Amendment Disclosure Report Cover ▼ Yes 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 b. Mailing Address (include City, State and Zip Code) 401 Springhill Lane e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2010 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one categorial Candidate Campaign Party Municipal State/County Referendum ☐ PAC Organizational Referendum Organizational Organizational ■ Independent Expenditure ■ Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary Final First Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report ☐ Special Final Special 11. Account Information 11. Account Information

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 prohifted or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the FQ State Board of Elections.

ADNAID LANGE HAR I HAVE been trained by the MC State Board of Elections.

Signature of Appointed Treasurer Date

Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received Date Data Entered: Employee: 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.

CRO-1000

NC State Board of Elections

August 2008

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	THE RESIDENCE OF THE PARTY OF T	3. ID Number
Run Parrish for Sheriff	PIRST	PUARTER	adhen
. ,	PLUS I	Total this	Total this
Start of Election Cycle: January 1, 2010	2007	Reporting Perio	
4) Cash on Hand at Start		\$ \$	\$ Ø
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5,735.00	\$ 5,735.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 5,735,00	\$ 5,735.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1663.33	\$ 1663.33
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 200.00	\$ 200.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1863.33	\$ 1843.33
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 3871.6	1 \$ 3871.67
ADDITIONAL INFORMATION			NEW YORK ON THE PROPERTY OF THE PROPERTY OF THE
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
CRO-1100 NC State Boar	rd of Elections		August 2008

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Amendment

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	e city, state, & zip)			Retired				
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Amendment

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Graham,	NC 27253								
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Amendment |

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	oro, NC 27406			Powers Firearms	opecine rieid	-		
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Amendment

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	y Holt Rd.	33(2)	c. Employer's Nam	e/Specific Field		
Graham,	NC 27253	2518				
	1236) 224	1- 13.			e. Election	Sum to Date
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Amendment

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Amendment

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Alan Bai		***************************************						
605 Pebb	le Dr.			c. Employer's Name/	Specific Field			
Gibsonvi	lle, NC 27249			International Mir	nute Press			
	601) 20	0-4427				e. Election S	Sum to Date	
	(334) 2	10-4427				\$	300.00	
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Chet Jess	•					1		
	aker Chapel Rd.			c. Employer's Name/		-		
Pilot Mou	ıntain, NC 27041			State of North Ca	rolina			
	- (224)	374-5409				e. Election S	Sum to Date	
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	ral View Rd.			c. Employer's Name	/Specific Field			
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Pg 12 of 14

Yes

No

Contributions from Individuals

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Burlingto	on, NC 27215-973	2		c. Employer's Name/	Specific Field			
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	city, state, & zip)						3	
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Amendment

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		ividual contributions (and Fund if applica		O or contributions un	ider \$50 if form C	2. ID Nu	THE RESERVE OF THE PERSON NAMED IN	
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	on, NC 27215					-		
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5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5735°

Amendment

Disbursements No Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. 2. ID Number 1. Committee Full Name (and Fund if applicable) Kan Karrish for Sheriff **ad** HEN 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses Add 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE COUNTY BOARD OF c. Level Registered (Specify) S. MAPLE ST. Federal County: State Municipality: e. Election Sum to Date GRAHAM, NC 27253570-6755 677.00 g. Form of Payment h. Purpose Code f. Account Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks CHECK \$ Remove 4. Payee Information Add b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount \$ Add Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment \$ \$ 677.00 5. Total only this Page 6. Total of ALL CRO-1310 Pages 1,663.33 (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) D - To Another Candidate C* - Fundraising A* - Media B* - Printing H* - Holding Public Office Expenses G - Political Party E - Salaries F* - Equipment

I - Postage

O* - Other

J - Penalties

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

K* - Office Expenses

Q* - Donation to Legal Expense Fund

Pg 2 of Yes No

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

	Full Name (and Fun			The Name of Street			- 12 m N	North North
0 - 1	Parrish fa	Sherif	ç			1	Q D	Number HEN
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(include city, sta	te, & zip)							
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	n line 13c of Detailed Sum							
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I - Postage	J - Penalti			Office Expen				egal Expense Fund
O* Other				A STATE OF THE PARTY OF THE PAR				
* Codes requi	re detailed explanati	ion in required i	remark	field (k)				

