Disclosure Report Cover

Amendment ☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	07/12/2010
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	04/18/2010	06/30/2010	SUNNIE-KARIN HOBBS

6. Type of Committee (Check One)

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

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

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

8. Number of Fundraisers this Report

2

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
WACHOVIA	ACCOUNTS RECEIVABLE/PAYABLE	001	$ 159.73

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
			$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

S. KARIN HOBBS — Printed Name of Signer

S. Karin Hobbs — Signature of Appointed Treasurer

07/12/2010 — Date

FOR OFFICE USE ONLY

Date Received: 7/14/10 Employee: Judy Speas

Date Postmarked: 7/12/10 Employee: Judy Speas

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
- ☐ Normal Mail
- ☒ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment ☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	2010 Second Quarter	

Start of Election Cycle: January 1, 2009		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 159.73	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 192.00	$ 13,202.00
6) Contributions from Individuals	*(CRO-1210)*	$ 9,355.77	$ 31,065.63
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)*	$ 14,000.00	$ 42,000.00
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ 34.43	$ 539.43
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 23,582.20	$ 86,807.06
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 20,413.48	$ 75,806.17
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)*	$ 62.59	$ 367.74
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 3,000.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 2,111.67	$ 3,528.10
17) In-Kind Contributions	*(CRO-1510)*	$ 827.82	$ 3,778.68
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 23,415.56	$ 86,480.69
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 326.37	$ 326.37
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 39,000.00	
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)*	$ 824.67	$ 824.67

Aggregated Contributions from Individuals

Page 1 of 1

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
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 10.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00
☐ Add ☐ Remove	001	Credit Card		04/30/2010	$ 20.00
☐ Add ☐ Remove	001	Cash		04/18/2010	$ 17.00
☐ Add ☐ Remove	001	Cash		04/18/2010	$ 50.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00
☐ Add ☐ Remove	001	Check		05/20/2010	$ 50.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00
☐ Add ☐ Remove	001	Cash		04/22/2010	$ 5.00

4. Total only this Page	$	$192.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$192.00

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC 27023	REALTOR	REMAX WINSTON-SALEM		$ 80.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	In-Kind	INK FOR PRINTER	02/18/2010	$ 89.95
☒	001	Cash		03/22/2010	$ 20.00
☒	001	Cash		03/27/2010	$ 10.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC 27023	REALTOR	REMAX WINSTON-SALEM		$ 80.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/18/2010	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOMMY BOWMAN 402 E 4TH STREET WINSTON-SALEM, NC 27101	CONTRACTOR	SELF EMPLOYED		$ 158.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 140.00
☐	001	Cash		04/22/2010	$ 18.00
☐					$

4. Total only this Page	$ 208.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TRAVIS BROUGHTON 349 SHEPPARD MILL ROAD KERNERSVILLE, NC 27284	OFFICER	NC DMV		$ 310.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Cash		03/21/2010	$ 20.00
☐	001	Check		04/18/2010	$ 230.00
☐	001	Cash		04/22/2010	$ 10.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TRAVIS BROUGHTON 349 SHEPPARD MILL ROAD KERNERSVILLE, NC 27284	OFFICER	NC DMV		$ 310.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		05/01/2010	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAY CARROLL 813 MEADOWBROOK DRIVE CLEMMONS, NC 27012	OWNER	MEADOWBROOK DRIVING RANGE		$ 240.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/22/2010	$ 240.00
☐					$
☐					$

