

Amendment

Disclosure Report Cover

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 HERRON for Sheriff ILQB81								
b. Mailing Address (include City, State and Zip Code) d. Date Filed								
2060 FAPONI VILLAGE CT. WINSTON-SALEM. Nr. 27127 E. Phone Number 321-785-2502								
WINSTON-8Alem. Nr. 27127 e. Phone Number 336-785-2502								
						302		
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name								
2010 104-19-2	010	06-3	0-2010	BRUCE	E. Coule	_		
6. Type of Committee (Check C			ort (check only one		rt from one categor Referendum	<i>y)</i>		
Candidate Campaign Part	y erendum	Municipal Organizationa	State/County Organizat		Organizational			
	rendum t Fundraiser	Thirty-five day	I— -	ionai	Pre-referendum			
Legal Expense Fund	r Lanatsiset	Pre-primary	First		Final			
Legal expense Fund	1	Pre-election	Seco		Supplemental Fina	ป		
7. Type of Fund (if applicable,	check one)	Pre-runoff	Third		Annual			
Booster Fund		Semi-annual	Four	th	Special S	3		
Building Fund		Mid Year	Semi-ann	ıal		5		
_		Year End	Mid Mid	Year	10. Special Repor	Name		
Other:		Final	☐ Year	End				
8. Number of Fundraisers this	Report	Special	Final	1		ტ 🔝		
0			Special		######			
11. Account Information			11. Account Inforn	ation		X		
a. Financial Institution Full Name			a. Financial Institution		-	,		
BBIT					U	38		
b. Purpose	c. Account Cod	e	b. Purpose		c. Account Code			
LAMPAILN	JWH	ID						
Checking	d. Period Begin	Balance			d. Period Begin Balan	ce		
KLLMNY	\$770	. 24	94					
CERTIFICATION								
I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	t no funds are	commingled with	prohibited or other no	n-disclosed fu	nds. I further certify	that this		
BRUCE E. GOVCE	<u> </u>	Buce	24		2/6/20	to_		
Printed Name of Signs	er	Sign	nature of Appointed Treas	surer	Date			
FOR OFFICE USE ONLY			- ^ -					
Date Received:	111.	Employ	ree: Judi So	1010.A ——	very Method Normal Mail			
*1	<u>fo 10 </u>	Limpioy						
Date Postmarked:		Employ	/ (- 🖺	Registered Mail Hand Delivered			
Date Postmarked: Date Scanned:		- · - ·	/ (Registered Mail Hand Delivered Electronically Filed			
Date Scanned: Date Data Entered:		Employ Employ Employ	ree:		Registered Mail Hand Delivered Electronically Filed Signer has not rece mandatory training	ived		
Date Scanned: Date Data Entered: Please Note: This form car		Employ Employ Employ	ree:	h as the com	Registered Mail Hand Delivered Electronically Filed Signer has not rece mandatory training mittee address, trea	ived		

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)			3. ID Number
Elect Herron For Sheriff	Jub		I/QB81
Start of Election Cycle: January 1, <u> </u>	2	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	-	\$ 770.44	\$
RECEIPTS *			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 1,309.67
6) Contributions from Individuals	(CRO-1210)	\$ 1.5710 9	7 \$ 5,712.09
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$ 200,00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 1,076.9	7 \$7,221.76
EXPENDITURES *			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4let, 94	\$ 5, 231. 64
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
(4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$ 112.09
7) In-Kind Contributions	(CRO-1510)	\$ 376.97	\$ 867.09
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	s 837.85	\$ 6,310,82
9) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 1,010,06	\\$ 1,010.94
ADDITIONAL INFORMATION	ZODO 1330	<u> </u>	
(a) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CRO-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$ \$
8) Contributions to be Refunded	(CRO-1215)	\$	1.9