No

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

	Full Name (and Fu				2. ID Number
- PART AND AND ADDRESS OF THE PART AND ADDRESS OF THE		heriff			QDTIEN
3. Type of Dish		ase use separate C	CRO-1310 forms for each	type of Disbursen	nent.)
Operating I	Expenses	Contributions to Car	ndidates/Political Committees		pordinated Party Expenditures
4. Payee Inform			Add	Remove	and the second s
	ing Address & Phone		b. Coordinated Committee	Vame	d. Comments
(include city, state,					
FAMILY AL	MSE STRUILE	3			
147 5.4	BUSE STRUILE EXINGTON A	H.	c. Level Registered (Specify))	
			Federal	County:	
BULLINGT	ON, NL 27		State	Municipality:	e Election Sum to Date
	(334) 224-	5982			\$ 100.00
f. Account Code	g. Form of Payment		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1			1 1		m redates remin in
	CHECK	U	03/06/2010	\$ 100.00	ADVERTISING
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	Control of the Contro	d. Comments
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GRAHAM	ROTALY CLU	В			
CMINIT	Monney con		c. Level Registered (Specify)		
GRAHAM	1,NZ 272	3	Federal	County:	
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L	CHELL	0	03/29/2010	\$ 125.50	ADVERTISING
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a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ате	d. Comments
(include city, state,	& zip)				
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				\$	
5. Total only thi	s Page			<u>.</u>	\$ 225.60
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	es (List detailed exp				
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I - Postage	F* - Equipment J - Penalties	G - Politica K* - Office	ai Party e Expenses		Public Office Expenses n to Legal Expense Fund
O* - Other		A - Ollico	Apvii000	Q - Dollation	to regat exhense buttu
* Codes require	e detailed explanati	on in required re	marks field (k)		
CDO 1210					

committees and coordinated party expenditures.

Disbursements	Pg	48	of	15	V	Yes	N
Use this form to report expenditures from the committee for; operating exp	enses.	contribution	s to	candida	te/politi	cal	

1. Committee Full Name (and Fund if applicable) 2. ID Number Kon Parrish by Sheriff OD41EN 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 b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RONALD L. PARRISH 401 SPRINGHILL LN GIBSONVILLE, NZ 27249 c. Level Registered (Specify) Federal County: State e. Election Sum to Date Municipality: g. Form of Payment (h. Purpose Code f. Account Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount REIMBURSEMENT FOR 01/18/2010 \$ 179.40 CLEDIT CARD PURCHASE FOR BUMPEL STICKERS 02/16/2010 \$200.35 FLAM GLAPHICSCAND. 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: \$ h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount \$ \$ Remove Add4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment \$ \$ 380.25 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) 1,663.33 (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) D - To Another Candidate C* - Fundraising A* - Media B* - Printing G - Political Party H* - Holding Public Office Expenses E - Salaries F* - Equipment Q* - Donation to Legal Expense Fund K* - Office Expenses J - Penalties I - Postage O* - Other * Codes require detailed explanation in required remarks field (k)

Amendment ✓ 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 (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 b. Coordinated Committee Name d. Comments (include city, state, & zip) ALAMANCE COUNTY DEMOCRATIC PARTY P.O. BOX 1607 BURLINGTON, NL 27216 c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: 200.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount CHAL 04/16/2010 200.00 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) County: Federal State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: ☐ State Municipality: e. Election Sum to Date k. Required Remarks f. Account Code h. Purpose Code i. Date (mm/dd/yyyy) j. Amount g. Form of Payment 5. Total only this Page \$ 200.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) 200.00 (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 C* - Fundraising D - To Another Candidate B* - Printing F* - Equipment G - Political Party H* - Holding Public Office Expenses E - Salaries

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* Other

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

Alamance County

BOARD OF ELECTIONS 115 South Maple Street Graham, North Carolina 27253 Tel. (336) 570-6755 FAX (336) 570-6757

N. Madison Wall II, Chairman Craig T. Thompson, Member Brenda W. Blount, Secretary Kathy H. Holland, Director

MEMO

To: All Campaign Finance Treasurers

From: Jeanette Grant, Campaign Finance

Date: May 21, 2010

Re: Audit of Campaign Finance Reports

We have recently completed the audit of all currently filed Campaign Finance Reports received by this office. Enclosed are copies of those reports with the highlighted corrections that should be made and an amended report filed with this office. Please notice that attached to these corrections is a **Campaign Report Discrepancies "Reply Required" letter**. This letter is required by the State Board of Elections to be sent to every treasurer if there are corrections to be made. Please submit the amended reports to our office no later than **June 1st**, **2010**. If there are any questions, please do not hesitate to contact our office at 336-570-6755.

Thank you!

