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: JERRY W. HERRON FOR SHERIFF

c. ID Number: FLQB81

b. Mailing Address (include City, State and Zip Code): 2060 SAPONI VILLAGE COURT WINSTON-SALEM NC 27127

d. Date Filed: 10/25/2010

e. Phone Number: 336-785-2502

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	July 1, 2010	OCTOBER 16, 2010	BRUCE EUGENE GORE

6. Type of Committee (Check One)

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

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: BB&T

b. Purpose: CAMPAIGN CHECKING ACCOUNT

c. Account Code: JWH10

d. Period Begin Balance: $ 770.94

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

2010 OCT 25 11:45

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.

BRUCE EUGENE GORE	[signature]	10/24/2010
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	10/25/10	Employee:	Judy Spear	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail
Date Scanned:		Employee:		☐ Registered Mail
Date Data Entered:		Employee:		☑ Hand Delivered
				☐ Electronically Filed
				☐ Signer has not received mandatory training

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

Detailed Summary

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
HERRON FOR SHERIFF	3RD QUARTER	FLQB 81

Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1,010.16	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 8,620.00	$ 9,729.67
6) Contributions from Individuals	(CRO-1210)	$ 11,116.24	$ 16,828.33
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)		$ 19,536.24	$ 26,758.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 12,096.73	$ 17,329.15
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$ 1,500.00	$ 1,500.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 1,985.00	$ 1,985.00
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 308.19	$ 420.28
17) In-Kind Contributions	(CRO-1510)	$ 3,450.00	$ 4,817.09
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 19,839.92	$ 26,051.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 706.48	$ 726.76
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ 1,200.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

Aggregated Contributions from Individuals

Page 1 of 10 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
HERRON FOR SHERIFF	ICQB81

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	JWH10	CHECK		7/8/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CHECK		7/13/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CHECK		7/31/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CHECK		8/27/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CHECK		9/10/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CHECK		9/25/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CHECK		9/25/2010	$ 40.00
☐ Add ☐ Remove	JWH10	CHECK		9/16/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CHECK		7/21/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CHECK		8/3/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CHECK		9/28/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CHECK		10/6/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CHECK		10/6/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 45.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 50.00

4. Total only this Page	$ 625.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 8420.00

Aggregated Contributions from Individuals

Page 2 of 10 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)
HERRON FOR SHERIFF

2. ID Number
ICQB81

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	JWH10	CASH		7/16/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		7/16/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00

4. Total only this Page $ 895.00

5. Total of ALL CRO-1205 Pages $ 8420.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable): HERRON FOR SHERIFF

2. ID Number: 1CQB81

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	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 40.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 35.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 40.00

4. Total only this Page $ 1,060.00

5. Total of ALL CRO-1205 Pages $ 8,420.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Page 4 of 10 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
HERRON FOR SHERIFF	ICQB81

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	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/30/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 40.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 40.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 50.00

4. Total only this Page	$ 820.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 8,420.00

Aggregated Contributions from Individuals

Page 5 of 10 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
HERRON FOR SHERIFF	ILQB 81

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	JWH 10	CASH		8/12/2010	$ 50.00
☐ Add ☐ Remove	JWH 10	CASH		8/12/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/12/2010	$ 35.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 40.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00

4. Total only this Page	$ 1,010.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 8,420.00

Aggregated Contributions from Individuals

Page 6 of 10 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
HERRON FOR SHERIFF	ILQB 81

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	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/19/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/10/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/10/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		9/10/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/10/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/10/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		9/10/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 10.00
4. Total only this Page					$ 690.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*					$ 8,470.00

Aggregated Contributions from Individuals

Page 7 of 10 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
HERROW FOR SHERIFF	ICQB 91

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	JWH10	CASH		9/27/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 35.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 35.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 35.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
4. Total only this Page					$ 880.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*					$ 8420.00

Aggregated Contributions from Individuals

Page 8 of 10 — Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable): HERRON FOR SHERIFF

2. ID Number: ICQB 81

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	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00

4. Total only this Page $ 855.00

5. Total of ALL CRO-1205 Pages $ 8,420.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Page 9 of 10 | Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable): HERRON FOR SHERIFF

