  |
| DAVID H GRIFFITH<br>4991 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                            |                 |                    |                                      | RETIRED SHERIFF & FARMER          |           |                         |  |
|                                                                                                   |                 |                    |                                      | c. Employer's Name/Specific Field |           |                         |  |
|                                                                                                   |                 |                    |                                      | FORSYTH COUNTY                    |           | e. Election Sum to Date |  |
|                                                                                                   |                 |                    |                                      |                                   |           | \$ 0.00                 |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description               | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>                                                                          | 001             | In-Kind            | FOOD PURCHASE AT LOWES FOODS FOR BBQ | 03/27/2010                        | \$ 59.45  |                         |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                      |                                   | \$        |                         |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                      |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                      |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                                      | b. Job Title/Profession           |           | d. Comments             |  |
| DAVID H. GRIFFITH<br>491 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                            |                 |                    |                                      | RETIRED SHERIFF/FARM OWNER        |           |                         |  |
|                                                                                                   |                 |                    |                                      | c. Employer's Name/Specific Field |           |                         |  |
|                                                                                                   |                 |                    |                                      | FORSYTH COUNTY                    |           | e. Election Sum to Date |  |
|                                                                                                   |                 |                    |                                      |                                   |           | \$ 0.00                 |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description               | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>                                                                          | 001             | In-Kind            | CANDY FOR GIVE OUT AT PARADE         | 01/15/2010                        | \$ 214.93 |                         |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                      |                                   | \$        |                         |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                      |                                   | \$        |                         |  |
| 4. Total only this Page                                                                           |                 |                    |                                      |                                   |           | \$ 374.38               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                                      |                                   |           | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 16 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                              |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                              |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                      |                      | d. Comments             |  |
| DAVID H. GRIFFITH<br>4991 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                          |                 |                    | FARM OWNER/RETIRED<br>SHERIFF                |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>FCSO    |                      |                         |  |
|                                                                                                  |                 |                    |                                              |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                              |                      | \$ 480.66               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                       | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | In-Kind            | PRINTING OF BUMPER STICKERS AND ROUND        | 04/12/2010           | \$ 480.66               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                              |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                              |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                              |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                      |                      | d. Comments             |  |
| PHILLIP GUENTHER<br>412 S. COLONIAL PARKWAY<br>SAUKVILLE, WI 53080                               |                 |                    | TOOL & DIE MAKER                             |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>CAPCO   |                      |                         |  |
|                                                                                                  |                 |                    |                                              |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                              |                      | \$ 60.00                |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                       | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                              | 01/31/2010           | \$ 60.00                |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                              |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                              |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                              |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                      |                      | d. Comments             |  |
| JOAN M. HAUCK<br>5144 ROSEMEDE DRIVE<br>CHARLOTTE, NC 28227                                      |                 |                    | CUSTOMER<br>SERVICE-RETIRED                  |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>US FOOD |                      |                         |  |
|                                                                                                  |                 |                    |                                              |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                              |                      | \$ 60.00                |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                       | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                              | 03/27/2010           | \$ 60.00                |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                              |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                              |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                              |                      | \$ 600.66               |  |
| 5. Total of ALL CRO-1210 Pages<br>(this line must be on the 5 of Detailed Summary Page CRO-1100) |                 |                    |                                              |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 17 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                           |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                           |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                   |                      | d. Comments             |  |
| DAVID HEATH<br>2745 OLD HOLLOW ROAD<br>WALKERTOWN, NC 27051                                      |                 |                    | DENTIST                                   |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field         |                      |                         |  |
|                                                                                                  |                 |                    | SELF                                      |                      |                         |  |
|                                                                                                  |                 |                    |                                           |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                           |                      | \$ 200.00               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                    | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                           | 03/19/2010           | \$ 200.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                           |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                           |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                           |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                   |                      | d. Comments             |  |
| DAVID F. HOBBS<br>7600 BEECH TREE COURT<br>CLEMMONS, NC 27012-9142                               |                 |                    | DEPUTY SHERIFF - RETIRED                  |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field         |                      |                         |  |
|                                                                                                  |                 |                    | FCSO                                      |                      |                         |  |
|                                                                                                  |                 |                    |                                           |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                           |                      | \$ 1,587.00             |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                    | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                           | 02/02/2010           | \$ 300.00               |  |
| <input type="checkbox"/>                                                                         | 001             | In-Kind            | PMT FOR GREENS FEES<br>AND CARTS FOR GOLF | 04/17/2010           | \$ 1,287.00             |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                           |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                           |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                   |                      | d. Comments             |  |
| SUNNIE KARIN HOBBS<br>7600 BEECH TREE COURT<br>CLEMMONS, NC 27012-9142                           |                 |                    | SUPERVISOR - RETIRED                      |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field         |                      |                         |  |
|                                                                                                  |                 |                    | DELTA AIR LINES, INC.                     |                      |                         |  |
|                                                                                                  |                 |                    |                                           |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                           |                      | \$ 160.35               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                    | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | In-Kind            | MAGNETIC VEHICLE<br>SIGNS                 | 01/25/2010           | \$ 160.35               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                           |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                           |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                           |                      | \$ 1,947.35             |  |
| 5. Total of ALL CRO 1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO 1100) |                 |                    |                                           |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 18 of 37

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 |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                             |                 |                    |                                   |                      |                         |              |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                 |                    |                                   |                      |                         |              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                           |                 |                    | b. Job Title/Profession           |                      | d. Comments             |              |
| MARIA HODGES<br>4001 NATHANIAL PLACE COURT<br>WINSTON-SALEM, NC 27106                           |                 |                    | SELF EMPLOYED                     |                      |                         |              |
|                                                                                                 |                 |                    | c. Employer's Name/Specific Field |                      |                         |              |
|                                                                                                 |                 |                    | MAYFLOWER SEAFOOD                 |                      |                         |              |
|                                                                                                 |                 |                    |                                   |                      | e. Election 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               |              |
| <input type="checkbox"/>                                                                        | 001             | Check              |                                   | 04/10/2010           | \$ 150.00               |              |
| <input type="checkbox"/>                                                                        |                 |                    |                                   |                      | \$                      |              |
| <input type="checkbox"/>                                                                        |                 |                    |                                   |                      | \$                      |              |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                 |                    |                                   |                      |                         |              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                           |                 |                    | b. Job Title/Profession           |                      | d. Comments             |              |
| CHRISTA HOLT<br>304 MCGEE ROAD<br>WINSTON-SALEM, NC 27107                                       |                 |                    | REAL ESTATE BROKER                |                      |                         |              |
|                                                                                                 |                 |                    | c. Employer's Name/Specific Field |                      |                         |              |
|                                                                                                 |                 |                    | RE/MAX REALTY CONSULTANTS         |                      |                         |              |
|                                                                                                 |                 |                    |                                   |                      | e. Election Sum to Date |              |
|                                                                                                 |                 |                    |                                   |                      | \$ 120.00               |              |
| f. Prior                                                                                        | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |              |
| <input type="checkbox"/>                                                                        | 001             | Cash               |                                   | 03/26/2010           | \$ 20.00                |              |
| <input type="checkbox"/>                                                                        | 001             | Check              |                                   | 03/26/2010           | \$ 100.00               |              |
| <input type="checkbox"/>                                                                        |                 |                    |                                   |                      | \$                      |              |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                 |                    |                                   |                      |                         |              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                           |                 |                    | b. Job Title/Profession           |                      | d. Comments             |              |
| PAT HOLZER<br>112 GEHRIG LANE<br>CLAYTON, NC 27257                                              |                 |                    | OWNER                             |                      |                         |              |
|                                                                                                 |                 |                    | c. Employer's Name/Specific Field |                      |                         |              |
|                                                                                                 |                 |                    | CERTIFIED FOAM                    |                      |                         |              |
|                                                                                                 |                 |                    |                                   |                      | e. Election 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               |              |
| <input type="checkbox"/>                                                                        | 001             | Credit Card        |                                   | 03/26/2010           | \$ 100.00               |              |
| <input type="checkbox"/>                                                                        |                 |                    |                                   |                      | \$                      |              |
| <input type="checkbox"/>                                                                        |                 |                    |                                   |                      | \$                      |              |
| 4. Total only this Page                                                                         |                 |                    |                                   |                      | \$ 370.00               |              |
| 5. Total of ALL CRO 1210 Pages<br>(This line must be on the 6th Detailed Summary Page CRO 1210) |                 |                    |                                   |                      | \$ 17,423.89            |              |

# 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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                     |                 |                    |                        |                                   |           |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| RAMON HOOTS<br>3124 COUNTRY CLUB ROPAD<br>WINSTON-SALEM, NC 27104                       |                 |                    |                        | AIRLINE                           |           |                         |  |
|                                                                                         |                 |                    |                        | EMPLOYEE-RETIRED                  |           |                         |  |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|                                                                                         |                 |                    |                        | PIEDMONT AIRLINES                 |           | e. Election 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 |                         |  |
| <input type="checkbox"/>                                                                | 001             | Check              |                        | 02/17/2010                        | \$ 100.00 |                         |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| PEARL JOHNSON<br>3104 DREWDAL LANE<br>KERNERSVILLE, NC 27284                            |                 |                    |                        | OWNER                             |           |                         |  |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|                                                                                         |                 |                    |                        | JOHNSON'S ATTIC                   |           |                         |  |
|                                                                                         |                 |                    |                        |                                   |           | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                        |                                   |           | \$ 500.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>                                                                | 001             | Check              |                        | 02/20/2010                        | \$ 500.00 |                         |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| KAREN JOYCE<br>314 SILVER SPRINGS CHURCH ROAD<br>PILOT MOUNTAIN, NC 27041               |                 |                    |                        | TEACHER                           |           | RAFFLE                  |  |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|                                                                                         |                 |                    |                        | STOKES COUNTY SCHOOLS             |           |                         |  |
|                                                                                         |                 |                    |                        |                                   |           | e. Election 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 |                         |  |
| <input type="checkbox"/>                                                                | 001             | Check              |                        | 01/29/2010                        | \$ 100.00 |                         |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$        |                         |  |
| 4. Total only this Page                                                                 |                 |                    |                        |                                   |           | \$ 700.00               |  |
| 5. Total of ALL CRO-1210 Pages                                                          |                 |                    |                        |                                   |           | \$ 17,423.89            |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                         |                 |                    |                        |                                   |           |                         |  |

# Contributions from Individuals

Pg 20 of 37

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                        |                                   |           |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| ROBERT JOYCE<br>6241 HOLDER ROAD<br>CLEMMONS, NC 27012                                           |                 |                    |                        | OWNER                             |           |              |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                  |                 |                    |                        | MADD PLANTS                       |           |              |  |
|                                                                                                  |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                                  |                 |                    |                        | \$                                |           | 60.00        |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 03/26/2010                        | \$ 60.00  |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| JEFFERY JUDD<br>395 RIVERSIDE DRIVE #7-D<br>NEW YORK, NY 10025                                   |                 |                    |                        | ATTORNEY                          |           | RAFFLE       |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                  |                 |                    |                        | SHAPIRO BEILLY                    |           |              |  |
|                                                                                                  |                 |                    |                        | e. Election 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 |              |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                        | 01/12/2010                        | \$ 100.00 |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| TIM KAPPS<br>1310 SHORE ROAD<br>RURAL HALL, NC 27045                                             |                 |                    |                        | LAW                               |           |              |  |
|                                                                                                  |                 |                    |                        | ENFORCEMENT-RETIRED               |           |              |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                  |                 |                    |                        | NCDOT-DMV                         |           |              |  |
|                                                                                                  |                 |                    |                        | e. Election 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 |              |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                        | 03/06/2010                        | \$ 100.00 |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| 4. Total only this Page                                                                          |                 |                    |                        |                                   |           | \$ 260.00    |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1210) |                 |                    |                        |                                   |           | \$ 17,423.89 |  |