		com Individua		Pg ontributions und	of of ser \$50 if form CF	<u>_</u> i	Amendment Yes No 205 is not used
		ne (and Fund if appl) Number
£	Lect H.	ERRON FOR				I	CQB 81
	tributor Inform			Add Rei	move	la Ca	mments
	ame, Mailing Addro le city, state, & zip)	ess & Phone				u. Co	nanterits
		eatherm A	N	c. Employer's Nat			
		Belews C					ction Sum to Date
l	winston	-SALEM, OC	27104	Consult	ANTS, INC	\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy		k. Amount
	JWH10	Check	٠.		05-21-20	10	\$ 100-00
					,		\$
				_			\$
3. Con	ributor Informa	ition		Add 🔲 Ren	nove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Cor	mments
(includ	e city, state, & zip)			Retu	RLO :		
M	ARY Di	LKINSON		c. Employer's Nan			
7	Tan Ki	aklees ho	M				
						e. Elec	ction Sum to Date
<u>ل</u> ى.	- 49 16 416	SALEM. DI	L \$1104			\$ [50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		c. Amount
	1)WH 10	Check		<u> </u>	06-03-20	ID	\$ 50·00
							\$
							\$
3. Cont	ributor Informa	tion		Add Rer	nove		
	nne, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Cor	nments
	e city, state, & zip)			Retir			
No	H QIAN	. WINDSOR		c. Employer's Nan			
34	41 lelad	. Windsor stone St.	,	F. C. SV		e. Elec	ction Sum to Date
W	inston	SALM, NL	27104	DHILL.	Reserve	\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		c. Amount
	JWH 10	Check			06-12-20	210	\$ 50.00
							\$
						ŀ	\$
4. Tot	al only this Pa	age				\$	1,076.97
5. Tota	al of ALL CR	O-1210 Pages				\$	1871 00
This is	no must he an line 6	of Detailed Summary Pa	oe CRO-1100)		j	1	17016.71

		rom Individua		Pg	2 of 3	3_	Amendment Yes No
		individual contribution		ontributions unc	ter \$50 if form Cl		
1. Con	12 i i .	me (and Fund if app	ام			2, 1	D Number
4	riect 1	LERRON FI	or She	NFF		1	169881
	itributor Inform			Add 🔲 Re	move		
	Name, Mailing Addr			b. Job Title/Profe	ession	d. C	Comments
	ide city, state, & zip)			1 Keti	Led		
		NO MANUS		c. Employer's Na		1	
-	1755 CO	runiy Club	Rd, A1142			L	
		- Softem. NL				e. E.	lection Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	<u> </u>	j. Date (mm/dd/yy)		k. Amount
	g. Meedune Code	A A . s)	// /				
	<u> </u>	CHSIY	YOSTC	<u>AROS</u>	05-28-20	10	\$ 126.05
	JWH 10	CASH			05-06-2t	210	\$ 50.00
							\$
	tributor Inform			Add 🔲 Re	move		
	lame, Mailing Addr			b. Job Title/Profe	ssion	d. C	omments
	de city, state, & zip)			Roha	2/10		
6	estruer	N/ MAN	us	c. Employer's Nat	me/Specific Field	1	
4	155 Com	fry Club Rd	ANUT	ļ		e. Election Sum to Date	
I '.	Sulla. 2	The Court	7 11111 A			<u> </u>	
u	2 - מט אנטוע	splem. NU	21104			\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		k. Amount
	JWHID	CASH			05-06-20	10	\$ 50.00
							\$
							\$
	tributor Informa				nove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Co	omments
	le city, state, & zip)	Chall		Herr			
				c. Employer's Nan			
		STRAY LAN		60254th	Lo.	e. Ele	ection Sum to Date
u	JMKerto	INN, UC 2			's office	\$	207.09
t. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y)	k. Amount
		Check	Kental	ree	06-10-201	0	\$ 45.60
			·				\$
							\$
4. Tota	al only this Pa	age				\$	271.05
		O-1210 Pages of Detailed Summary Pag	00 CDO-1100\		and the second second	\$	1,074.97
CDO 12		o, Demuca Summary Pa	NC State Book			-	· / - / - / - / - / - / - / - / - / - /