2. ID Number: ILQB 81

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	JWH10	CASH		9/27/2010	$ 10.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/27/2010	$ 45.00
☐ Add ☐ Remove	JWH10	CASH		7/1/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/10/2010	$ 20.00
☐ Add ☐ Remove	JWH10	CASH		7/15/2010	$ 25.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/25/2010	$ 40.00
☐ Add ☐ Remove	JWH10	CASH		7/28/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		7/28/2010	$ 5.00
☐ Add ☐ Remove	JWH10	CASH		7/22/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		10/1/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		10/1/2010	$ 50.00

4. Total only this Page $ 950.00

5. Total of ALL CRO-1205 Pages $ 8,420.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Page 10 of 10 | 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
HERRON FOR SHERIFF	ICQB81

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	JWH10	CASH		10/13/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		8/2/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/1/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/25/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/25/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		9/1/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CASH		9/1/2010	$ 30.00
☐ Add ☐ Remove	JWH10	CASH		9/1/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/25/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/1/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/15/2010	$ 15.00
☐ Add ☐ Remove	JWH10	CASH		9/25/2010	$ 40.00
☐ Add ☐ Remove	JWH10	CASH		9/1/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/25/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/1/2010	$ 50.00
☐ Add ☐ Remove	JWH10	CASH		9/25/2010	$ 5.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 635.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 8,420.00

Contributions from Individuals

Pg 1 of 14 Amendment ☐ Yes ☐

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
HERRON FOR SHERIFF	ICQ881

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
GEORGE K. WALKER FLORIST 2017 S. BROAD ST W/S NC 27127 723-2838	FLORIST			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/19/2010	$ 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
JERRY CROSBY 1000 KERNERSVILLE RD KERNERSVILLE NC 27284 682-1790	UNKNOWN	MAIN ST. Baptist Ch. KERNERSVILLE, NC 27284		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/1/2010	$ 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
JIM BURTON 4683 YADKINVILLE ROAD ARARTOWN NC 27040 922-6998	RAINBOW CATERING			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/01/2010	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

 Amendment ☐ Yes ☐

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
HERRON FOR SHERIFF	ILQB 81

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
RUTH A. ROBINSON 4755 COUNTRY CLUB ROAD W/S NC 27104	RETIRED			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		08/18/2010	$ 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
PATRICIA H SADLER 2160 NETTLE BROOK DRIVE W/S NC 27106	RETIRED			$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		08/17/2010	$ 125.00
☐					$
☐					$

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
BARBARA HAYES 3910 PEMEROY DRIVE W/S NC 27105 767-2172	RETIRED			$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/10/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

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
HERRON FOR SHERIFF	ILQB 81

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
ROBERT L. RUSS SR 101 CATTAIL LANE W/S NC 27127	RETIRED			$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		08/03/2010	$ 100.00
☐	JWH10	CHECK		08/28/2010	$ 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
ALBERT E. DILLON 2946 LAKAWANNA DR. WALKERTOWN NC 27051	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		08/05/2010	$ 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
BRUCE E. GOOCH 4945 WARNER ROAD KERNERSVILLE, NC 27040	STATE OF N.C. PROBATION OFFICER			$ 750.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		08/05/2010	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

Pg 4 of 14 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
HERRON FOR SHERIFF	ILQB81

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
JERRY W. HERRON 2060 SAPONI VILLAGE CT W/S NC 27127 414-0473	Retired			$ 1,103.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/25/2010	$ 100.00
☐	JWH10	CHECK		09/15/2010	$ 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
ARGRES M. POLITE 1983 EMERYWOOD ROAD RURAL HALL, NC 27045 969-9438				$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/25/2010	$ 300.00
☐					$
☐					$

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
THADDEUS McCOLLUM 1060 KELWYN LANE LEWISVILLE, NC 27023				$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/31/2010	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 950.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

Pg 5 of 14 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
HERRON FOR SHERIFF	ILQB 81