# Contributions from Individuals

Pg 21 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                                           |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                           |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                   |                      | d. Comments             |  |
| NICHOLAS KARAGIORGIS<br>6470 STADIUM DRIVE<br>CLEMMONS, NC 27012                                 |                 |                    | OWNER                                                     |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>LITTLE RICHA'S BBQ   |                      |                         |  |
|                                                                                                  |                 |                    |                                                           |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                                           |                      | \$ 300.00               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                                    | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                           | 03/22/2010           | \$ 300.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                           |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                           |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                           |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                   |                      | d. Comments             |  |
| LANCE LEANZA<br>400 ST. JOHN AVENUE<br>HALF MOON BAY, CA 94019                                   |                 |                    | CREDIT MANAGER                                            |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>BLUECOAT SYSTEMS     |                      |                         |  |
|                                                                                                  |                 |                    |                                                           |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                                           | 03/11/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                           |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                           |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                           |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                   |                      | d. Comments             |  |
| JOSEPH B. LINDSLY<br>925 LOBLOLLY DRIVE<br>LEWISVILLE, NC 27023                                  |                 |                    | GOLF CART WASHER                                          |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>OAK VALLEY GOLF CLUB |                      |                         |  |
|                                                                                                  |                 |                    |                                                           |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                           | 03/16/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                           |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                           |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                                           |                      | \$ 500.00               |  |
| 5. Total of ALL CRO 1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO 1100) |                 |                    |                                                           |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 22 of 37

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                       |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                        |                                         |           |                                    |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                         |           |                                    |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession                 |           | d. Comments                        |  |
| JAMES L MECUM JR<br>5526 OLD WALKERTOWN ROAD<br>WALKERTOWN, NC 27051-9508                        |                 |                    |                        | RETIRE SHERIFF/STORAGE<br>MANAGER       |           |                                    |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field       |           |                                    |  |
|                                                                                                  |                 |                    |                        | FORSYTH COUNTY<br>SHERIFF/MECUM STORAGE |           |                                    |  |
|                                                                                                  |                 |                    |                        | e. Election Sum to Date                 |           |                                    |  |
|                                                                                                  |                 |                    |                        | \$                                      |           | 652.67                             |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                    | k. Amount |                                    |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 02/06/2010                              | \$ 100.00 |                                    |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                         | \$        |                                    |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                         | \$        |                                    |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                         |           |                                    |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession                 |           | d. Comments                        |  |
| JAMES L MECUM JR<br>5526 OLD WALKERTOWN ROAD<br>WALKERTOWN, NC 27051                             |                 |                    |                        | DEPUTY SHERIFF-RETIRED                  |           |                                    |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field       |           |                                    |  |
|                                                                                                  |                 |                    |                        | FCSO                                    |           |                                    |  |
|                                                                                                  |                 |                    |                        | e. Election Sum to Date                 |           |                                    |  |
|                                                                                                  |                 |                    |                        | \$                                      |           | 4.41                               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                    | k. Amount |                                    |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 02/14/2010                              | \$ 60.00  |                                    |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                         | \$        |                                    |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                         | \$        |                                    |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                         |           |                                    |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession                 |           | d. Comments                        |  |
| JAMES L MECUM JR<br>5526 OLD WALKERTOWN ROAD<br>WALKERTOWN, NC 27051-9508                        |                 |                    |                        | RETIRE SHERIFF/STORAGE<br>MANAGER       |           | Raffle Tickets-one split with wife |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field       |           |                                    |  |
|                                                                                                  |                 |                    |                        | FORSYTH COUNTY<br>SHERIFF/MECUM STORAGE |           |                                    |  |
|                                                                                                  |                 |                    |                        | e. Election Sum to Date                 |           |                                    |  |
|                                                                                                  |                 |                    |                        | \$                                      |           | 652.67                             |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                    | k. Amount |                                    |  |
| <input type="checkbox"/>                                                                         | 001             | Cash               |                        | 02/20/2010                              | \$ 50.00  |                                    |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 02/26/2010                              | \$ 20.00  |                                    |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                        | 03/02/2010                              | \$ 40.00  |                                    |  |
| 4. Total only this Page                                                                          |                 |                    |                        |                                         |           | \$ 270.00                          |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1210) |                 |                    |                        |                                         |           | \$ 17,423.89                       |  |

# Contributions from Individuals

Pg 23 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                         |                        |                           |                                    |                                                                                     |                  |                                             |  |
|---------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------|-------------------------------------------------------------------------------------|------------------|---------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                  |                        |                           |                                    |                                                                                     |                  | <b>2. ID Number</b>                         |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                     |                        |                           |                                    |                                                                                     |                  |                                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                                    |                                                                                     |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                                    | <b>b. Job Title/Profession</b>                                                      |                  | <b>d. Comments</b>                          |  |
| JAMES L MECUM JR<br>5526 OLD WALKERTOWN ROAD<br>WALKERTOWN, NC 27051-9508                               |                        |                           |                                    | RETIRED SHERIFF/STORAGE<br>MANAGER                                                  |                  |                                             |  |
|                                                                                                         |                        |                           |                                    | <b>c. Employer's Name/Specific Field</b><br>FORSYTH COUNTY<br>SHERIFF/MECUM STORAGE |                  |                                             |  |
|                                                                                                         |                        |                           |                                    |                                                                                     |                  | <b>e. Election Sum to Date</b><br>\$ 652.67 |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>      | <b>j. Date (mm/dd/yyyy)</b>                                                         | <b>k. Amount</b> |                                             |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                                    | 03/09/2010                                                                          | \$ 100.00        |                                             |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                                    | 03/25/2010                                                                          | \$ 20.00         |                                             |  |
| <input type="checkbox"/>                                                                                | 001                    | In-Kind                   | GROCERIES FOR GOLF<br>FUNDRAISER   | 04/11/2010                                                                          | \$ 12.49         |                                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                                    |                                                                                     |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                                    | <b>b. Job Title/Profession</b>                                                      |                  | <b>d. Comments</b>                          |  |
| JAMES L MECUM JR<br>5526 OLD WALKERTOWN ROAD<br>WALKERTOWN, NC 27051-9508                               |                        |                           |                                    | RETIRED SHERIFF/STORAGE<br>MANAGER                                                  |                  |                                             |  |
|                                                                                                         |                        |                           |                                    | <b>c. Employer's Name/Specific Field</b><br>FORSYTH COUNTY<br>SHERIFF/MECUM STORAGE |                  |                                             |  |
|                                                                                                         |                        |                           |                                    |                                                                                     |                  | <b>e. Election Sum to Date</b><br>\$ 652.67 |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>      | <b>j. Date (mm/dd/yyyy)</b>                                                         | <b>k. Amount</b> |                                             |  |
| <input type="checkbox"/>                                                                                | 001                    | In-Kind                   | SOFT DRINKS FOR GOLF<br>TOURNAMENT | 04/14/2010                                                                          | \$ 43.10         |                                             |  |
| <input type="checkbox"/>                                                                                | 001                    | In-Kind                   | GROCERIES FOR GOLF<br>FUNDRAISER   | 04/16/2010                                                                          | \$ 46.96         |                                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                    |                                                                                     | \$               |                                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                                    |                                                                                     |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                                    | <b>b. Job Title/Profession</b>                                                      |                  | <b>d. Comments</b>                          |  |
| HAL MENDENHALL<br>1504 BAUX MOUNTAIN ROAD<br>GERMANTON, NC 27019                                        |                        |                           |                                    | TRUCK DRIVER-RETIRED                                                                |                  |                                             |  |
|                                                                                                         |                        |                           |                                    | <b>c. Employer's Name/Specific Field</b><br>ABF TRUCKING                            |                  |                                             |  |
|                                                                                                         |                        |                           |                                    |                                                                                     |                  | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>      | <b>j. Date (mm/dd/yyyy)</b>                                                         | <b>k. Amount</b> |                                             |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                                    | 03/04/2010                                                                          | \$ 100.00        |                                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                    |                                                                                     | \$               |                                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                    |                                                                                     | \$               |                                             |  |
| <b>4. Total only this Page</b>                                                                          |                        |                           |                                    |                                                                                     |                  | \$ 322.55                                   |  |
| <b>5. Total of ALL CRO 1210 Pages</b><br>(This line must be on the 6 of Detailed Summary Page CRO 1210) |                        |                           |                                    |                                                                                     |                  | \$ 17,423.89                                |  |

# Contributions from Individuals

Pg 24 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| RICHARD G. MITCHELL<br>P O BOX 794<br>WINDOW ROCK, AZ 86515                                      |                 |                    | MAINTENANCE PERSON                |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | NAVAJO NATION                     |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                   | 03/25/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| DEBORAH MOORE<br>251 NORTH MAIN STREET<br>WINSTON-SALEM, NC 27101                                |                 |                    | BANK OFFICER                      |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | NEW BRIDGE BANK                   |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                   |                      | \$ 240.00               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                   | 02/20/2010           | \$ 240.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| SCOTT MORRIS<br>601 CAIN ROAD<br>MOUNT AIRY, NC 27030                                            |                 |                    | FUNERAL DIRECTOR                  |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | HAYWORTH - MILLER                 |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Cash               |                                   | 03/19/2010           | \$ 40.00                |  |
| <input type="checkbox"/>                                                                         | 001             | Cash               |                                   | 03/22/2010           | \$ 20.00                |  |
| <input type="checkbox"/>                                                                         | 001             | Cash               |                                   | 03/25/2010           | \$ 40.00                |  |
| 4. Total only this Page                                                                          |                 |                    |                                   |                      | \$ 440.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1210) |                 |                    |                                   |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 25 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                             |                 |                    |                                                          |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                 |                    |                                                          |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                           |                 |                    | b. Job Title/Profession                                  |                      | d. Comments             |  |
| ELAINE NAVARRO<br>1223 SHELTER COVE<br>WINSTON-SALEM, NC 27106                                  |                 |                    | DEPUTY REGISTER OF<br>DEEDS                              |                      |                         |  |
|                                                                                                 |                 |                    | c. Employer's Name/Specific Field<br>FORSYTH COUNTY      |                      |                         |  |
|                                                                                                 |                 |                    |                                                          |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                        | 001             | Check              |                                                          | 02/20/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                        |                 |                    |                                                          |                      | \$                      |  |
| <input type="checkbox"/>                                                                        |                 |                    |                                                          |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                 |                    |                                                          |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                           |                 |                    | b. Job Title/Profession                                  |                      | d. Comments             |  |
| ELAINE NAVARRO<br>1223 SHELTER COVE<br>WINSTON-SALEM, NC 27106                                  |                 |                    | DEPUTY REGISTER OF<br>DEEDS                              |                      |                         |  |
|                                                                                                 |                 |                    | c. Employer's Name/Specific Field<br>FORSYTH COUNTY      |                      |                         |  |
|                                                                                                 |                 |                    |                                                          |                      | e. Election Sum to Date |  |
|                                                                                                 |                 |                    |                                                          |                      | \$ 80.00                |  |
| f. Prior                                                                                        | g. Account Code | h. Form of Payment | i. In-Kind Description                                   | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                        | 001             | Check              |                                                          | 03/26/2010           | \$ 80.00                |  |
| <input type="checkbox"/>                                                                        |                 |                    |                                                          |                      | \$                      |  |
| <input type="checkbox"/>                                                                        |                 |                    |                                                          |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove         |                 |                    |                                                          |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                           |                 |                    | b. Job Title/Profession                                  |                      | d. Comments             |  |
| JOE NAVARRO<br>1223 SHELTER COVE<br>WINSTON-SALEM, NC 27106                                     |                 |                    | VICE PRESIDENT                                           |                      |                         |  |
|                                                                                                 |                 |                    | c. Employer's Name/Specific Field<br>LEGGETT ENTERPRISES |                      |                         |  |
|                                                                                                 |                 |                    |                                                          |                      | e. Election Sum to Date |  |
|                                                                                                 |                 |                    |                                                          |                      | \$ 120.00               |  |
| f. Prior                                                                                        | g. Account Code | h. Form of Payment | i. In-Kind Description                                   | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                        | 001             | Check              |                                                          | 03/26/2010           | \$ 120.00               |  |
| <input type="checkbox"/>                                                                        |                 |                    |                                                          |                      | \$                      |  |
| <input type="checkbox"/>                                                                        |                 |                    |                                                          |                      | \$                      |  |
| 4. Total only this Page                                                                         |                 |                    |                                                          |                      | \$ 300.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6th Detailed Summary Page CRO-1100) |                 |                    |                                                          |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 26 of 37