4. Total only this Page	$ 530.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARLENE CAUDILL 208 EAST BODENHAMER ST. KERNERSVILLE, NC 27284	VICE PRESIDENT	CAUDILL ELECTRIC		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		05/04/2010	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JENNIFER CHRISTY 914 MCCLELLAN PLACE GREENSBORO, NC 27409	TEACHER	GUILFORD COUNTY SCHOOLS		$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Cash		03/27/2010	$ 20.00
☐	001	Cash		04/22/2010	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
W.C. CLARY JR 1015 TURTLE ROCK LANE WINSTON-SALEM, NC 27104	OWNER RETIRED	MURPHY'S LUNCH COUNTER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page, CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMIE CLAYTON 4421 N. PATTERSON AVENUE WINSTON-SALEM, NC 27105	SALES ASSOCIATE	CLAYTON AUTO SLES	raffle tickets - 1 split with Annette	$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Check		02/10/2010	$ 50.00
☐	001	Check		04/18/2010	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KEVIN CLODFELTER 1151 KENOSHA DRIVE KERNERSVILLE, NC 27284	POLICE OFFICER	KERNERSVILLE POLICE DEPT.		$ 680.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/24/2010	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
A.L. (BUDDY) COLLINS 430 W. MOUNTAIN STREET KERNERSVILLE, NC 27284	LAWYER	COLLINS LAW FIRM		$ 240.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 240.00
☐					$
☐					$

4. Total only this Page	$ 840.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RANDY DILLON 2780 OLD HOLLOW ROAD WALKERTOWN, NC 27051	OWNER	WALKERTOWN TIRE CO.		$ 365.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Cash		03/21/2010	$ 20.00
☐	001	Check		04/18/2010	$ 100.00
☐	001	Cash		04/22/2010	$ 5.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RANDY DILLON 2780 OLD HOLLOW ROAD WALKERTOWN, NC 27051	OWNER	WALKERTOWN TIRE CO.		$ 365.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/30/2010	$ 240.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BUD DORMAN 3068 UPLAND PLACE CLEMMONS, NC 27012	RETIRED POLICE	STATE COLLEGE PA		$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Cash		02/08/2010	$ 20.00
☐	001	Cash		04/22/2010	$ 50.00
☐					$

4. Total only this Page	$ 395.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD FURCHES 6040 WOODMONT COURT WINSTON-SALEM, NC 27106	OWNER	FURCHES AUTOMOTIVE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019	RETIRED SHERIFF/FARM OWNER	FCSO		$ 13,819.29

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		06/29/2010	$ 299.95
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARK HARTIS 1000 HEATHERSTONE CT. WINSTON-SALEM, NC 26104	GOLF PRO	REYNOLDS PARK GOLF COURSE		$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/18/2010	$ 50.00
☐	001	Cash		04/22/2010	$ 20.00
☐					$

4. Total only this Page	$ 469.95
5. Total of ALL CRO-1210 Pages (This line must equal the 5 of Detailed Summary Page CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN HILL 1124 CONSTANTINE COURT KERNERSVILLE, NC 27284	OWNER	HILL INSURANCE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID F. HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	RETIRED SHERIFF	FORSYTH COUNTY		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/18/2010	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID F. HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	DEPUTY SHERIFF - RETIRED	FCSO		$ 850.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/24/2010	$ 500.00
☐	001	Cash		05/01/2010	$ 50.00
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUNNIE KARIN HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	SUPERVISOR - RETIRED	DELTA AIR LINES, INC.		$ 360.35

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/26/2010	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUNNIE-KARIN HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	RETIRED SUPERVISOR	DELTA AIR LINES, INC.		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/18/2010	$ 50.00
☐	001	Check		05/01/2010	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	REAL ESTATE BROKER	RE/MAX REALTY CONSULTANTS		$ 952.82

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/22/2010	$ 5.00
☐	001	In-Kind	RENTAL OF REGENCY III CONFERENCE ROOM FOR	05/03/2010	$ 484.88
☐	001	In-Kind	EXTRA 1/2 SHEET CAKE FOR THANK YOU	05/04/2010	$ 44.99

4. Total only this page	$ 884.87
5. Total of ALL CRO-1210 Pages (This line must be on the 5 of Detailed Summary Page CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	REAL ESTATE BROKER	RE/MAX REALTY CONSULTANTS		$ 952.82