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
EMMA C INGRAM 2701 WALLINGFORD ROAD W/S NC 27101	Retired	RJ Reynolds		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH ID	CHECK		07/27/2010	$ $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
TOMMY HICKMAN 5908 TARLETON DRIVE OAK RIDGE NC				$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH ID	CHECK		07/22/2010	$ 250.00
☐					$
☐					$

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
MARY BLAKELY 290 BARRINGTON PARK LANE KERNERSVILLE NC 27284	Retired			$ 95.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH ID	CHECK		07/22/2010	$ 95.00
☐					$
☐					$

4. Total only this Page	$ 445.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

Pg 6 of 14 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
HERRON FOR SHERIFF	ICQB 81

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 D. BRANCH 224 TOWN RUN LANE WINSTON-SALEM NC 27101	MEDICAL DOCTOR	PRIVATE PRACTICE		$ $100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		09/29/2010	$ 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
TRAVIS H. SIMPSON 2123 E. 23rd STREET WINSTON-SALEM NC 27105	ATTORNEY	PRIVATE PRACTICE		$ $100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		09/27/2010	$ 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
REGINA C. ALLEN 1236 BENNIGAN VILLAGE DR. WS NC 27127 926-3839	RETIRED			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		09/10/2010	$ 65.00
☐	JWH10	CHECK		09/25/2010	$ 185.00
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

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
HERRON FOR SHERIFF	ILQB81

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
THOMIE D. DOUTHIT 317 CROWNE COURT W/S NC 27106	SELF EMPLOYED	Douthit Funeral Home		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWA10	CHECK		09/14/2010	$ 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
EARLINE PARMON FOR NC STATE SENATE COMMITTEE 1225 EAST 5TH STREET WINSTON-SALEM, NC	STATE REPRESENTATIVE	STATE OF NC		$ 450.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWA10	CHECK		09/15/2010	$ 350.00
☐					$
☐					$

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
ALEX NIFORS 4494 FIRESIDE CAVE W/S NC 27101 414-5097	RETIRED			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWA10	CHECK		07/28/2010	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

Pg 8 of 14 Amendment ☐ Yes ☐

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
HARRIS FOR SHERIFF	ICQB 81

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 P. CARRS P.O. BOX 1095 WALKERTOWN NC 27051	RETIRED			$ 568.33

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWA10	CHECK		07/15/2010	$ 200.00
☐	JWA10	CHECK		7/29/2010	$ 161.24
☐					$

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 F. PANGA 2874 ROBIN HOOD ROAD W/S NC 27106	ATTORNEY			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWA10	CHECK		09/20/2010	$ 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
DEMAS E. MILLER 139 GAP CREEK DRIVE FLEETWOOD NC 28626	Retired			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWA10	CHECK		09/23/2010	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 461.24
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

Pg 9 of 14 Amendment ☐ Yes ☐

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
HERRON FOR SHERIFF	ICQB 81

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
ROGER D. HUGHES 4689 TABACCO RD W/S, NC 27106	Retired			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		10/07/2010	$ 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
JAMES L. MECUM JR 5526 OLD WALKERTOWN RD WALKERTOWN, NC 27051 345-4202	Retired			$ 155.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		10/07/2010	$ 100.00
☐	JWH10	CASH		09/10/2010	$ 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
CHARLES R. REAMS 1209 CAIRNHILL CT APEX, NC 27502	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		10/07/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 455.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

Pg 10 of 14 Amendment ☐ Yes ☐

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
HERRON FOR SHERIFF	ILQB 81

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
RALPH MASON 531 BENNETT RD STONEVILLE NC 27048	Retired			$ 1,300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK	LOAN	10/06/2010	$ 1,200.00
☐					$
☐					$

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
CATHERINE A. DAVIS 6051 RALEIGH DRIVE MS, NC 27103	Retired			$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		09/25/2010	$ 150.00
☐					$
☐					$

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
DR. J. RAYMOND OLIVER 3961 POMEROY DRIVE W/S NC 27105	DOCTOR	PRIVATE PRACTICE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		09/30/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