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 |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                        |                                   |           |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| ALEX NIFOROS<br>4447 FIRESIDE DRIVE<br>WINSTON-SALEM, NC 27127                                   |                 |                    |                        | SHERIFF-RETIRED                   |           |              |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                  |                 |                    |                        | FCSO                              |           |              |  |
|                                                                                                  |                 |                    |                        | e. Election 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 |              |  |
| <input type="checkbox"/>                                                                         | 001             | Cash               |                        | 03/16/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 03/27/2010                        | \$ 60.00  |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| ALINDA OWENS<br>9651 BAUX MOUNTAIN ROAD<br>GERMANTON, NC 27019                                   |                 |                    |                        | US AIR - RETIRED                  |           |              |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                  |                 |                    |                        | FLIGHT ATTENDANT                  |           |              |  |
|                                                                                                  |                 |                    |                        | e. Election Sum to Date           |           |              |  |
|                                                                                                  |                 |                    |                        | \$                                |           | 80.00        |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |              |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 03/26/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 03/26/2010                        | \$ 40.00  |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                        |                                   |           |              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    |                        | b. Job Title/Profession           |           | d. Comments  |  |
| JACK PERKINS<br>3120 PRYTANIA ROAD<br>WINSTON-SALEM, NC 27106                                    |                 |                    |                        | OWNER                             |           | RAFFLE       |  |
|                                                                                                  |                 |                    |                        | c. Employer's Name/Specific Field |           |              |  |
|                                                                                                  |                 |                    |                        | ADSIGN CORPORATION                |           |              |  |
|                                                                                                  |                 |                    |                        | e. Election 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 |              |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                        | 01/14/2010                        | \$ 100.00 |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| <input type="checkbox"/>                                                                         |                 |                    |                        |                                   | \$        |              |  |
| 4. Total only this Page                                                                          |                 |                    |                        |                                   |           | \$ 280.00    |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1210) |                 |                    |                        |                                   |           | \$ 17,423.89 |  |

# Contributions from Individuals

Pg 27 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                                         |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                         |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                 |                      | d. Comments             |  |
| JEFFREY PINKSTON<br>622 DWYER AVENUE<br>PORT ST. LUCIE, FL 34983                                 |                 |                    | MECHANIC                                                |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>CITY OF FT. PIERCE |                      |                         |  |
|                                                                                                  |                 |                    |                                                         |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                                         |                      | \$ 140.00               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                                  | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                         | 02/10/2010           | \$ 40.00                |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                         | 03/23/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                         |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                         |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                 |                      | d. Comments             |  |
| NELSON RHODES<br>1537 FINWICK DRIVE<br>PFAFFTOWN, NC 27040                                       |                 |                    | DMV INSPECTOR                                           |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>STATE OF NC        |                      |                         |  |
|                                                                                                  |                 |                    |                                                         |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                         | 03/25/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                         |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                         |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                         |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                 |                      | d. Comments             |  |
| DANIEL ROSSE<br>2180 S. 96TH STREET APT 3<br>WEST ALLIS, WI 53227                                |                 |                    | HR ADMINISTRATION                                       |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>ENTERFORCE, INC.   |                      |                         |  |
|                                                                                                  |                 |                    |                                                         |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                                         | 02/15/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                         |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                         |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                                         |                      | \$ 340.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1100) |                 |                    |                                                         |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 28 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| BUDDY RUSS<br>101 CAT TAIL LANE<br>WINSTON-SALEM, NC 27127                                       |                 |                    | DEPUTY SHERIFF - RETIRED          |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | FCSO                              |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                   |                      | \$ 120.00               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                   | 01/14/2010           | \$ 120.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| MICHAEL RUSSELL<br>275 TIMBER TRAILS LANE<br>MOCKSVILLE, NC 27028                                |                 |                    | SOLDIER                           |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | NC NATIONAL GUARD                 |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                   | 03/21/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| GARY R. RYTHER<br>922 MALLARD LANDING BLVD<br>CLEMMONS, NC 27012                                 |                 |                    | FINANCIAL ADVISOR                 |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | TRULIANCE                         |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                   | 04/08/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                   |                      | \$ 320.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO-1210) |                 |                    |                                   |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 29 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                              |                 |                    |                                                          |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                          |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                  |                      | d. Comments             |  |
| KENNETH C. SAUER<br>3213 FAIRMONT PLACE<br>HAINES CITY, FL 33844                                 |                 |                    | ASSISTANT CITY MANAGER                                   |                      | RAFFLE                  |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>CITY OF HAINES CITY |                      |                         |  |
|                                                                                                  |                 |                    |                                                          |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Check              |                                                          | 01/23/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                          |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                          |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                          |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                  |                      | d. Comments             |  |
| JOHN W. SEIVERS<br>8212 CHESTERSHIRE ROAD<br>OAK RIDGE, NC 27310                                 |                 |                    | SHERIFF-RETIRED                                          |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>FCSO                |                      |                         |  |
|                                                                                                  |                 |                    |                                                          |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                                          | 03/26/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                          |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                          |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                                          |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession                                  |                      | d. Comments             |  |
| PHILLIP D. SGOBBA<br>58 CEDARHURST AVENUE<br>WEST PATERSON, NJ 07424                             |                 |                    | SALES                                                    |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field<br>SGOBBA MEMORIALS    |                      |                         |  |
|                                                                                                  |                 |                    |                                                          |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                         | 001             | Credit Card        |                                                          | 03/04/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                          |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                                          |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                                          |                      | \$ 300.00               |  |
| 5. Total of ALL CRO 1210 Pages<br>(This line must be on the 6 of Detailed Summary Page CRO 1210) |                 |                    |                                                          |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 30 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                               |                                          |                  |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                                          |                  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                      |                        |                           |                               |                                          |                  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| PHILLIP D. SGOBBA<br>58 CEDARHURST AVENUE<br>WEST PATERSON, NJ 07424                                     |                        |                           |                               | SALES                                    |                  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|                                                                                                          |                        |                           |                               | SGOBBA MEMORIALS                         |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |                  | \$ 80.00                       |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Credit Card               |                               | 03/11/2010                               | \$ 40.00         |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Credit Card               |                               | 03/27/2010                               | \$ 40.00         |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| J.T. SHELTON<br>343 HORSESHOE LANE<br>WESTFIELD, NC 27053                                                |                        |                           |                               | POLICE OFFICER                           |                  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|                                                                                                          |                        |                           |                               | KING PD                                  |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |                  | \$ 700.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Check                     |                               | 03/19/2010                               | \$ 500.00        |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Check                     |                               | 03/27/2010                               | \$ 200.00        |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| MARTHA SHOUSE<br>1055 CANYON DRIVE<br>RURAL HALL, NC 27045                                               |                        |                           |                               | BANK EXECUTIVE -<br>RETIRED              |                  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|                                                                                                          |                        |                           |                               | CENTRAL CAROLINA BANK                    |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |                  | \$ 500.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Check                     |                               | 04/07/2010                               | \$ 500.00        |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$               |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$               |                                |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                                          |                  | \$ 1,280.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                          |                  | \$ 17,423.89                   |  |

# Contributions from Individuals

Pg 31 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                         |                        |                           |                               |                                                                    |                     |                    |
|---------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|--------------------------------------------------------------------|---------------------|--------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                  |                        |                           |                               |                                                                    | <b>2. ID Number</b> |                    |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                     |                        |                           |                               |                                                                    |                     |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                                                    |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>                                     |                     | <b>d. Comments</b> |
| RICHARD SNOW<br>970 LONGREEN DRIVE<br>KERNERSVILLE, NC 27284                                            |                        |                           |                               | RETIRED MANAGER                                                    |                     |                    |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>DR. PEPPER- 7-UP CORP. |                     |                    |
|                                                                                                         |                        |                           |                               | <b>e. Election Sum to Date</b>                                     |                     |                    |
|                                                                                                         |                        |                           |                               | \$ 100.00                                                          |                     |                    |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                        | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 02/20/2010                                                         | \$ 100.00           |                    |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                    | \$                  |                    |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                    | \$                  |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                                                    |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>                                     |                     | <b>d. Comments</b> |
| GINA SOUTHERN<br>2550 TAVE BEESON ROAD<br>KERNERSVILLE, NC 27284                                        |                        |                           |                               | EXECUTIVE                                                          |                     |                    |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>POLO RALPH LAUREN      |                     |                    |
|                                                                                                         |                        |                           |                               | <b>e. Election Sum to Date</b>                                     |                     |                    |
|                                                                                                         |                        |                           |                               | \$ 1,089.00                                                        |                     |                    |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                        | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 03/19/2010                                                         | \$ 1,089.00         |                    |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                    | \$                  |                    |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                    | \$                  |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                                                    |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>                                     |                     | <b>d. Comments</b> |
| GINA SOUTHERN<br>2550 TAVE BEESON ROAD<br>KERNERSVILLE, NC 27284                                        |                        |                           |                               | MANAGER                                                            |                     |                    |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>POLO RALPH LAUREN      |                     |                    |
|                                                                                                         |                        |                           |                               | <b>e. Election Sum to Date</b>                                     |                     |                    |
|                                                                                                         |                        |                           |                               | \$ 140.00                                                          |                     |                    |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                        | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                | 001                    | Cash                      |                               | 03/27/2010                                                         | \$ 40.00            |                    |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                    | \$                  |                    |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                                                    | \$                  |                    |
| <b>4. Total only this Page</b>                                                                          |                        |                           |                               |                                                                    | \$ 1,229.00         |                    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on the 5 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                                                    | \$ 17,423.89        |                    |

# Contributions from Individuals

Pg 32 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                         |                        |                           |                               |                                          |  |                                |  |
|---------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                  |                        |                           |                               |                                          |  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                     |                        |                           |                               |                                          |  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| MICKEY SOUTHERN<br>2550 TAVE BEENSON ROAD<br>KERNERSVILLE, NC 27284                                     |                        |                           |                               | INSPECTOR                                |  |                                |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                         |                        |                           |                               | NC DMV                                   |  |                                |  |
|                                                                                                         |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                          |  | \$ 500.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 03/19/2010                               |  | \$ 500.00                      |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| TOM SOUTHERN<br>203 FAYE COURT<br>KING, NC 27021                                                        |                        |                           |                               | PASTOR-RETIRED                           |  |                                |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                         |                        |                           |                               | FORSYTH PARK BAPTIST CHURCH              |  |                                |  |
|                                                                                                         |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 02/20/2010                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| TOM SOUTHERN<br>203 FAYE COURT<br>KING, NC 27021                                                        |                        |                           |                               | PASTOR-RETIRED                           |  |                                |  |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                         |                        |                           |                               | FORSYTH PARK BAPTIST CHURCH              |  |                                |  |
|                                                                                                         |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 03/19/2010                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <b>4. Total only this Page</b>                                                                          |                        |                           |                               |                                          |  | \$ 700.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on the 6 of Detailed Summary Page CRO-1210) |                        |                           |                               |                                          |  | \$ 17,423.89                   |  |