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	In-Kind	BALLOONS, BALLOON BOUQUETS AND	05/04/2010	$ 110.55
☐	001	In-Kind	PIZZA'S FROM DONATO'S FOR THANK YOU PARTY	05/04/2010	$ 187.40
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES G. HORN 4920 PINEWOOD DRIVE WINSTON-SALEM, NC 27106	OWNER - RETIRED	HORN'S WRECKER SERVICE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWARD HURLEY JR 108 RIVERWOOD DRIVE LEXINGTON, NC 27292	AGENT	US MARSHALL		$ 240.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 240.00
☐					$
☐					$

4. Total only this Page	$ 637.95
5. Total of ALL CRO-1210 Pages *(This line must be on the 5 of Detailed Summary Page CRO-1100)*	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GARY LLOYD 6914 RIDGE ROAD TOBACCOVILLE, NC 27051	POLICE-RETIRED	WINSTON-SALEM CITY	raffle ticket #1	$ 190.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Cash		10/25/2009	$ 20.00
☒	001	Cash		03/25/2010	$ 20.00
☐	001	Check		04/18/2010	$ 100.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GARY LLOYD 6914 RIDGE ROAD TOBACCOVILLE, NC 27051	POLICE-RETIRED	WINSTON-SALEM CITY		$ 190.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		05/01/2010	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOE LUCK 2721 MELINDA DRIVE WINSTON-SALEM, NC 27107	CO-OWNER	SIGNATURE PROPERTIES MANAGEMENT GROUP		$ 110.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 110.00
☐					$
☐					$

4. Total only this Page	$ 260.00
5. Total of ALL CRO-1210 Pages (This line must be on last of Detailed Summary Page CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOE LUNSFORD 5525 REIDSVILLE ROAD BELEWS, NC 27009	MECHANIC RETIRED	US AIRWAYS		$ 55.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/22/2010	$ 5.00
☐	001	Check		04/22/2010	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC 27051	DEPUTY SHERIFF - RETIRED	CSO	RAFFLE	$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Check		01/20/2010	$ 20.00
☐	001	Cash		04/18/2010	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES L. MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC 27051	DEPUTY SHERIFF - RETIRED	FCSO		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 205.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JEANNIE METCALF 1605 MILLER STREET WINSTON-SALEM, NC 27103	SCHOOL BOARD MEMBER	FORSYTH COUNTY		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/19/2010	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANK MYERS 265A PATTERSON AVENUE WINSTON-SALEM, NC 27105	OWNER	FRANK MYERS AUTO		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JONI PACK 4110 GRUBBS ROAD WALKERTOWN, NC 27051	SECRETARY	J & B BUILDERS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JACK PERKINS 3120 PRYTANIA ROAD WINSTON-SALEM, NC 27106	OWNER	ADSIGN CORP.		$ 240.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 240.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CLINT QUEEN 1035 MANORWOOD DRIVE KERNERSVILLE, NC 27284	OFFICER	KERNERSVILLE POLICE		$ 90.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Cash		03/27/2010	$ 40.00
☐	001	Check		04/19/2010	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MISTY SEXTON 1101 HUNTINGDON ROAD WINSTON-SALEM, NC 27104	AGENT	DELTSA AIR LINES, INC.	ticket # 1001	$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Cash		10/25/2009	$ 20.00
☐	001	Cash		04/22/2010	$ 50.00
☐					$