Amendment

		rom Individua individual contributio			3 of 3	
		me (and Fund if appl		Ontroutions und		2. ID Number
E	Flect H	terron to		niff		ICO 881
	ntributor Inform	nation		Add 🔲 Rer		V
	Name, Mailing Addr		· · · · · · · · · · · · · · · · · · ·	b. Job Title/Profes	ssion	d. Comments
	ide city, state, & zip)			1 Koho	2.4.1	
رَ ا	JERRY b	terron Aponi Villa	م مرد د د د م	c. Employer's Nan	me/Specific Field	
O	Day Tor	HDN'I DITTLE	16601	YOUSYTH	Co.	e. Election Sum to Date
1	DINSTON	- SMem. N	化到到	Sherift'	's office	\$ 703.73
f. Prior		h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyyy	y) k. Amount
	<u> </u>	Debit	BRUNC	hures	06-27-201	10 \$ 84.94
		Debit	Busines	s carps	US-28-20	10 \$ 120.98
						\$
	tributor Informa				move	
	lame, Mailing Addre de city, state_& zip)		1	b. Job Title/Profes	sion	d. Comments
		/}		Attorn	767	
11	tel ti	YAHKISK		c. Employer's Nam		
19	D AFTO	NShire a	11.	QUEC GA	ا معدد العد	
WINSTON-STATEM, NC, 27164 Self EMPLOYED					VAIO ARCD &	e. Election Sum to Date
W	י ער <i>ע</i> זיכעוו	THEM CHO	ハみハレイ		5	\$ 305 00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyyy) k. Amount
	JUHID	Check			0629-20	10 \$ 300.00
						\$
						\$
	ributor Informa			Add 🔲 Rem		
	ame, Mailing Addres	ss & Phone		b. Job Title/Profess	sion d	I. Comments
	le city, state, & zip)	\$ f		Keh	200	
- l	DON DING	Antho Be	1.601,	c. Employer's Nam		
Πď	י מוח'כי	HANTACO IN	Sta Ke, W	knes47	الم الم	. Election Sum to Date
10	iethaved	1. NL 278	810	Coun	V	\$ 100° W
	g. Account Code	h. Form of Payment	i. In-Kind Descripti		j. Date (mm/dd/yyyy)	
	JWH 16	Check			06-28-2011	0 \$ 100.00
			<u> </u>			\$
						\$
1. Tota	al only this Pa	ige			addd thai	\$ 605.92
		O-1210 Pages			100	\$ 1.076.97
		of Detailed Summan Pas	~~ CDO_1100\		ļ ·	\$ 1.076.97