# Contributions from Individuals

Pg 33 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                         |                        |                           |                               |                                          |                     |                                |
|---------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|---------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                  |                        |                           |                               |                                          | <b>2. ID Number</b> |                                |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                     |                        |                           |                               |                                          |                     |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>             |
| DAVID SPEASE<br>6211 YADKINVILLE ROAD<br>PFAFFTOWN, NC 27040                                            |                        |                           |                               | OWNER                                    |                     |                                |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     | <b>e. Election Sum to Date</b> |
|                                                                                                         |                        |                           |                               | SPEASE ENTERPRISE                        |                     |                                |
|                                                                                                         |                        |                           |                               |                                          |                     | \$ 80.00                       |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |                                |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 03/26/2010                               | \$ 80.00            |                                |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          | \$                  |                                |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          | \$                  |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>             |
| DON STONE<br>4521 MYRTLE AVENUE<br>WINSTON-SALEM, NC 27106                                              |                        |                           |                               | SHERIFF-RETIRED                          |                     |                                |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     | <b>e. Election Sum to Date</b> |
|                                                                                                         |                        |                           |                               | FCSO                                     |                     |                                |
|                                                                                                         |                        |                           |                               |                                          |                     | \$ 80.00                       |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |                                |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 02/20/2010                               | \$ 40.00            |                                |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 03/27/2010                               | \$ 40.00            |                                |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          | \$                  |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                               |                                          |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>             |
| MIKKI SWAIM<br>920 LAMOND COURT<br>WINSTON-SALEM, NC 27101                                              |                        |                           |                               | RN                                       |                     |                                |
|                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     | <b>e. Election Sum to Date</b> |
|                                                                                                         |                        |                           |                               | FORSYTH HOSPITAL                         |                     |                                |
|                                                                                                         |                        |                           |                               |                                          |                     | \$ 100.00                      |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |                                |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                               | 03/21/2010                               | \$ 100.00           |                                |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          | \$                  |                                |
| <input type="checkbox"/>                                                                                |                        |                           |                               |                                          | \$                  |                                |
| <b>4. Total only this Page</b>                                                                          |                        |                           |                               |                                          | \$ 260.00           |                                |
| <b>5. Total of ALL CRO 1210 Pages</b><br>(This line must be on the 6 of Detailed Summary Page CRO 1100) |                        |                           |                               |                                          | \$ 17,423.89        |                                |

# Contributions from Individuals

Pg 34 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                         |                        |                           |                                          |                             |                                |  |
|---------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                  |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                     |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| SHERWOOD TABAREJO<br>24307 MAGIC MOUNTAIN PARKWAY #279<br>CALENCIA, CA 91355                            |                        |                           | CIVIL SERVANT                            |                             |                                |  |
|                                                                                                         |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                         |                        |                           | UNITED STATES GOVERNMENT                 |                             |                                |  |
|                                                                                                         |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Credit Card               |                                          | 02/13/2010                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| MORGAN THOMPSON<br>1055 CENTURY PARK AVENUE<br>KERNERSVILLE, NC 27284                                   |                        |                           | HAIR STYLIST                             |                             | RAFFLE                         |  |
|                                                                                                         |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                         |                        |                           | BOARD ROOM                               |                             |                                |  |
|                                                                                                         |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                                          |                             | \$ 80.00                       |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Check                     |                                          | 01/29/2010                  | \$ 80.00                       |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                        |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| VINCENT THOUIN<br>P O BOX 1681<br>OGDENBURG, NY 13669                                                   |                        |                           | DIOCESE OF OGDENSBURG                    |                             | raffle                         |  |
|                                                                                                         |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                         |                        |                           | ACCOUNTANT                               |                             |                                |  |
|                                                                                                         |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                         |                        |                           |                                          |                             | \$ 60.00                       |  |
| <b>f. Prior</b>                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                | 001                    | Credit Card               |                                          | 01/04/2010                  | \$ 60.00                       |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                          |                        |                           |                                          |                             | \$ 240.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on the 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 17,423.89                   |  |

# Contributions from Individuals

Pg 35 of 37

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            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| RONALD VENABLE<br>6970 BAUX MOUNTAIN ROAD<br>GERMANTON, NC 27019                                  |                 |                    | POLICE-RETIRED                    |                      |                         |  |
|                                                                                                   |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                   |                 |                    | WINSTON-SALEM POLICE DEPT.        |                      |                         |  |
|                                                                                                   |                 |                    |                                   |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                          | 001             | Check              |                                   | 02/20/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| DAVID WALKER<br>1860 NORTH WINDS DRIVE<br>WINSTON-SALEM, NC 27127                                 |                 |                    | POLICE OFFICER-RETIRED            |                      |                         |  |
|                                                                                                   |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                   |                 |                    | WINSTON-SALEM POLICE DEPT.        |                      |                         |  |
|                                                                                                   |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                   |                 |                    |                                   |                      | \$ 80.00                |  |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                          | 001             | Check              |                                   | 02/10/2010           | \$ 80.00                |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| CALVIN WEATHERMAN<br>4306 OLD BLUES CREEK ROAD<br>WINSTON-SALEM, NC 27101                         |                 |                    | PRESIDENT & CEO                   |                      |                         |  |
|                                                                                                   |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                   |                 |                    | SAFETY TECH CONSULTANTS           |                      |                         |  |
|                                                                                                   |                 |                    |                                   |                      | e. Election 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               |  |
| <input type="checkbox"/>                                                                          | 001             | Check              |                                   | 03/27/2010           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                           |                 |                    |                                   |                      | \$ 280.00               |  |
| 5. Total of ALL CRO 1240 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO 1200) |                 |                    |                                   |                      | \$ 17,423.89            |  |

# Contributions from Individuals

Pg 36 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                               |                                          |                  |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                                          |                  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                      |                        |                           |                               |                                          |                  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| AMY WELLS<br>226 LEA MEADOWS ROAD<br>LEXINGTON, NC 27295                                                 |                        |                           |                               | DEPUTY SHERIFF                           |                  | RAFFLE                         |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|                                                                                                          |                        |                           |                               | FCSO                                     |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |                  | \$ 60.00                       |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Check                     |                               | 01/29/2010                               | \$ 60.00         |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$               |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| B. H. WILLIAMS<br>210 OAKMONT DRIVE<br>KERNERSVILLE, NC 27284                                            |                        |                           |                               | OWNER                                    |                  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|                                                                                                          |                        |                           |                               | MARI-LU ENTERPRISES                      |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |                  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Check                     |                               | 02/20/2010                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$               |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| HENRY L. WOOTEN<br>776 BARKER ROAD<br>WINSTON-SALEM, NC 27107                                            |                        |                           |                               | PRESIDENT                                |                  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|                                                                                                          |                        |                           |                               | QUALITY LIFE SERVICES                    |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |                  | \$ 300.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Credit Card               |                               | 03/08/2010                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Check                     |                               | 03/12/2010                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                 | 001                    | Check                     |                               | 03/22/2010                               | \$ 100.00        |                                |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                                          |                  | \$ 460.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                          |                  | \$ 17,423.89                   |  |

# Contributions from Individuals

Pg 37 of 37

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                            |                        |                           |                               |                                                                |                     |                    |
|------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|----------------------------------------------------------------|---------------------|--------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                     |                        |                           |                               |                                                                | <b>2. ID Number</b> |                    |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                        |                        |                           |                               |                                                                |                     |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove             |                        |                           |                               |                                                                |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                           |                        |                           |                               | <b>b. Job Title/Profession</b>                                 |                     | <b>d. Comments</b> |
| KENNY YONTZ<br>1200 FIDDLERS LANE<br>WALNUT COVE, NC 27052                                                 |                        |                           |                               | OWNER                                                          |                     |                    |
|                                                                                                            |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>YONTZ CONSTRUCTION |                     |                    |
|                                                                                                            |                        |                           |                               | <b>e. Election Sum to Date</b>                                 |                     |                    |
|                                                                                                            |                        |                           |                               | \$ 120.00                                                      |                     |                    |
| <b>f. Prior</b>                                                                                            | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                    | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                   | 001                    | Check                     |                               | 03/26/2010                                                     | \$ 120.00           |                    |
| <input type="checkbox"/>                                                                                   |                        |                           |                               |                                                                | \$                  |                    |
| <input type="checkbox"/>                                                                                   |                        |                           |                               |                                                                | \$                  |                    |
| <b>4. Total only this Page</b>                                                                             |                        |                           |                               |                                                                | \$ 120.00           |                    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page (CRO-1210)) |                        |                           |                               |                                                                | \$ 17,423.89        |                    |

CRO-1210

NC State Board of Elections

April 2007

# Loan Proceeds

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

|                                                                                                          |                            |                                          |                           |                                          |  |
|----------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------|---------------------------|------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                            |                                          |                           | <b>2. ID Number</b>                      |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                      |                            |                                          |                           |                                          |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                |                            |                                          |                           |                                          |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                            | <b>b. Job Title/Profession</b>           |                           | <b>d. Comments</b>                       |  |
| DAVID H GRIFFITH<br>4491 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                                   |                            | RETIRED LAW<br>ENFORCEMENT/FARM<br>OWNER |                           | <b>e. Start Date (mm/dd/yyyy)</b>        |  |
|                                                                                                          |                            | <b>c. Employer's Name/Specific Field</b> |                           | 02/12/2010                               |  |
|                                                                                                          |                            | FCSO                                     |                           | <b>f. End Date (mm/dd/yyyy)</b>          |  |
|                                                                                                          |                            |                                          |                           |                                          |  |
| <b>g. Rate</b>                                                                                           | <b>h. Security Pledged</b> | <b>i. Account Code</b>                   | <b>j. Form of Payment</b> | <b>k. Amount</b>                         |  |
| 0.000 %                                                                                                  | PERSONAL LOAN              | 001                                      | Check                     | \$ 25,000.00                             |  |
| <b>l. Full Name of Lending Institution</b>                                                               |                            |                                          |                           | <b>m. Loan Number</b>                    |  |
|                                                                                                          |                            |                                          |                           |                                          |  |
| <b>4. Endorsers/Makers (The people who guarantee the loan)</b>                                           |                            |                                          |                           |                                          |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|                                                                                                          |                            |                                          |                           |                                          |  |
|                                                                                                          |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|                                                                                                          |                            | %                                        |                           | \$                                       |  |
| <b>5. Total of ALL CRO-1410 Pages</b><br>(This line must be on line 9 of Detailed Summary Page CRO-1100) |                            |                                          |                           | \$ 25,000.00                             |  |