4. Total only this Page	$ 340.00
5. Total of ALL CRO-1210 Pages *(this line must tie to line 6 of Detailed Summary Page CRO-1100)*	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
J.T. SHELTON 343 HORSESHOE LANE WESTFIELD, NC 27053	POLICE OFFICER	KING PD		$ 1,300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐	001	Check		04/23/2010	$ 500.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUTTON SLAWTER 3540 CLEMMONS ROAD #113 CLEMMONS, NC 27012	REALTOR	ALAN TATE REALTY		$ 135.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/18/2010	$ 25.00
☐	001	Check		04/18/2010	$ 110.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GINA SOUTHERN 2550 TAVE BEESON ROAD KERNERSVILLE, NC 27284	EXECUTIVE	POLO RALPH LAUREN		$ 1,189.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 835.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARILYN SOUTHERN 112 OAKMONT COURT KING, NC 27012	SUBSTITUTE TEACHER	STOKES COUNTY SCHOOLS		$ 80.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/22/2010	$ 5.00
☐	001	Check		04/22/2010	$ 75.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DON STEWART 504 KNOB VIEW DRIVE WINSTON-SALEM, NC 27104	VICE OFFICER	KING PD		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/24/2010	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM D STONE 4521 MYRTLE AVENUE WINSTON-SALEM, NC 27100-2125	RETIRED SHERIFF	FORSYTH COUNTY		$ 55.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Check		10/11/2009	$ 50.00
☐	001	Cash		04/22/2010	$ 5.00
☐					$

4. Total only this Page	$ 185.00
5. Total of ALL CRO-1210 Pages *(This line must be on the 6 of Detailed Summary Page CRO-1100)*	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL THOMPSON P O BOX 21651 ST. SIMONS ISLAND, GA 31522	TRAINING & CONSULTING	SELF EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Credit Card		04/29/2010	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRAD WALSH 5515 REIDSVILLE ROAD BELEWES CREEK, NC 27009	OWNER	BRAD'S GOLF CARTS		$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	001	Cash		03/21/2010	$ 20.00
☐	001	Check		04/18/2010	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
AL WATSON 109 SCENIC RIDGE PLACE KING, NC 27021	SHERIFFS DEPUTY	FCSO		$ 675.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 60.00
☐	001	Check		04/18/2010	$ 60.00
☐	001	Check		04/18/2010	$ 500.00

4. Total only this Page	$ 920.00
5. Total of ALL CRO-1210 Pages *(This line must equal line 5 of Detailed Summary Page CRO-1100)*	$ 9,355.77

Contributions from Individuals

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
AL WATSON 109 SCENIC RIDGE PLACE KING, NC 27021	SHERIFFS DEPUTY	FCSO		$ 675.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Cash		04/22/2010	$ 55.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD WATTS 2825 REYNOLDS DRIVE WINSTON-SALEM, NC 27104	WEALTH MANAGEMENT COUNSELOR	WACHOVIA BANK		$ 240.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 240.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN WEBSTER 2700 OLD WALKERTOWN ROAD WAKJERTIWN, NC 26051	OWNER	WEBSTER'S HARDWARE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		04/18/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 395.00
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1100)	$ 9,355.77

Loan Proceeds

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
DAVID H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019	RETIRED SHERIFF/FARM OWNER	
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
	FCSO	04/23/2010
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0.000 %	NONE	001	Check	$ 12,000.00

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	**e. Amount**
	%	$

5. Total of ALL CRO-1410 Pages *(This line must be on line 2 of Detailed Summary Page CRO-1100)*	$ 14,000.00

COPY

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 GRIFFITH SHERIFF
- **Person lending money to committee (Lender):** DAVID H. GRIFFITH
- **Date of loan to committee:** APRIL 23, 2010
- **Name of lending institution and account number (source):** NEW BRIDGE BANK
- **Amount of loan:** $2,000.00
- **Names of all parties responsible for payment of loan (guarantors):**
- **Period of loan:**
- **Rate of interest of loan:** 0
- **Security pledged for loan:** 0

FORSYTH COUNTY BOARD OF ELECTIONS
2010 JUL 19 AM 8:59
RECEIVED

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.