Committees and coordinated party expenditures Committee Full Name and Sund if applicable	Disburse Use this form	to report expenditure	es from the comm	ittee for	operating ex	Pg	Amendment Yes No No nations to candidate/political	1
Poperating Exponers Conclinations to Candidates Political Committees Coordinated Party Exposeditures	1. Committee	Full Name (and Fueck Herr	nd if applicable	5	heur		I1/2B-81	
Add Remove Remo	3. Type of Di. Operating E	sbursement (Plea xpenses C	se use separate (ontributions to Candi	<i>RO-13</i> dates/Poli	10 forms for			
Carrier County		rmation		####] Add	Remove		
Today Toda			none		b. Coordina	ted Committee Nar	ne d. Comments	
Secretary Secr	1235 °	Welst Silas Cheek	k Parukun	Y M	Federal	County:		
Description	winst	ON- SPALM	. NL 27	127	State	Municip	\$ 58/ 0/	
April Debit Debi	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date		A	k. Required Remarks	
Add Remove Remo	20416	Denit	19	05-	10-3010	\$258.17	VOSTLAROS	
Section Sect	120KID	Vebit	ユュ	07-5	72-9010	0000	Postace	
C. Level Registered (Specify) C. Election Sum to Date C. Level Registered (Specify) C. Election Sum to Date C. Level Registered (Specify) C. Election Sum to Date C. Level Registered (Specify) C. Election Sum to Date C. Level Registered (Specify) C. Election Sum to Date C. Level Registered (Specify) C. Level Registered (Speci					Tobacco California ()	A COUNTY OF THE PROPERTY OF THE	L C	
The Refund Road Winston - Milm, and a. Account Code					D. COOLUILAD	e Committee Man	d. Comments	
The Refund Road Winston - Milm, and a. Account Code	Bile	SHOYZ			a Lavel Bast	4 1 (0 10)		
State Municipality: e. Election Sum to Date	STOR	SGNA Rno	Y O					j
I. Account Code g. Form of Payment D. Purpose Code D. Date (mm/dd/yyyy) j. Amount L. Required Remarks Add Remove Remove	HARAIS				☐ State		ality: e. Election Sum to Date	15.0
R. Account Code g. Form of Payment b. Purpose Code b. Date (mm/dd/yyyy) J. Amount k. Required Remarks A. Payee Information	(שווטע	I DON - O MITTAL	i NL				\$ 3/08	
4. Payce Information a. Full Name, Mailing Address & Phone (include city, state, & zip) M 2N(LRAN) N(L	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		F.
4 Payee Information: a. Full Name, Mailing Address & Phone (include city, state, & zip) M 2 N Le Ren N St. C. Level Registered (Specify) Federal County: State Municipality: a. Election Sum to Date S 1 443.79 F. Account Code g. Form of Payment h. Purpose Code h. Date (mm/dd/yyyy) j. Amount k. Required Remarks Divid 10 Debit B D5 20 2010 \$ 59.24 \$ 1 km S Total only this Page G. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List Brailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List Brailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List Brailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List Brailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List Brailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List Brailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List Brailed Summary Page CRO-1100 if Coordinated Party H* - Holding Public Office Expenses O* O* Other	DWHID	Debit	0	05-1	3-2016	\$31.08	Midiala	·
a. Full Name, Mailing Address & Phone (include city, state, & zip) M 2 M QN(QKIN) NQ C. Level Registered (Specify) AND SALOM NQ ADD State Municipality: e. Election Sum to Date Federal County: State Municipality: e. Election Sum to Date								
a. Full Name, Mailing Address & Phone (include city, state, & zip) M 2 N	4. Payee Inform	nation			Add 🎨 🔲	Remove		
M 7 M GN(eRN) NC AND St. WINSTON SALEM NL27127 C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ 1,442.79 C. Account Code Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) J. Amount k. Required Remarks WH 10 DLWT B D5-20-2010 \$ 59.24 \$ 1485 S. Total only this Page C. Total only this Page S. Total only this Page S. Total only this IPage (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) Thurpose Codes (Lustadetailed expenditure code meth.) above. A*- Media B*- Printing C*- Fundraising D- To Another Candidate F*- Equipment G- Political Party H*- Holding Public Office Expenses O* Other					A SHE WALL THE VIEW OF THE PARTY OF THE PART	The second of th	d. Comments	ALONIA T
ANU S. MAN St. WINSTON SALEM NL 27127 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks JWH 10 JUNT STOTAL ONLY THE STOTAL ONLY THE STOTAL STOT			· .	· · · ·				
ANU S. MAN St. WINSTON SALEM NL 27127 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks JWH 10 JUNT STOTAL ONLY THE STOTAL ONLY THE STOTAL STOT	MiM	ENGRAVING	2		c. Level Regist	ered (Specify)	 	
### SALEM NL 27 27 1. Amount 1. Purpose Code 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks Description 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks 1. Date (mm/dd/yyyy) 1. Date (mm/dd/yyy) 1. Date (mm/dd/yyyy) 1. Date (Federal	County:		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks D5-20-2010 \$ 54-24 TLENS 5. Total only this Page 6. Total of ALE 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) 7. Purpose Codes (Lassacialed 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 O* Other				2-	State	Municipa.	lity: e. Election Sum to Date	1000 1000 1000
JWH 10 July B							\$ 1,442.79	
5. Total only this Page 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) 7. Purpose Codes (Listidetailed expenditure code in (h.)) above) A*- Media B*- Printing C*- Fundraising D- To Another Candidate E - Salaries F*- Equipment G- Political Party H*- Holding Public Office Expenses I - Postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund O* Other	A 1		h. Purpose Code	i. Date (n	nm/dd/yyyy) j	. Amount	k. Required Remarks	
5. Total only this Page 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) 7. Purpose Codes (List detailed expenditure code in: (h.)) above.) A*- Media B*- Printing C*- Fundraising D- To Another Candidate E - Salaries F*- Equipment G- Political Party H*- Holding Public Office Expenses I - Postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund O* Other	DWH 10	<u> JEDIT</u>	<u></u>	UJA	0 2010	79.74	11847	_
7. Purpose Codes (List defailed expenditure code in (in) above) A*- Media B*- Printing C*- Fundraising D - To Another Candidate E - Salaries F*- Equipment G - Political Party H*- Holding Public Office Expenses I - Postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund O* Other		· D						114 90
7. Purpose Codes (List defailed expenditure code in (n.) above) A*- Media B*- Printing C*- Fundraising D- To Another Candidate E - Salaries F*- Equipment G- Political Party H*- Holding Public Office Expenses I - Postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund O* Other	Carry State						\$ 401.00	700.10
7. Purpose Codes (List defailed expenditure code in (in) above) A*- Media B*- Printing C*- Fundraising D - To Another Candidate E - Salaries F*- Equipment G - Political Party H*- Holding Public Office Expenses I - Postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund O* Other			mary Page CRO-116	O if Oper	atino Ernencec) 		
7. Purpose Codes (List defailed expenditure code in (in) above) A*- Media B*- Printing C*- Fundraising D - To Another Candidate E - Salaries F*- Equipment G - Political Party H*- Holding Public Office Expenses I - Postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund O* Other	(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	0 if Conti	rib to Candidate	s/Political Comm)	1 460.88	160.78
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other						xpenditures)		64.00%
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other	A* - Media					<u>р</u> т. 4	nother Condidate	
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other	E - Salaries					and the second s	and the second s	
		J - Penaltie						
		detailed explanatio	n in required re	marksi	field (k)			