CRO-1410

NC State Board of Elections

April 2007

# Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

|                                                                                                           |                           |                                          |                                                                    |                     |                                     |
|-----------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|--------------------------------------------------------------------|---------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                           |                                          |                                                                    | <b>2. ID Number</b> |                                     |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                       |                           |                                          |                                                                    |                     |                                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                           |                                          |                                                                    |                     |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                          | <b>d. Type of Committee</b>                                        |                     | <b>g. Comments</b>                  |
| NATIONAL GUARD ARMORY<br>2000 SILAS CREEK PARKWAY<br>WINSTON-SALEM, NC 27103                              |                           |                                          | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC    |                     |                                     |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Referendum <input type="checkbox"/> Party |                     |                                     |
|                                                                                                           |                           |                                          | <b>e. Level Registered (Specify)</b>                               |                     | <b>h. Original Expenditure Date</b> |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:                                         |                           | 01/15/2010                               |                                                                    |                     |                                     |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:                                     |                           |                                          |                                                                    |                     |                                     |
|                                                                                                           |                           |                                          | <b>i. Original Expenditure Amt</b>                                 |                     |                                     |
|                                                                                                           |                           |                                          | \$ 200.00                                                          |                     |                                     |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b> | <b>f. Purpose</b>                                                  |                     | <b>j. Election Sum to Date</b>      |
|                                                                                                           |                           |                                          | REFUND UNUSED ARMORY DEPOSIT                                       |                     | \$ 0.00                             |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. In-Kind Description</b>            | <b>n. Date (mm/dd/yyyy)</b>                                        | <b>o. Amount</b>    |                                     |
| 001                                                                                                       | Money Order               |                                          | 02/11/2010                                                         | \$ 200.00           |                                     |
| <b>4. Total only this Page</b>                                                                            |                           |                                          |                                                                    |                     | \$ 200.00                           |
| <b>5. Total of ALL CRO-1240 Pages</b><br>(This line must be on line 10 of Detailed Summary Page CRO-1100) |                           |                                          |                                                                    |                     | \$ 200.00                           |

CRO-1240

NC State Board of Elections

December 2007

# Disbursements

Pg 1 of 8

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            |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                                                                                                                                                                                                                |                    |                      |                                     |                                                                                                                                            |                       |                         |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)                                                                                                                                                                                                         |                    |                      |                                     |                                                                                                                                            |                       |                         |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                           |                    |                      |                                     |                                                                                                                                            |                       |                         |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                      |                                     |                                                                                                                                            |                       |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                      |                                     | b. Coordinated Committee Name                                                                                                              |                       | d. Comments             |
| ADSIGN<br>I-40 & GUNCLUB ROAD<br>CLEMMONS, NC 27012                                                                                                                                                                                                                                                |                    |                      |                                     | c. Level Registered (Specify)                                                                                                              |                       |                         |
|                                                                                                                                                                                                                                                                                                    |                    |                      |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                       | e. Election Sum to Date |
|                                                                                                                                                                                                                                                                                                    |                    |                      |                                     |                                                                                                                                            |                       | \$ 4,374.65             |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code      | i. Date (mm/dd/yyyy)                | j. Amount                                                                                                                                  | k. Required Remarks   |                         |
| 001                                                                                                                                                                                                                                                                                                | Check              | A                    | 02/12/2010                          | \$ 2,866.15                                                                                                                                | ADVERTISING/BILLBOARD |                         |
| 001                                                                                                                                                                                                                                                                                                | Check              | B                    | 04/05/2010                          | \$ 1,508.50                                                                                                                                | YARD SIGNS            |                         |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                      |                                     |                                                                                                                                            |                       |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                      |                                     | b. Coordinated Committee Name                                                                                                              |                       | d. Comments             |
| CBS OUTDOOR<br>920 BLAIRHILL ROAD<br>SUITE 110<br>CHARLOTTE, NC 28217                                                                                                                                                                                                                              |                    |                      |                                     | c. Level Registered (Specify)                                                                                                              |                       |                         |
|                                                                                                                                                                                                                                                                                                    |                    |                      |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                       | e. Election Sum to Date |
|                                                                                                                                                                                                                                                                                                    |                    |                      |                                     |                                                                                                                                            |                       | \$ 5,740.00             |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code      | i. Date (mm/dd/yyyy)                | j. Amount                                                                                                                                  | k. Required Remarks   |                         |
| 001                                                                                                                                                                                                                                                                                                | Check              | A                    | 02/26/2010                          | \$ 5,740.00                                                                                                                                | ADVERTISING BILLBOARD |                         |
|                                                                                                                                                                                                                                                                                                    |                    |                      |                                     | \$                                                                                                                                         |                       |                         |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                      |                                     |                                                                                                                                            |                       |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                      |                                     | b. Coordinated Committee Name                                                                                                              |                       | d. Comments             |
| CREATIVE CENTURY ADVERTISING<br>I-40 AND GUNCLUB ROAD<br>CLEMMONS, NC 27012                                                                                                                                                                                                                        |                    |                      |                                     | c. Level Registered (Specify)                                                                                                              |                       |                         |
|                                                                                                                                                                                                                                                                                                    |                    |                      |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                       | 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   |                         |
| 001                                                                                                                                                                                                                                                                                                | Check              | A                    | 02/23/2010                          | \$ 1,000.00                                                                                                                                | BILLBOARD ADVERTISING |                         |
|                                                                                                                                                                                                                                                                                                    |                    |                      |                                     | \$                                                                                                                                         |                       |                         |
| 5. Total only this Page                                                                                                                                                                                                                                                                            |                    |                      |                                     |                                                                                                                                            | \$ 11,114.65          |                         |
| 6. Total of ALL CRO-1310 Pages                                                                                                                                                                                                                                                                     |                    |                      |                                     |                                                                                                                                            | \$ 49,525.79          |                         |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                    |                      |                                     |                                                                                                                                            |                       |                         |
| 7. Purpose Codes (List detailed expenditure code in (10) 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                          |                                                                                                                                            |                       |                         |

# Disbursements

Pg 2 of 8

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                        |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                              |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                           | d. Comments                         |  |
| CREATIVE DESIGNS<br>P O BOX 517<br>WALKERTOWN, NC 27051                                                                                                                                  |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                           |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                           | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                           | \$ 646.50                           |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks       |                                     |  |
| 001                                                                                                                                                                                      | Check              | O               | 03/09/2010           | \$ 646.50                                                                                                                                  | LOGO T-SHIRTS 7 HATS      |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                           |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                           | d. Comments                         |  |
| MY CAMPAIGN STORE<br>902 E. COURT AVENUE<br>JEFFERSONVILLE, IN 47130<br>(800) 928-9480                                                                                                   |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                           |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                           | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                           | \$ 480.00                           |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks       |                                     |  |
| 001                                                                                                                                                                                      | Check              | O               | 03/31/2010           | \$ 480.00                                                                                                                                  | BUMPER STICKERS & BUTTONS |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                           |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                           | d. Comments                         |  |
| NATIONAL GUARD ARMORY<br>2000 SILAS CREEK PARKWAY<br>WINSTON-SALEM, NC 27103                                                                                                             |                    |                 |                      |                                                                                                                                            |                           |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                           |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                           | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                           | \$ 0.00                             |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks       |                                     |  |
| 001                                                                                                                                                                                      | Check              | O               | 01/15/2010           | \$ 200.00                                                                                                                                  | DEPOSIT ON ARMORY RENTAL  |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                           |                                     |  |
| 5. Total only this Page                                                                                                                                                                  |                    |                 |                      |                                                                                                                                            |                           | \$ 1,326.50                         |  |
| 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)                                                                                         |                    |                 |                      |                                                                                                                                            |                           | \$ 49,525.79                        |  |
| 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                                                                                                                       |                           | O* - Other                          |  |

# Disbursements

Pg 3 of 8 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                        |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                              |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                               | d. Comments                         |  |
| NC STATE BOARD OF ELECTIONS<br>201 NORTH CHESTNUT STREET<br>WINSTON-SALEM, NC 27101-4120                                                                                                 |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                               |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                               | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                               | \$ 992.00                           |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks           |                                     |  |
| 001                                                                                                                                                                                      | Check              | O               | 02/17/2010           | \$ 992.00                                                                                                                                  | FILING FEE/FORSYTH CO SHERIFF |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                               |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                               | d. Comments                         |  |
| OFFICE DEPOT<br>PAVILLIONS SHOPPING CENTER<br>STORE 2697<br>WINSTON-SALEM, NC 27103                                                                                                      |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                               |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                               | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                               | \$ 57.71                            |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks           |                                     |  |
| 001                                                                                                                                                                                      | Debit Card         | K               | 03/04/2010           | \$ 57.71                                                                                                                                   | POST CARD PAPER STOCK         |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                               |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                               | d. Comments                         |  |
| JACK PERKINS<br>3120 PRYTANIA ROAD<br>WINSTON-SALEM, NC 27106                                                                                                                            |                    |                 |                      |                                                                                                                                            |                               |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                               |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> 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           |                                     |  |
| 001                                                                                                                                                                                      | Check              | A               | 02/23/2010           | \$ 250.00                                                                                                                                  | ARTWORK FOR BILLBOARD AD      |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                               |                                     |  |
| 5. Total only this Page                                                                                                                                                                  |                    |                 |                      |                                                                                                                                            |                               | \$ 1,299.71                         |  |
| 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)                                                                                         |                    |                 |                      |                                                                                                                                            |                               | \$ 49,525.79                        |  |
| 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                                                                                                                       |                               | O* - Other                          |  |

# Disbursements

Pg 4 of 8

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 |
| COMMITTEE TO ELECT GRIFFITH SHERIFF             |              |

|                                                                                             |                                                                           |                                                         |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) |                                                                           |                                                         |
| <input checked="" type="checkbox"/> Operating Expenses                                      | <input type="checkbox"/> Contributions to Candidates/Political Committees | <input type="checkbox"/> Coordinated Party Expenditures |

|                      |                                                              |
|----------------------|--------------------------------------------------------------|
| 4. Payee Information | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
|----------------------|--------------------------------------------------------------|

|                                                                                                                                            |                               |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                      | b. Coordinated Committee Name | d. Comments             |
| POST MARK, INC.<br>390 CASSELL STREET<br>WINSTON-SALEM, NC 27107                                                                           |                               |                         |
| c. Level Registered (Specify)                                                                                                              |                               |                         |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                               |                         |
|                                                                                                                                            |                               | e. Election Sum to Date |
|                                                                                                                                            |                               | \$ 7,157.10             |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-------------|---------------------|
| 001             | Check              | B               | 04/06/2010           | \$ 3,723.40 | MAILERS             |
| 001             | Check              | B               | 04/16/2010           | \$ 3,433.70 | MAILERS             |

|                      |                                                              |
|----------------------|--------------------------------------------------------------|
| 4. Payee Information | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
|----------------------|--------------------------------------------------------------|

|                                                                                                                                            |                               |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                      | b. Coordinated Committee Name | d. Comments             |
| SAMS CLUB<br>930 HANES MALL BLVD.<br>WINSTON-SALEM, NC 27103                                                                               |                               |                         |
| c. Level Registered (Specify)                                                                                                              |                               |                         |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                               |                         |
|                                                                                                                                            |                               | e. Election Sum to Date |
|                                                                                                                                            |                               | \$ 570.15               |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks       |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------------|
| 001             | Debit Card         | C               | 02/19/2010           | \$ 149.60 | GROCERIES FOR FUND RAISER |
| 001             | Debit Card         | C               | 03/26/2010           | \$ 223.05 | BBQ FOR RAFFLE OF HARLEY  |

|                      |                                                              |
|----------------------|--------------------------------------------------------------|
| 4. Payee Information | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
|----------------------|--------------------------------------------------------------|

|                                                                                                                                            |                               |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                      | b. Coordinated Committee Name | d. Comments             |
| SAMS CLUB<br>930 HANES MALL BLVD.<br>WINSTON-SALEM, NC 27103                                                                               |                               |                         |
| c. Level Registered (Specify)                                                                                                              |                               |                         |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                               |                         |
|                                                                                                                                            |                               | e. Election Sum to Date |
|                                                                                                                                            |                               | \$ 570.15               |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks                  |
|-----------------|--------------------|-----------------|----------------------|-----------|--------------------------------------|
| 001             | Debit Card         | C               | 04/16/2010           | \$ 197.50 | GROCERIES/DRINKS FOR GOLF TOURNAMENT |
|                 |                    |                 |                      | \$        |                                      |

|                         |             |
|-------------------------|-------------|
| 5. Total only this Page | \$ 7,727.25 |
|-------------------------|-------------|

|                                                                                                        |              |
|--------------------------------------------------------------------------------------------------------|--------------|
| 6. Total of ALL CRO-1310 Pages                                                                         | \$ 49,525.79 |
| (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 (last 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 |