Pg 11 of 14 Amendment ☐ Yes ☐

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
HERRON FOR SHERIFF	ICQB 91

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
CAREY RAUSE 2852 KONNOAK DRIVE W/S NC 27127 771-2168	BED BATH & BEYOND MANAGER			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH 10	CHECK		07/28/2010	$ 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
ALISA SANDERS 4664 KADES TRAIL W/S NC 27101	RETIRED			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/28/2010	$ 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
DONALD SCALES 700 RANKIN ST W/S NC 926-3795	W/S FC SCHOOLS			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		07/28/2010	$ 50.00
☐	JWH10	CHECK		07/30/2010	$ 50.00
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

 Amendment ☐ Yes ☐

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
HERRON FOR SHERIFF	ILQB 81

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
LEON MILLER P.O. BOX 4261 W/S, NC 27115 970-0325	CITY OF W/S			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH 10	CHECK		07/28/2010	$ 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
CLEVE ROSEBORO P.O. BOX 1432 CUMMONS, NC 27012 671-1259	SELF EMPLOYED			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH 10	CHECK		08/19/2010	$ 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
ERIC SAUNDERS 4664 KATIES TRAIL W/S NC 27101	RETIRED			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH 10	CHECK		07/28/2010	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

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
HERRON FOR SHERIFF	ICQB 81

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
PATRICIA THOMAS 5030 QUEENSWAY ROAD W/S NC 27127				$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		10/15/2010	$ #60.00
☐					$
☐					$

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 L. HAYES SR. 5600 NOVACK STREET W/S NC 27105	COACH	WINSTON-SALEM STATE UNIVERSITY		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CHECK		10/15/2010	$ #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
WILLIE MAE GADDY 2307 MULLINS DRIVE WINSTON-SALEM, NC 27107 784-2178	RETIRED			$ 110.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JWH10	CASH		09/25/2010	$ 70.00
☐					$
☐					$

4. Total only this Page	$ 180.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions from Individuals

Pg 14 of 14 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
HERRON FOR SHERIFF	ILQB 81

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
BRENDA L. MANLEY 3324 BRIARCLIFFE ROAD W/S NC 27126	Retired			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JUNE 10	CHECK		07/21/2010	$ 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
MAC WEATHERMAN 4306 OLD BEANS CREEK RD W/S NC 27104	OWNER SAFETY TECH CONSULTANT			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JUNE 10	CHECK		06/27/2010	$ 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
James P. Beaty 125 Commerce Drive, Suite J. Fayetteville, Georgia 30214	OWNER	Kelsher Communications, Inc		$ 3,950.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			Video Production	10/01/2010	$ 3,950.00
☐					$
☐					$

4. Total only this Page	$ 4,550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,116.24

Contributions to be Reimbursed

Pg 1 of 1 | 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
HERRON for SHERIFF	ILQB 81

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)
JERRY HERRON 2060 SAPONI Village Ct WINSTON-SALEM, NC 27127	

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Office Supplies	07/10/2010	NO	$ 37.62

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)
JERRY HERRON 2060 SAPONI Village Ct WINSTON-SALEM, NC 27127	

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Bumper Stickers	07/26/2010	Yes	$ 109.99

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)

a. Contribution Description	b. Date (mm/dd.yyyy)	c. Credit Card Y/N	d. Amount
			$

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)

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			$

4. Total only this Page	$ 147.61
5. Total of ALL CRO-1215 Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 147.61

Disbursements

Pg 1 of 11 | 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
HARRON FOR SHERIFF	ICQB 81

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

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OFFICE DEPOT 7774 N. POINT BLVD W/S NC 27106		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 726.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA10	CHECK	K	07/13/2010	$ 111.81	Supplies
JWA10	CHECK	K	07/08/2010	$ 33.62	Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OFFICE DEPOT 1235 SILAS CREEK PKWY W/S NC 27127		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 862.98

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA10	CHECK	K	07/19/2010	$ 78.00	Supplies
JWA10	CHECK	K	07/27/2010	$ 65.54	Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OFFICE DEPOT 7774 N. POINT BLVD W/S NC 27106		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 960.99

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA10	CHECK	K	07/30/2010	$ 67.88	Supplies
JWA10	CHECK	K	09/24/2010	$ 23.13	Supplies