Signature of Lender

D. Garis Hobbs

Signature of Treasurer of Committee

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

Loan Proceeds

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
DAVID H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019	RETIRED SHERIFF/FARM OWNER	FCSO		05/11/2010	

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0.000 %	NONE	001	Check	$ 2,000.00

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage	e. Amount
			%	$

5. Total of ALL CRO-1410 Pages (This line must be on line 2 of Detailed Summary Page (CRO-1100))	$ 14,000.00

COPY

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 GRIFFITH SHERIFF
- **Person lending money to committee (Lender):** DAVID H. GRIFFITH
- **Date of loan to committee:** 5-11-2010
- **Name of lending institution and account number (source):** TRULIANT CREDIT UNION [redacted]
- **Amount of loan:** $2000.00
- **Names of all parties responsible for payment of loan (guarantors):**
- **Period of loan:**
- **Rate of interest of loan:** 0
- **Security pledged for loan:** 0

RECEIVED
2010 JUL 19 AM 8:59
FORSYTH COUNTY
BOARD OF ELECTIONS

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.

Signature of Lender

Signature of Treasurer of Committee

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

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.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
WACHOVIA BANK 1525 WEST W.T.HARRIS BLVD CHARLOTTE, NC 28262	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date 03/09/2010
		i. Original Expenditure Amt $ 25.38

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		OVERCHARGE ON SERVICE FEE	$ 102.34

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
001	Electric Funds Tran		05/17/2010	$ 12.95

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
WACHOVIA BANK 1525 WEST W.T.HARRIS BLVD CHARLOTTE, NC 28262	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date 04/09/2010
		i. Original Expenditure Amt $ 15.06

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		OVERCHARGE OF SERVICE FEE	$ 102.34

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
001	Electric Funds Tran		06/11/2010	$ 12.95

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
WEBMASTERS.COM 4465 W. GANDY BLVD SUITE 801 TAMPA, FL 33611 (800) 995-9595	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date 06/17/2009
		i. Original Expenditure Amt $ 109.45

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		UNUSED WEB HOSTING	$ 110.87

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
001	Check		05/23/2010	$ 8.53

4. Total only this Page	$ 34.43
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 34.43

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Type of Disbursement: *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CLEAR CHANNEL (RUSH RADIO 94.1) 2 B PAI PARK GREENSBORO, NC 27409	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,460.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/23/2010	$ 20.00	RADIO SPOT
001	Check	A	04/23/2010	$ 1,440.00	RADIO SPOTS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CLEMMONS COURIER 3000 CLEMMONS ROAD PO BOX 765 CLEMMONS, NC 27012	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 196.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/27/2010	$ 196.88	1/4 PAGE AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CREATIVE DESIGNS P O BOX 517 WALKERTOWN, NC 27051	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,020.39

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	04/21/2010	$ 373.89	T-SHIRTS FOR CAMPAIGN
				$	

5. Total only this Page	$ 2,030.77
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)*	$ 20,413.48

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

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)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
KERNERSVILLE NEWS 300 EAST MOUNTAIN STREET PO BOX 337 KERNERSVILLE, NC 27284	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 908.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/27/2010	$ 908.15	ADVERTISING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
POST MARK, INC. 390 CASSELL STREET WINSTON-SALEM, NC 27107	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 13,077.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	04/27/2010	$ 5,920.40	MAILERS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SAMS CLUB 930 HANES MALL BLVD. WINSTON-SALEM, NC 27103	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 804.65

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Debit Card	O	05/03/2010	$ 234.50	AFTER CAMPAIGN THANK YOU PARTY
				$	

5. Total only this Page	$ 7,063.05
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)*	$ 20,413.48

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

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-1340 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
STAPLES 430 HANES MILL ROAD WINSTON-SALEM, NC 27105	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 131.43

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Debit Card	K	04/23/2010	$ 131.43	PRINTER INK FOR 2 PRINTERS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TIME WARNER CABLE 200 CENTREPORT DRIVE GREENSBORO, NC 27409	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2,414.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/23/2010	$ 2,389.00	TV SPOTS
001	Check	A	04/24/2010	$ 25.00	TV SPOT