# Disbursements

Pg 5 of 8

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                        |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                       |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                             | d. Comments                         |  |
| TSU MAHAN<br>2713 EDINBURG DRIVE<br>WINSTON-SALEM, NC 27103                                                                                                                              |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                             |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                             | \$ 480.00                           |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks         |                                     |  |
| 001                                                                                                                                                                                      | Check              | K               | 01/18/2010           | \$ 480.00                                                                                                                                  | INTERNET ADVERTISING        |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                             |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                             | d. Comments                         |  |
| SMOKIN HARLEY DAVIDSON<br>3441 MYER LEE DRIVE<br>WINSTON-SALEM, NC 27101                                                                                                                 |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                             |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                             | \$ 21,248.92                        |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks         |                                     |  |
| 001                                                                                                                                                                                      | Check              | C               | 02/02/2010           | \$ 2,500.00                                                                                                                                | HARLEY DAVIDSON MOTORCYCLE  |                                     |  |
| 001                                                                                                                                                                                      | Check              | C               | 03/05/2010           | \$ 3,000.00                                                                                                                                | PAYMENT ON 2010 HARLEY      |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                             | d. Comments                         |  |
| SMOKIN HARLEY DAVIDSON<br>3441 MYER LEE DRIVE<br>WINSTON-SALEM, NC 27101                                                                                                                 |                    |                 |                      |                                                                                                                                            |                             |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                             |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                             | \$ 21,248.92                        |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks         |                                     |  |
| 001                                                                                                                                                                                      | Check              | C               | 03/25/2010           | \$ 14,388.92                                                                                                                               | RAFFLE 2010 HARLEY-DAVIDSON |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                             |                                     |  |
| 5. Total only this Page                                                                                                                                                                  |                    |                 |                      |                                                                                                                                            |                             | \$ 20,368.92                        |  |
| 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)                                                                                         |                    |                 |                      |                                                                                                                                            |                             | \$ 49,525.79                        |  |
| 7. Purpose Codes (Last 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 |  |

# Disbursements

Pg 6 of 8

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                        |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                              |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                        | d. Comments                         |  |
| UNITED STATES POSTAL SERVICE<br>6524 SHALLOWFORD ROAD<br>LEWISVILLE, NC 27023-9998                                                                                                       |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                        |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                        | \$ 84.00                            |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks    |                                     |  |
| 001                                                                                                                                                                                      | Debit Card         | I               | 01/13/2010           | \$ 17.60                                                                                                                                   |                        |                                     |  |
| 001                                                                                                                                                                                      | Debit Card         | I               | 02/01/2010           | \$ 4.80                                                                                                                                    |                        |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                        | d. Comments                         |  |
| UNITED STATES POSTAL SERVICE<br>6524 SHALLOWFORD ROAD<br>LEWISVILLE, NC 27023-9998                                                                                                       |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                        |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                        | \$ 84.00                            |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks    |                                     |  |
| 001                                                                                                                                                                                      | Debit Card         | I               | 02/09/2010           | \$ 44.00                                                                                                                                   |                        |                                     |  |
| 001                                                                                                                                                                                      | Debit Card         | I               | 03/24/2010           | \$ 17.60                                                                                                                                   |                        |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                        | d. Comments                         |  |
| VISTAPRINT.COM<br>95 HAYDEN AVENUE<br>LEXINGTON, MA 02421                                                                                                                                |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                        |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                        | \$ 555.90                           |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks    |                                     |  |
| 001                                                                                                                                                                                      | Debit Card         | B               | 03/08/2010           | \$ 277.95                                                                                                                                  | MAGNETIC VEHICLE SIGNS |                                     |  |
| 001                                                                                                                                                                                      | Debit Card         | B               | 04/08/2010           | \$ 277.95                                                                                                                                  | MAGNETIC VEHICLE SIGNS |                                     |  |
| 5. Total only this Page                                                                                                                                                                  |                    |                 |                      |                                                                                                                                            |                        | \$ 639.90                           |  |
| 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)                                                                                         |                    |                 |                      |                                                                                                                                            |                        | \$ 49,525.79                        |  |
| 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 |  |

# Disbursements

Pg 7 of 8

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 |
| COMMITTEE TO ELECT GRIFFITH SHERIFF             |              |

|                                                                                             |                                                                           |                                                         |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) |                                                                           |                                                         |
| <input checked="" type="checkbox"/> Operating Expenses                                      | <input type="checkbox"/> Contributions to Candidates/Political Committees | <input type="checkbox"/> Coordinated Party Expenditures |

|                                                                                   |                                                                       |                         |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                                                                       |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)             | b. Coordinated Committee Name                                         | d. Comments             |
| WALTERS AND ASSOCIATES<br>5185 ASHLYN DRIVE<br>WINSTON-SALEM, NC 27106            | c. Level Registered (Specify)                                         |                         |
|                                                                                   | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                         |
|                                                                                   | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                         |
|                                                                                   |                                                                       | e. Election Sum to Date |
|                                                                                   |                                                                       | \$ 4,000.00             |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks              |
|-----------------|--------------------|-----------------|----------------------|-------------|----------------------------------|
| 001             | Check              | K               | 03/04/2010           | \$ 2,000.00 | CAMPAIGN STRATEGY & CONSULTING   |
| 001             | Check              | K               | 04/12/2010           | \$ 2,000.00 | CAMPAIGN STRATEGY AND CONSULTING |

|                                                                                   |                                                                       |                         |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                                                                       |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)             | b. Coordinated Committee Name                                         | d. Comments             |
| WILLIAMS PRINTING INC<br>268 NORTHSTAR DRIVE<br>SUITE 118<br>RURAL HALL, NC 27045 | c. Level Registered (Specify)                                         |                         |
|                                                                                   | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                         |
|                                                                                   | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                         |
|                                                                                   |                                                                       | e. Election Sum to Date |
|                                                                                   |                                                                       | \$ 2,851.07             |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks             |
|-----------------|--------------------|-----------------|----------------------|-------------|---------------------------------|
| 001             | Check              | B               | 03/18/2010           | \$ 239.21   | INVITATIONS TO RURAL HALL RALLY |
| 001             | Check              | B               | 04/13/2010           | \$ 2,272.45 | MAILERS                         |

|                                                                                                          |                                                                       |                         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |                                                                       |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                    | b. Coordinated Committee Name                                         | d. Comments             |
| YOUR PATRIOT.COM<br>C/O MAELSTROM TECHNOLOGY<br>200 S. EXECUTIVE DRIVE SUITE 101<br>BROOKFIELD, WI 53005 | c. Level Registered (Specify)                                         |                         |
|                                                                                                          | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                         |
|                                                                                                          | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                         |
|                                                                                                          |                                                                       | e. Election Sum to Date |
|                                                                                                          |                                                                       | \$ 537.20               |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks            |
|-----------------|--------------------|-----------------|----------------------|-----------|--------------------------------|
| 001             | Draft              | K               | 03/02/2010           | \$ 150.00 | MAINTAIN WEBSITE FOR DONATIONS |
| 001             | Draft              | K               | 03/05/2010           | \$ 148.50 | CREDIT CARD PROCESSING FEE     |

|                         |             |
|-------------------------|-------------|
| 5. Total only this Page | \$ 6,810.16 |
|-------------------------|-------------|

|                                                                                                        |              |
|--------------------------------------------------------------------------------------------------------|--------------|
| 6. Total of ALL CRO-1310 Pages                                                                         | \$ 49,525.79 |
| (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 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 |

# Disbursements

Pg 8 of 8

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                        |                             |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                                                                                                      |                    |                 |                                                                                                                                            |                                     |                             |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                              |                    |                 |                                                                                                                                            |                                     |                             |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                                                                                                                                            |                                     |                             |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                                                                                                                                            |                                     |                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 | b. Coordinated Committee Name                                                                                                              |                                     | d. Comments                 |
| YOUR PATRIOT.COM<br>C/O MAELSTROM TECHNOLOGY<br>200 S. EXECUTIVE DRIVE SUITE 101<br>BROOKFIELD, WI 53005                                                                                 |                    |                 |                                                                                                                                            |                                     |                             |
|                                                                                                                                                                                          |                    |                 | c. Level Registered (Specify)                                                                                                              |                                     |                             |
|                                                                                                                                                                                          |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |                             |
|                                                                                                                                                                                          |                    |                 |                                                                                                                                            |                                     | e. Election Sum to Date     |
|                                                                                                                                                                                          |                    |                 |                                                                                                                                            |                                     | \$ 537.20                   |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)                                                                                                                       | j. Amount                           | k. Required Remarks         |
| 001                                                                                                                                                                                      | Draft              | K               | 03/19/2010                                                                                                                                 | \$ 115.20                           | CREDIT CARD PROCESSING FEE  |
| 001                                                                                                                                                                                      | Draft              | C               | 04/16/2010                                                                                                                                 | \$ 123.50                           | CREDIT CARD SERVICE CHARGES |
| 5. Total only this Page                                                                                                                                                                  |                    |                 |                                                                                                                                            |                                     | \$ 238.70                   |
| 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)                                                                                         |                    |                 |                                                                                                                                            |                                     | \$ 49,525.79                |
| 7. Purpose Codes (List detailed expenditure code in (h) above)                                                                                                                           |                    |                 |                                                                                                                                            |                                     |                             |
| A* - Media                                                                                                                                                                               |                    | B* - Printing   |                                                                                                                                            | C* - Fundraising                    |                             |
| E - Salaries                                                                                                                                                                             |                    | F* - Equipment  |                                                                                                                                            | D - To Another Candidate            |                             |
| I - Postage                                                                                                                                                                              |                    | J - Penalties   |                                                                                                                                            | G - Political Party                 |                             |
|                                                                                                                                                                                          |                    |                 |                                                                                                                                            | H* - Holding Public Office Expenses |                             |
|                                                                                                                                                                                          |                    |                 |                                                                                                                                            | K* - Office Expenses                |                             |
|                                                                                                                                                                                          |                    |                 |                                                                                                                                            | O* - Other                          |                             |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                       |                    |                 |                                                                                                                                            |                                     |                             |

CRO-1310

NC State Board of Elections

July 2007

# Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

|                                                                  |                 |                    |                     |                                    |           |
|------------------------------------------------------------------|-----------------|--------------------|---------------------|------------------------------------|-----------|
| 1. Committee Full Name (and Fund if applicable)                  |                 |                    |                     | 2. ID Number                       |           |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                              |                 |                    |                     |                                    |           |
| 3. Payee Information                                             |                 |                    |                     |                                    |           |
| a. Amend                                                         | b. Account Code | c. Form of Payment | d. Purpose Code     | e. Date (mm/dd/yyyy)               | f. Amount |
| <input type="checkbox"/> Add                                     | 001             | Debit Card         | B                   | 03/26/2010                         | \$ 12.93  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Debit Card         | C                   | 02/19/2010                         | \$ 11.51  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Debit Card         | C                   | 03/26/2010                         | \$ 26.25  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Debit Card         | C                   | 04/17/2010                         | \$ 26.25  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Draft              | O                   | 02/09/2010                         | \$ 10.00  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Draft              | K                   | 03/12/2010                         | \$ 10.00  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Draft              | K                   | 04/10/2010                         | \$ 10.00  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Draft              | K                   | 01/12/2010                         | \$ 24.95  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Draft              | K                   | 02/09/2010                         | \$ 24.95  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Draft              | K                   | 03/09/2010                         | \$ 25.38  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| <input type="checkbox"/> Add                                     | 001             | Draft              | O                   | 04/09/2010                         | \$ 15.06  |
| <input type="checkbox"/> Remove                                  |                 |                    |                     |                                    |           |
| 4. Total only this Page                                          |                 |                    |                     |                                    | \$ 197.28 |
| 5. Total of ALL CRO-1315 Pages                                   |                 |                    |                     |                                    | \$ 197.28 |
| (This line must be on line 14 of Detailed Summary Page CRO-1100) |                 |                    |                     |                                    |           |
| 6. Purpose Codes (List detailed expenditure code in (d) above)   |                 |                    |                     |                                    |           |
| E - Salaries                                                     |                 | B - Printing       | C - Fundraising     | D - To Another Candidate           |           |
| I - Postage                                                      |                 | F - Equipment      | G - Political Party | H - Holding Public Office Expenses |           |
|                                                                  |                 | J - Penalties      | K - Office Expenses | O - Other                          |           |

CRO-1315

NC State Board of Elections

December 2007

# Loan Repayments

Use this form to report payments on an existing loan.