5. Total only this Page	$ 379.98
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)*	$ 12,096.73

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

 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
HARRIS FOR SHERIFF	ILQB 81

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
OFFICE DEPOT 592 HANES MALL BLVD W/S NC 27103	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 1,062.18

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA1D	CHECK	K	09/07/2010	$ 63.57	Supplies
JWA10	CHECK	K	09/12/2010	$ 37.62	SUPPLIES

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
OFFICE DEPOT 1235 SILAS CREEK PKWY W/S NC 27127	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 1,182.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA1D	CHECK	K	09/17/2010	$ 36.07	Supplies
JWA10	CHECK	K	09/14/2010	$ 84.05	SUPPLIES

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
THE CHRONICLE 617 N. LIBERTY ST W/S NC 27101	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 4.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA1D	CHECK	K	07/08/2010	$ 4.00	NEWSPAPERS
				$	

5. Total only this Page $ 225.34

6. Total of ALL CRO-1310 Pages $ 12,096.73

(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			

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

Disbursements

 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
HERRON FOR SHERIFF	ICQB81

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
IRC MERITA BAKERY OUTLET 101 POLO ROAD W/S NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 38.45

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JUPAID	CHECK	C	07/31/2010	$ 38.45	BREAD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SAM'S CLUB 930 HANES MALL BLVD WINSTON-SALEM, NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 269.68

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JUPAID	CHECK	C	07/31/2010	$ 44.50	PAPER SUPPLIES
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
IFA CHEFSMART #301 557 S. STRATFORD ROAD W/S, NC 27103	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 367.27

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JUPAID	CHECK	C	07/30/2010	$ 43.83	SUPPLIES
				$	

5. Total only this Page	$ 126.78
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)*	$ 12,096.73

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

 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
HERRON FOR SHERIFF	ICQB 81

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
STAPLES 2509 A LEWISVILLE COMMONS RD CLEMMONS NC 27012	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 40.93

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH ID	CHECK	K	10/12/2010	$ 40.93	Supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
OFFICE DEPOT 1235 SILAS CREEK PKWY W/S NC 27127	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,423.04

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH ID	CHECK	B	09/30/2010	$ 179.52	FLYERS
JWH ID	CHECK	K	09/22/2010	$ 61.22	Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VISTA PRINT ONLINE PURCHASE	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 335.59

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH ID	CHECK	K	09/09/2010	$ 86.98	BUSINESS CARDS
JWH ID	CHECK	K	08/19/2010	$ 130.46	BUSINESS CARDS

5. Total only this Page $ 499.11

6. Total of ALL CRO-1310 Pages $ 12,096.73

(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			

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

Disbursements

 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
HARRON FOR SHERIFF	ICQB 81

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
VISTA PRINT ONLINE PURCHASE	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 481.29

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH ID	CHECK	B	09/20/2010	$ 145.70	BUSINESS CARDS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CITIZENS P.A.C 1225 E. 5th Street WINSTON-SALEM, NC 27105	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH ID	CHECK	H	10/07/2010	$ 500.00	CAMPAIGN EXPENSE
JWH ID	CHECK	H	08/26/2010	$ 500.00	CAMPAIGN EXPENSE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TABERNACLE OF FAITH 1410 ATTUCKS STREET WINSTON-SALEM, NC 27105	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 105.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	B	10/08/2010	$ 105.00	AD IN BOOKLET
				$	

5. Total only this Page	$ 1250.70
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 12,096.73

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

 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
HERRON FOR SHERIFF	ICQB 81

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
5 STAR CAMPAIGNS 19 W. HARGETT ST. RALEIGH, NC 27601	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 450.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWAHO	CHECK	B	09/19/2010	$ 266.15	PALM CARDS
JWHLO	CHECK		09/19/2010	$ 184.60	POSTAGE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TICKET PRINTING.COM ON LINE	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 234.71

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWAHO	CHECK	B	06/26/2010	$ 234.71	RAFFLE TICKETS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TOMS HELP.COM LLC 1470 SOMERSET CROSSING-CANE KERNERSVILLE NC 27284	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 332.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWAHO	CHECK	M	08/26/200	$ 200.00	WEBSITE
				$	