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WALTERS AND ASSOCIATES 5185 ASHLYN DRIVE WINSTON-SALEM, NC 27106	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 6,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	05/11/2010	$ 2,000.00	CONSULTING MGMT. FOR CAMPAIGN
				$	

5. Total only this Page	$ 4,545.43
6. Total of ALL CRO-1340 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)*	$ 20,413.48

7. Purpose Codes (Use 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

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)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WASHINGTON POLITICAL GROUP, LLC 3630 PORTLAND TRAIL DRIVE SUWANEE, GA 30024	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2,692.98

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Debit Card	A	04/26/2010	$ 2,692.98	PHONE BANK
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WILLIAMS PRINTING INC 268 NORTHSTAR DRIVE RURAL HALL, NC 27045	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,147.54

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	04/26/2010	$ 969.75	MAILERS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WINSTON-SALEM JOURNAL P. O. BOX 3159 WINSTON-SALEM, NC 27102	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 650.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	AB	04/27/2010	$ 650.00	NEWSPAPER ADVERTISEMENT
				$	

5. Total only this Page	$ 4,312.73
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)*	$ 20,413.48

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 5 of 5

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)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WSJS RADIO 975 WEST 5 STREET WINSTON-SALEM, NC 27101	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,312.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/23/2010	$ 1,312.00	RADIO SPOTS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WTRU TRUTH BROADCASTING, INC 4405 PROVIDENCE LANE WINSTON-SALEM, NC 27106	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 750.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/26/2010	$ 750.00	RADIO SPOTS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WXII TV NEWS 12 700 COLISEUM DRIVE WINSTON-SALEM, NC 27106	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 399.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/23/2010	$ 399.50	TV SPOTS
				$	

5. Total only this Page	$ 2,461.50
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)*	$ 20,413.48

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

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
☐ Add ☐ Remove	001	Debit Card	O	05/05/2010	$ 25.99
☐ Add ☐ Remove	001	Electric Funds Tran	O	05/14/2010	$ 12.95
☐ Add ☐ Remove	001	Electric Funds Tran	O	06/09/2010	$ 12.95
☐ Add ☐ Remove	001	Electric Funds Tran	O	04/29/2010	$ 10.70

4. Total only this Page	$ 62.59
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 62.59

6. Purpose Codes (List detailed expenditure code in (d) above)

	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

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC 27023	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 05/04/2010 i. Original Receipt Amount: $ 90.94

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
REALTOR	REMAX WINSTON-SALEM	P	$ 80.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check	PURCHASE OF FOOD AT SAMS FOR THANK YOU CELEBRATION	05/04/2010	$ 90.94

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC 27023	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 05/03/2010 i. Original Receipt Amount: $ 250.47

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
REALTOR	REMAX WINSTON-SALEM	P	$ 80.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check	FOOD FOR THANK YOU CELEBRATION	05/04/2010	$ 250.47

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
DAVID F. HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 04/17/2010 i. Original Receipt Amount: $ 1,287.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
DEPUTY SHERIFF - RETIRED	FCSO	P	$ 850.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check	REFUND REYNOLDS GOLF COURSE PAYMENT	04/26/2010	$ 1,287.00

4. Total only this Page	$ 1,628.41
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1000)	$ 2,111.67

6. Purpose Codes (List detailed disbursement code in (f) above)

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)

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	05/04/2010
		i. Original Receipt Amount
		$ 44.99

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
REAL ESTATE BROKER	RE/MAX REALTY CONSULTANTS	P	$ 952.82

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check	DEWEY'S BAKERY FOR CAKES FOR THANK YOU PARTY	05/08/2010	$ 44.99

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	05/04/2010
		i. Original Receipt Amount
		$ 45.42

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
REAL ESTATE BROKER	RE/MAX REALTY CONSULTANTS	P	$ 952.82

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check	WALMART BOWLS, SERVIING DISHES, FOOD ETC. FOR THANK YOU	05/08/2010	$ 45.42

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	05/04/2010
		i. Original Receipt Amount
		$ 295.89