Pg 1 of 1

Amendment

☐ Yes ☒ No

|                                                                                                          |                        |                           |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                      |                        |                           |                             |                                |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                |                        |                           |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                             | <b>b. Comments</b>             |  |
| DAVID H GRIFFITH<br>4991 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                                   |                        |                           |                             |                                |  |
|                                                                                                          |                        |                           |                             | <b>c. Original Loan Date</b>   |  |
|                                                                                                          |                        |                           |                             | 09/09/2009                     |  |
|                                                                                                          |                        |                           |                             | <b>d. Original Loan Amount</b> |  |
|                                                                                                          |                        |                           |                             | \$ 3,000.00                    |  |
| <b>e. Remaining Loan Balance</b>                                                                         | <b>f. Account Code</b> | <b>g. Form of Payment</b> | <b>h. Date (mm/dd/yyyy)</b> | <b>i. Repayment Amount</b>     |  |
| \$ 0.00                                                                                                  | 001                    | Check                     | 02/12/2010                  | \$ 3,000.00                    |  |
| \$                                                                                                       |                        |                           |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                             | \$ 3,000.00                    |  |
| <b>5. Total of ALL CRO-1420 Pages</b><br>(This line must be on the 15 of Detailed Summary Page CRO-1420) |                        |                           |                             | \$ 3,000.00                    |  |

CRO-1420

NC State Board of Elections

December 2007

# Refunds/Reimbursements From the Committee Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

|                                                                                                           |                           |                                          |                                                                       |                                |                                   |
|-----------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|-----------------------------------------------------------------------|--------------------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                           |                                          |                                                                       | <b>2. ID Number</b>            |                                   |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                       |                           |                                          |                                                                       |                                |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                          |                                                                       |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                          | <b>d. Type of Committee</b>                                           |                                | <b>g. Comments</b>                |
| DONNA BARHAM<br>153 TULLYRIES LANE<br>LEWISVILLE, NC 27023                                                |                           |                                          | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                                |                                   |
|                                                                                                           |                           |                                          | <b>e. Level Registered (Specify)</b>                                  |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 02/18/2010                        |
|                                                                                                           |                           |                                          |                                                                       |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                          |                                                                       |                                | \$ 89.95                          |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b> |                                                                       | <b>f. Purpose Code</b>         |                                   |
| REALTOR                                                                                                   |                           | REMAX WINSTON-SALEM                      |                                                                       | P                              |                                   |
|                                                                                                           |                           |                                          |                                                                       | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                          |                                                                       | \$ 30.00                       |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>               |                                                                       | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 001                                                                                                       | Check                     | REIMBURSE PRINTING INK                   |                                                                       | 03/09/2010                     | \$ 89.95                          |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                          |                                                                       |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                          | <b>d. Type of Committee</b>                                           |                                | <b>g. Comments</b>                |
| DAVID H GRIFFITH<br>4991 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                                    |                           |                                          | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                                |                                   |
|                                                                                                           |                           |                                          | <b>e. Level Registered (Specify)</b>                                  |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 04/12/2010                        |
|                                                                                                           |                           |                                          |                                                                       |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                          |                                                                       |                                | \$ 480.66                         |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b> |                                                                       | <b>f. Purpose Code</b>         |                                   |
| RETIRED SHERIFF & FARMER                                                                                  |                           | FORSYTH COUNTY                           |                                                                       | P                              |                                   |
|                                                                                                           |                           |                                          |                                                                       | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                          |                                                                       | \$ 0.00                        |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>               |                                                                       | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 001                                                                                                       | Check                     | GROCERIES FOR FUNDRAISER                 |                                                                       | 04/05/2010                     | \$ 59.45                          |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                          |                                                                       |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                          | <b>d. Type of Committee</b>                                           |                                | <b>g. Comments</b>                |
| DAVID H. GRIFFITH<br>491 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                                    |                           |                                          | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                                |                                   |
|                                                                                                           |                           |                                          | <b>e. Level Registered (Specify)</b>                                  |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 01/15/2010                        |
|                                                                                                           |                           |                                          |                                                                       |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                          |                                                                       |                                | \$ 214.93                         |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b> |                                                                       | <b>f. Purpose Code</b>         |                                   |
| RETIRED SHERIFF/FARM OWNER                                                                                |                           | FORSYTH COUNTY                           |                                                                       | P                              |                                   |
|                                                                                                           |                           |                                          |                                                                       | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                          |                                                                       | \$ 0.00                        |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>               |                                                                       | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 001                                                                                                       | Check                     | REIMBURSE IN KIND                        |                                                                       | 02/17/2010                     | \$ 214.93                         |
| <b>4. Total only this Page</b>                                                                            |                           |                                          |                                                                       |                                | \$ 364.33                         |
| <b>5. Total of ALL CRO-1320 Pages</b><br>(This line must be on line 15 of Detailed Summary Page CRO-1400) |                           |                                          |                                                                       |                                | \$ 900.58                         |
| <b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>                                    |                           |                                          |                                                                       |                                |                                   |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit         |                           |                                          |                                                                       |                                |                                   |
| P* - Reimbursement of In-Kim      O* Other                                                                |                           |                                          |                                                                       |                                |                                   |
| * Codes require detailed explanation in required remarks field (m)                                        |                           |                                          |                                                                       |                                |                                   |

# Refunds/Reimbursements From the Committee Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

|                                                                                                           |                           |                                          |                                                                       |                                |                                   |
|-----------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|-----------------------------------------------------------------------|--------------------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                           |                                          |                                                                       | <b>2. ID Number</b>            |                                   |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                       |                           |                                          |                                                                       |                                |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                          |                                                                       |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                          | <b>d. Type of Committee</b>                                           |                                | <b>g. Comments</b>                |
| DAVID H. GRIFFITH<br>4991 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                                   |                           |                                          | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                                |                                   |
|                                                                                                           |                           |                                          | <b>e. Level Registered (Specify)</b>                                  |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 04/12/2010                        |
|                                                                                                           |                           |                                          |                                                                       |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                          |                                                                       |                                | \$ 480.66                         |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b> |                                                                       | <b>f. Purpose Code</b>         |                                   |
| RETIRED SHERIFF/FARM OWNER                                                                                |                           | FCSO                                     |                                                                       | P                              |                                   |
|                                                                                                           |                           |                                          |                                                                       | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                          |                                                                       | \$ (480.66)                    |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>               |                                                                       | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 001                                                                                                       | Check                     | BUMPER STICKERS & BUTTONS                |                                                                       | 04/05/2010                     | \$ 480.66                         |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                          |                                                                       |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                          | <b>d. Type of Committee</b>                                           |                                | <b>g. Comments</b>                |
| JAMES L MECUM JR<br>5526 OLD WALKERTOWN ROAD<br>WALKERTOWN, NC 27051                                      |                           |                                          | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                                |                                   |
|                                                                                                           |                           |                                          | <b>e. Level Registered (Specify)</b>                                  |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 04/11/2010                        |
|                                                                                                           |                           |                                          |                                                                       |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                          |                                                                       |                                | \$ 12.49                          |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b> |                                                                       | <b>f. Purpose Code</b>         |                                   |
| DEPUTY SHERIFF-RETIRED                                                                                    |                           | FCSO                                     |                                                                       | P                              |                                   |
|                                                                                                           |                           |                                          |                                                                       | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                          |                                                                       | \$ 4.41                        |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>               |                                                                       | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 001                                                                                                       | Check                     | GROCERIES FOR FUNDRAISER                 |                                                                       | 04/13/2010                     | \$ 12.49                          |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                          |                                                                       |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                          | <b>d. Type of Committee</b>                                           |                                | <b>g. Comments</b>                |
| JAMES L MECUM JR<br>5526 OLD WALKERTOWN ROAD<br>WALKERTOWN, NC 27051                                      |                           |                                          | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                                |                                   |
|                                                                                                           |                           |                                          | <b>e. Level Registered (Specify)</b>                                  |                                |                                   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                          | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 04/14/2010                        |
|                                                                                                           |                           |                                          |                                                                       |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                          |                                                                       |                                | \$ 43.10                          |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b> |                                                                       | <b>f. Purpose Code</b>         |                                   |
| DEPUTY SHERIFF-RETIRED                                                                                    |                           | FCSO                                     |                                                                       | P                              |                                   |
|                                                                                                           |                           |                                          |                                                                       | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                          |                                                                       | \$ 4.41                        |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>               |                                                                       | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 001                                                                                                       | Check                     | SOFT DRINKS FOR FUNDRAISER               |                                                                       | 04/14/2010                     | \$ 43.10                          |
| <b>4. Total only this Page</b>                                                                            |                           |                                          |                                                                       |                                | \$ 536.25                         |
| <b>5. Total of ALL CRO-1320 Pages</b><br>(This line must be on line 15 of Detailed Summary Page CRO-1100) |                           |                                          |                                                                       |                                | \$ 900.58                         |
| <b>6. Purpose Codes (Last detailed disbursement code in (f) above)</b>                                    |                           |                                          |                                                                       |                                |                                   |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit                   |                           |                                          |                                                                       |                                |                                   |
| P* - Reimbursement of In-Kin O* Other                                                                     |                           |                                          |                                                                       |                                |                                   |
| * Codes require detailed explanation in required remarks field (m)                                        |                           |                                          |                                                                       |                                |                                   |