Disbursement	S
TIONAL SCHICK	3

Amendment Pg Z of Z D Yes

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 3. Type of Disbursement <u>(Please use separate CRO-1310 forms for each type of Disbursement.)</u> Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove. a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) STORE 4 3626, HWY 150 Federal County: State Municipality: e. Election Sum to Date h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarl 4. Payee Information Add Remove *. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: Re \$3626. AWY 150 State Municipality: e. Election Sum to Date . Account Code h. Purpose Code i. Date (mm/dd/yyyy) j. Amount Debit 4:Payee Information Add Remove . Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) PARKWAY VILLAGE CR. Federal County: ☐ State Municipality: e. Election Sum to Date i. Date (mm/dd/yyyy) Account Code h. Purpose Code k. Required Remarks 5. Tôtal only this Page \$ 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) 7. Purpose Codes (List detailed expendinire code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries

l - Postage

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

J - Penalties

O* Other

K* - Office Expenses

Q* - Donation to Legal Expense Fund

In-Kind Contributions Use this form to report non-monetary contributions, donations, god Use CRO-1215 if In-Kind Contributions were or will be refu	P, ods or services pro unded within 7 de	g of	ttee o	Amendment Yes No r fund.
1. Committee Full Name (and Fund if applicable)			2.1	D Number
Elect HERRON FOR She	wiff			FCBB 81
3. Contributor Information		move	4.5	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contr Individual	ibutor	c. C	omments
JERRY HERRON 20LEU SAPON: VILLAGE LT	Candidate Party		d. E	lection Sum to Date
WINSYON- Sodem. Ne 27127	Other Receip	t Source	\$	503.73
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
19 Revichures		06-77-20	1 <i>D</i>	\$ 84.94
Business CARDS		05-28-20	1b	\$ 120.98
				\$
3. Contributor Information	control of the experience of the second	move	Sven	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contri	butor	c. Co	mments
William Carely 4830 Westlay LN.	Candidate Party PAC Referendum		וסו ב	and Company
WAIKERTOWN. NL 27051	Other Receipt	Source	\$	ection Sum to Date
e. Description	:	f. Date (mm/dd/yyy	у)	g. Fair Market Amount
Prental fee for Picvic st	reffee	06-10-20	0	\$45.00
				\$
				\$
	Add Ren		¥2,84	no son a compressión de la compressión
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib Individual	outor	c. Cor	mments
OTHO MCMANUS	Candidate Party			
4755 Country Club Rd, A1145	PAC Referendum		d. Ele	ection Sum to Date
WINSTON- SALEMINC 27104	Other Receipt	Source	\$	126.05
. Description	·	f. Date (mm/dd/yyy	_	. Fair Market Amount
Vostcards		05-28-201	<i>b</i>	\$ 126.05
			\bot	\$
		in diane, or year and in the second		\$
. Total only this Page . Total of ALL CRO-1510 Pages		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	376.97
): I Olal Ol All CKO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	376.97