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
REAL ESTATE BROKER	RE/MAX REALTY CONSULTANTS	P	$ 952.82

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check	REIMBURSE TV & ELECTRONIS RENTAL FOR THANK YOU PARTY	05/08/2010	$ 295.89

4. Total only this Page	$ 386.30
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 2,111.67

6. Purpose Codes (List detailed disbursement code in (i) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind O* Other

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

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 05/04/2010
		i. Original Receipt Amount: $ 50.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
REAL ESTATE BROKER	RE/MAX REALTY CONSULTANTS	P	$ 952.82

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check	FUN TIME BALLOONS FOR THANK YOU PARTY	06/02/2010	$ 50.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
JAMES L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC 27051	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 04/26/2010
		i. Original Receipt Amount: $ 46.96

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
RETIRED SHERIFF EPUTY	FCSO	P	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check	REPAY FOR DRINKS FOR GOLF TOURNAMENT	04/26/2010	$ 46.96

4. Total only this Page	$ 96.96
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)	$ 2,111.67

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kin O* Other

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

In-Kind Contributions

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 952.82

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
RENTAL OF REGENCY III CONFERENCE ROOM FOR THANK YOU CELEBRATION	05/03/2010	$ 484.88
EXTRA 1/2 SHEET CAKE FOR THANK YOU CELEBRATION	05/04/2010	$ 44.99
BALLOONS, BALLOON BOUQUETS AND CLUSTERS	05/04/2010	$ 110.55

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 952.82

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PIZZA'S FROM DONATO'S FOR THANK YOU PARTY	05/04/2010	$ 187.40
		$
		$

4. Total only this Page	$ 827.82
5. Total of ALL CRO-1510 Pages *(This line must be on line 11 of Detailed Summary Page CRO-1100)*	$ 827.82

Outstanding Loans

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.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
DAVID H GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019	RETIRED LAW ENFORCEMENT/FARM OWNER	FCSO		02/12/2010	

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
0.00%	PERSONAL LOAN	$ 25,000.00	$ 25,000.00		

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
DAVID H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019	RETIRED SHERIFF/FARM OWNER	FCSO		04/23/2010	

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
0.00%	NONE	$ 12,000.00	$ 12,000.00		

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
DAVID H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019	RETIRED SHERIFF/FARM OWNER	FCSO		05/11/2010	

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
0.00%	NONE	$ 2,000.00	$ 2,000.00		

4. Total only this Page	$ 39,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page, CRO-1100)	$ 39,000.00

Contributions to be Reimbursed

Amendment ☐ Yes ☒ No

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC	DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD LION FOOD FOR THANK YOU CELEBRATION	05/03/2010	N	$ 250.47

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC	DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
SAMS CLUB FOOD & SUPPLIES FOR THANK YOU CELEBRATION	05/04/2010	N	$ 90.94

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC	CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
DEWEY'S BAKERY-CAKES FOR THANK YOU CELEBRATION	05/04/2010	N	$ 44.99

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC	CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
WALMART FOR SERVING BOWLS, TUB, ETC	05/04/2010	N	$ 45.42

4. Total only this Page	$ 431.82
5. Total of ALL CRO-1215a Pages *(this line goes to line 28 of Detailed Summary Page CRO-1100)*	$ 824.67

Contributions to be Reimbursed

Amendment ☐ Yes ☒ No

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC	CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
BALLOONS FOR THANK YOU CELEBRATION	05/04/2010	N	$ 50.00

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC	CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
STERLING AUDIO-VISUAL RENTAL OF TECHNICAL EQUIPMENT	05/04/2010	N	$ 295.89

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
JAMES L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC	JAMES L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
DRINKS AND WATER FOR GOLF TOURNAMENT	04/26/2010	N	$ 46.96

4. Total only this Page	$ 392.85
5. Total of ALL CRO-1215 Pages *(This line goes to line 23 of Detailed Summary Page CRO-1100)*	$ 824.67