5. Total only this Page	$ 885.46
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)*	$ 12,096.73

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

 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
HERRON FOR SHERIFF	ILQB 81

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
M+M ENGRAVING 216 S. MAIN ST W/S NC 27127	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,458.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH ID	CHECK	B	07/30/2010	$ 16.16	NAME STAMP
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
M+M ENGRAVING 216 S MAIN ST W/S NC 27127	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 4,502.89

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH ID	CHECK	B	09/22/2010	$ 1,346.88	YARD SIGNS
JWH ID	CHECK	B	10/13/2010	$ 1,697.06	YARD SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FAIRWAY ADVERTISING 1920 W. LEE STREET GREENSBORO NC 27403	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,045.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH ID	CHECK	A	09/28/2010	$ 1,045.00	BILL BOARDS
				$	

5. Total only this Page	$ 4105.10
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)*	$ 12,096.73

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

 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
HORTON FOR SHERIFF	ICQB81

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
FEDERAL EXPRESS / KINKO'S 232 S. SPRATFORD ROAD WS NC 27103	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 506.71

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	B	09/09/2010	$ 159.36	PALM CARDS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
JIM BURTON RAINBOW CATERING 4683 YADKINVILLE RD PFAFFTOWN, NC 27040	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 160.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	C	10/01/2010	$ 160.00	CHICKEN STEW
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WEST CENTRAL COMMUNITY CENTER YADKINVILLE ROAD VIENNA, NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	C	09/13/2010	$ 150.00	RENTAL FEE
				$	

5. Total only this Page	$ 469.36
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)*	$ 12,096.73

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

 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
HERRON FOR SHERIFF	ILQB 81

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

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DR. DON'S BUTTONS 3906 W. MORROW DRIVE GLENDALE, ARIZONA 85308		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 109.99

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWAID	CHECK	B	08/12/2010	$ 109.99	Bumper Stickers
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
KAEBER + BLAIR INCORPORATED 4236 GRISSOM DRIVE BATAVIA, OHIO 45103		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 170.67

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWAID	CHECK	C	08/28/2010	$ 170.67	BALLOONS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SURPLUS UNLIMITED 941 BREVARD ST WS, NC 27101		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 80.82

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWAID	CHECK	K	09/27/2010	$ 53.88	Office Chairs
JWAID	CHECK	K	10/11/2010	$ 26.94	Office Chair

5. Total only this Page $ 361.48

6. Total of ALL CRO-1310 Pages $ 12,096.73

(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			

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

Disbursements

 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
HERRON FOR SHERIFF	ECQB 81

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
BEST BUY 1980 GRIFFITH ROAD W/S NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2,812.24

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	C	08/13/2010	$ 2,812.24	55" FLAT SCREEN TV.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SUNRISE #2 CLEANERS 1249 W. CLEMMONSVILLE RD WINSTON-SALEM, NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 20.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	O	10/16/2010	$ 20.63	DRY CLEANING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TRUTH BROADCASTING 4405 PROVIDENCE LANE WINSTON-SALEM, NC 27106	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	A	09/30/2010	$ 300.00	RADIO SLOTS
				$	

5. Total only this Page	$ 3132.87
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)*	$ 12,096.73

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

Pg 11 of 11 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
HORROW FOR SHERIFF	ICQ 381

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
CITIZENS PAC 1225 E. 5TH STREET W/S NC 27105	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	H	09/15/2010	$ 500.00	CAMPAIGN EXPENSE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VISTA PRINT ONLINE PURCHASE	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 641.87

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWH10	CHECK	K	09/05/2010	$ 160.58	BUSINESS CARDS
				$	

4. Payee Information ☐ Add ☐ Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 660.58
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)*	$ 12,096.73

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Loan Proceeds

Pg 1 of 1 Amendment ☐ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)	2. ID Number
HERRION FOR SHERIFF	ILQB81

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)
Ralph MASON 531 Bennett Rd STONEVILLE, NC 27048	Retired			10/06/2010	

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	l. Full Name of Lending Institution	m. Loan Number
0 %	NONE	2WH10		$ 1,200.00		

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 $ 1,200.00
(This line must be on line 9 of Detailed Summary Page CRO-1100)