# In-Kind Contributions

Pg 1 of 3

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                                                                                                                                                                                                                                   |                       |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                           |  |                                                                                                                                                                                                                                                |                       |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                       |  |                                                                                                                                                                                                                                                |                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                         |  | b. Type of Contributor                                                                                                                                                                                                                         |                       |
| Aggregated Individual Contribution<br>DAVID H. GRIFFITH<br>4991 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019 |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                       |
|                                                                                                               |  | c. Comments                                                                                                                                                                                                                                    |                       |
|                                                                                                               |  | d. Election Sum to Date                                                                                                                                                                                                                        |                       |
|                                                                                                               |  | \$ 0.00                                                                                                                                                                                                                                        |                       |
| e. Description                                                                                                |  | f. Date (mm/dd/yyyy)                                                                                                                                                                                                                           | g. Fair Market Amount |
| CANDY FOR GIVE OUT AT PARADE                                                                                  |  | 01/15/2010                                                                                                                                                                                                                                     | \$ 214.93             |
|                                                                                                               |  |                                                                                                                                                                                                                                                | \$                    |
|                                                                                                               |  |                                                                                                                                                                                                                                                | \$                    |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                       |  |                                                                                                                                                                                                                                                |                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                         |  | b. Type of Contributor                                                                                                                                                                                                                         |                       |
| Aggregated Individual Contribution<br>DONNA BARHAM<br>153 TULLYRIES LANE<br>LEWISVILLE, NC 27023              |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                       |
|                                                                                                               |  | c. Comments                                                                                                                                                                                                                                    |                       |
|                                                                                                               |  | d. Election Sum to Date                                                                                                                                                                                                                        |                       |
|                                                                                                               |  | \$ 30.00                                                                                                                                                                                                                                       |                       |
| e. Description                                                                                                |  | f. Date (mm/dd/yyyy)                                                                                                                                                                                                                           | g. Fair Market Amount |
| INK FOR PRINTER                                                                                               |  | 02/18/2010                                                                                                                                                                                                                                     | \$ 89.95              |
|                                                                                                               |  |                                                                                                                                                                                                                                                | \$                    |
|                                                                                                               |  |                                                                                                                                                                                                                                                | \$                    |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                       |  |                                                                                                                                                                                                                                                |                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                         |  | b. Type of Contributor                                                                                                                                                                                                                         |                       |
| Aggregated Individual Contribution<br>DAVID H. GRIFFITH<br>4991 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019 |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                       |
|                                                                                                               |  | c. Comments                                                                                                                                                                                                                                    |                       |
|                                                                                                               |  | d. Election Sum to Date                                                                                                                                                                                                                        |                       |
|                                                                                                               |  | \$ 0.00                                                                                                                                                                                                                                        |                       |
| e. Description                                                                                                |  | f. Date (mm/dd/yyyy)                                                                                                                                                                                                                           | g. Fair Market Amount |
| FOOD PURCHASE AT LOWES FOODS FOR BBQ RAFFLE OF HARLEY                                                         |  | 03/27/2010                                                                                                                                                                                                                                     | \$ 59.45              |
|                                                                                                               |  |                                                                                                                                                                                                                                                | \$                    |
|                                                                                                               |  |                                                                                                                                                                                                                                                | \$                    |
| 4. Total only this Page                                                                                       |  | \$ 364.33                                                                                                                                                                                                                                      |                       |
| 5. Total of ALL CRO-1510 Pages<br>(This line must be on line 17 of Detailed Summary Page CRO-100)             |  | \$ 2,394.89                                                                                                                                                                                                                                    |                       |

# In-Kind Contributions

Pg 2 of 3

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.

|                                                                                                             |  |                                                                                                                                                                                                                                                |                              |
|-------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                      |  | <b>2. ID Number</b>                                                                                                                                                                                                                            |                              |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                         |  |                                                                                                                                                                                                                                                |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove              |  |                                                                                                                                                                                                                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                            |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |                              |
| DAVID H. GRIFFITH<br>4991 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                                     |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|                                                                                                             |  | <b>c. Comments</b>                                                                                                                                                                                                                             |                              |
|                                                                                                             |  | <b>d. Election Sum to Date</b>                                                                                                                                                                                                                 |                              |
|                                                                                                             |  | \$ 480.66                                                                                                                                                                                                                                      |                              |
| <b>e. Description</b>                                                                                       |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b> |
| PRINTING OF BUMPER STICKERS AND ROUND BUTTONS                                                               |  | 04/12/2010                                                                                                                                                                                                                                     | \$ 480.66                    |
|                                                                                                             |  |                                                                                                                                                                                                                                                | \$                           |
|                                                                                                             |  |                                                                                                                                                                                                                                                | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove              |  |                                                                                                                                                                                                                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                            |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |                              |
| DAVID F. HOBBS<br>7600 BEECH TREE COURT<br>CLEMMONS, NC 27012-9142                                          |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|                                                                                                             |  | <b>c. Comments</b>                                                                                                                                                                                                                             |                              |
|                                                                                                             |  | <b>d. Election Sum to Date</b>                                                                                                                                                                                                                 |                              |
|                                                                                                             |  | \$ 1,587.00                                                                                                                                                                                                                                    |                              |
| <b>e. Description</b>                                                                                       |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b> |
| PMT FOR GREENS FEES AND CARTS FOR GOLF TOURNAMENT FUND RAISER                                               |  | 04/17/2010                                                                                                                                                                                                                                     | \$ 1,287.00                  |
|                                                                                                             |  |                                                                                                                                                                                                                                                | \$                           |
|                                                                                                             |  |                                                                                                                                                                                                                                                | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove              |  |                                                                                                                                                                                                                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                            |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |                              |
| SUNNIE KARIN HOBBS<br>7600 BEECH TREE COURT<br>CLEMMONS, NC 27012-9142                                      |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|                                                                                                             |  | <b>c. Comments</b>                                                                                                                                                                                                                             |                              |
|                                                                                                             |  | <b>d. Election Sum to Date</b>                                                                                                                                                                                                                 |                              |
|                                                                                                             |  | \$ 160.35                                                                                                                                                                                                                                      |                              |
| <b>e. Description</b>                                                                                       |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b> |
| MAGNETIC VEHICLE SIGNS                                                                                      |  | 01/25/2010                                                                                                                                                                                                                                     | \$ 160.35                    |
|                                                                                                             |  |                                                                                                                                                                                                                                                | \$                           |
|                                                                                                             |  |                                                                                                                                                                                                                                                | \$                           |
| <b>4. Total only this Page</b>                                                                              |  | \$ 1,928.01                                                                                                                                                                                                                                    |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page (CRO-1600)) |  | \$ 2,394.89                                                                                                                                                                                                                                    |                              |

# In-Kind Contributions

Pg 3 of 3

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.

|                                                                                                    |  |                                                |                              |
|----------------------------------------------------------------------------------------------------|--|------------------------------------------------|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                             |  | <b>2. ID Number</b>                            |                              |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                |  |                                                |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove     |  |                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                   |  | <b>b. Type of Contributor</b>                  |                              |
| JAMES L MECUM JR<br>5526 OLD WALKERTOWN ROAD<br>WALKERTOWN, NC 27051-9508                          |  | <input checked="" type="checkbox"/> Individual |                              |
|                                                                                                    |  | <input type="checkbox"/> Candidate             |                              |
|                                                                                                    |  | <input type="checkbox"/> Party                 |                              |
|                                                                                                    |  | <input type="checkbox"/> PAC                   |                              |
|                                                                                                    |  | <input type="checkbox"/> Referendum            |                              |
|                                                                                                    |  | <input type="checkbox"/> Other Receipt Source  |                              |
|                                                                                                    |  | <b>d. Election Sum to Date</b>                 |                              |
|                                                                                                    |  | \$ 652.67                                      |                              |
| <b>e. Description</b>                                                                              |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| GROCERIES FOR GOLF FUNDRAISER                                                                      |  | 04/11/2010                                     | \$ 12.49                     |
| SOFT DRINKS FOR GOLF TOURNAMENT                                                                    |  | 04/14/2010                                     | \$ 43.10                     |
| GROCERIES FOR GOLF FUNDRAISER                                                                      |  | 04/16/2010                                     | \$ 46.96                     |
| <b>4. Total only this Page</b>                                                                     |  | \$ 102.55                                      |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on the Proposed Summary Page CRO-1100) |  | \$ 2,394.89                                    |                              |

CRO-1510

NC State Board of Elections

December 2007

# Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

|                                                                                                   |                      |                                                                                                                |                      |
|---------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Committee Full Name (and Fund if applicable)                                                   |                      | 2. ID Number                                                                                                   |                      |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                               |                      |                                                                                                                |                      |
| 3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove              |                      |                                                                                                                |                      |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                      | Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor. |                      |
| SMOKIN HARLEY DAVIDSON<br>3441 MYER LEE DRIVE<br>WINSTON-SALEM, NC 27101                          |                      | b. Description of Creditor<br>PURCHASING 2010 HARLEY DAVIDSON FOR RAFFLE                                       |                      |
| c. Beginning Balance                                                                              | d. Total Amount Paid | e. Total Amount Incurred                                                                                       | f. Remaining Balance |
| \$ 19,888.92                                                                                      | \$ 19,888.92         | \$ 0.00                                                                                                        | \$ 0.00              |
| g. Incurred Debts (what the committee received)                                                   |                      |                                                                                                                |                      |
| g1. Date (mm/dd/yyyy)                                                                             | g2. Amount           | g1. Date (mm/dd/yyyy)                                                                                          | g2. Amount           |
|                                                                                                   | \$                   |                                                                                                                | \$                   |
| g3. Item Description                                                                              |                      | g3. Item Description                                                                                           |                      |
|                                                                                                   |                      |                                                                                                                |                      |
| g4. Purchase Place Full Name, Mailing Address & Phone<br>(include city, state, & zip)             |                      | g4. Purchase Place Full Name, Mailing Address & Phone<br>(include city, state, & zip)                          |                      |
|                                                                                                   |                      |                                                                                                                |                      |
| 4. Total only this Page<br>(This should be the sum of all item 3f from this page)                 |                      |                                                                                                                | \$ 0.00              |
| 5. Total of ALL CRO-1610 Pages<br>(This line must be on the 22 of Detailed Summary Page CRO-1100) |                      |                                                                                                                | \$ 0.00              |

# Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

|                                                                                                             |                            |                                          |                                   |
|-------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                      |                            | <b>2. ID Number</b>                      |                                   |
| COMMITTEE TO ELECT GRIFFITH SHERIFF                                                                         |                            |                                          |                                   |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |                            |                                          |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                            |                            | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>                |
| DAVID H GRIFFITH<br>4491 BOSTIC ACRES FARM ROAD<br>GERMANTON, NC 27019                                      |                            | RETIRE LAW<br>ENFORCEMENT/FARM<br>OWNER  | <b>e. Start Date (mm/dd/yyyy)</b> |
|                                                                                                             |                            | <b>c. Employer's Name/Specific Field</b> | 02/12/2010                        |
|                                                                                                             |                            | FCSO                                     | <b>f. End Date (mm/dd/yyyy)</b>   |
| <b>g. Rate</b>                                                                                              | <b>h. Security Pledged</b> | <b>i. Original Loan Amount</b>           | <b>j. Remaining Loan Balance</b>  |
| 0.00%                                                                                                       | PERSONAL LOAN              | \$ 25,000.00                             | \$ 25,000.00                      |
| <b>k. Full Name of Lending Institution</b>                                                                  |                            |                                          | <b>l. Loan Number</b>             |
|                                                                                                             |                            |                                          |                                   |
| <b>4. Total only this Page</b>                                                                              |                            |                                          | \$ 25,000.00                      |
| <b>5. Total of ALL CRO-1430 Pages</b><br>(This line must be on line 21 of Detailed Summary Page (CRO-1400)) |                            |                                          | \$ 25,000.00                      |

CRO-1430

NC State Board of Elections

December 2007

## Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

Committee To Elect Guilford Sheriff

- Person lending money to committee (Lender):

DAVID H. GRIFFITH

- Date of loan to committee: \_\_\_\_\_

- Name of lending institution and account number (source):

NEW BRIDGE BANK

- Amount of loan: 25,000<sup>00</sup>

- Names of all parties responsible for payment of loan (guarantors):

\_\_\_\_\_

- Period of loan: \_\_\_\_\_

- Rate of interest of loan: 0

- Security pledged for loan: \_\_\_\_\_

I, David H. Griffith, acknowledge that all of the information  
(Person lending money to committee)  
provided is complete, true, and accurate. I further understand I may not forgive a loan  
that has an outstanding balance to any source.

David H. Griffith  
Signature of Lender

Garin Hobbs  
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.