Disclosure Report Cover			Amendment Yes No
Use this form for general report and com-		be signed and submitted alc	ong with other detailed forms.
Do not use this form to update informati	on.		
1. Committee Information			
a. Full Name			c. ID Number
Kon farrish to 81	priff		QD41EN
b. Mailing Address (include City, State and Zip	(Code)		d. Date Filed
401 Springhill Lane Gibsonville, NC			4/26/2010
GIBSUNVIlle, NC			e. Phone Number
**			(336) 449-3280
2. Report Year 3. Period Start Date (n	nm/dd/yy) 4. Period End		er Full Name
2010 01/01/2010	04/171	10 Robert	G. Drumwright
6. Type of Committee (Check One)		(check only one type of rep	
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendum	Organizational	Organizational	Organizational
☐ Independent Expenditure ☐ Joint Fundrais		Quarterly	Pre-referendum Final
Legal Expense Fund	Pre-primary Pre-election	First Second	Supplemental Final
7. Type of Fund (if applicable, check one		Third	Annual
Booster Fund	Semi-annual	Fourth	Special
☐ Building Fund	Mid Year	Semi-annual	L open.
	Year End	Mid Year	10. Special Report Name
Other:	☐ Final	Year End	A
8. Number of Fundraisers this Report	☐ Special	Final	
		☐ Special	
		The second secon	And the second s
11. Account Information	11.	Account Information	
a. Financial Institution Full Name		Account Information nancial Institution Full Name	
a. Financial Institution Full Name Sun Trust	a. Fi	nancial Institution Full Name	
a. Financial Institution Full Name Sun Trust b. Purpose c. Accou	a. Fi		c. Account Code
a. Financial Institution Full Name SUN TVUST b. Purpose CAMPAIGN ACCOUNT FOR AFCELL B	a. Fi	nancial Institution Full Name	c. Account Code
a. Financial Institution Full Name SUN TVUST b. Purpose CAMPAIGN ACCOUNT FOR ACCEPT 4	a. Fi	nancial Institution Full Name	c. Account Code d. Period Begin Balance
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a. Financial Institution Full Name SUN TVUST b. Purpose CAMPAIGN ACCOUNT FOR ACCEIPTS 4 d. Period \$ \$P\$	a. Fi int Code b. Pu d Begin Balance ompliance with all applicable	urpose e provisions of Article 22A, 22	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163
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a. Financial Institution Full Name SUN Trust b. Purpose CAMPAIGN ACCOUNT FOR ACCOUNT FOR ACCOUNT FOR ACCOUNT FOR ACCOUNT A. Period \$ Ø CERTIFICATION I certify that the Committee or Fund is in coof the NC General Statutes and that no fund	a. Fi ant Code b. Pu d Begin Balance ompliance with all applicable ds are commingled with prob	urpose e provisions of Article 22A, 22	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this
a. Financial Institution Full Name SUN TVUST b. Purpose CACCOUNT FOR ACCEPTS d. Period \$ P CERTIFICATION I certify that the Committee or Fund is in coof the NC General Statutes and that no function report is complete, true and correct and that HONAW L. FARLET	a. Fi ant Code b. Pt d Begin Balance ompliance with all applicable ds are commingled with prob t I have been trained by the	e provisions of Article 22A, 22 provisions of Article 22A, 22 provisions of Elections.	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163
a. Financial Institution Full Name SUN TVUST b. Purpose CAMPAIGN ACCOUNT FOR ACCOUNT FOR ACCOUNT CERTIFICATION I certify that the Committee or Fund is in coof the NC General Statutes and that no function from the NC General Statutes and that no function for the NC General Statutes and that the Committee of Fund is in coof the NC General Statutes and that no function for the NC General Statutes and that the Committee or Fund is in coof the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and that no function for the NC General Statutes and the NC General Statutes a	a. Fi ant Code b. Pt d Begin Balance ompliance with all applicable ds are commingled with prob t I have been trained by the	urpose e provisions of Article 22A, 22	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this
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CRO-1000

NC State Board of Elections

August 2008

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		3. ID Number
Ron Parrish for Sheriff		QUARTER	QDHEN
Start of Election Cycle: January 1, 20/0	rus 1	Total this	Total this
		Reporting Perio	
4) Cash on Hand at Start	Control of the Contro	\$	\$
RECEIPTS	(CD 0 120=		
5) Aggregated Contributions from Individuals	(CRO-1205)		\$
6) Contributions from Individuals	(CRO-1210)	3/132.00	\$ 5,735.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 5,735,00	\$ 5,735.00
<u>EXPENDITURES</u>		A STORY OF SHIP AND ASSESSMENT	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1663.33	\$ 1643.33
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 200.00	\$ 200.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 1863.33	s 1843.33
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)		1 \$ 3871.67
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
CRO-1100 NC State Boar	d of Elections	na du de production de la version de la vers	August 2008

		m Individuals	over \$5	Pg 0 or contributions und		14 O 1205 is n	Amendment Yes No ot used
Particular de la constitución de		(and Fund if applica		o or commons and		2. ID Nui	
	ish for Sheriff						QD41EN
3. Contr	ibutor Informatio	on		Add Re	move		
	ne, Mailing Address	& Phone		b. Job Title/Profession Retired		d. Commen	ts
John D. S	city, state, & zip)			Retired			
P.O. Box				c. Employer's Name/S	pecific Field]	
Eden, NO	27289-0590					a Flaction	Sum to Date
						\$	1500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	 Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
		Check			01/01/2	010	\$ 1500.00
							\$
							\$
3. Contr	ibutor Information	on		Add Re	move		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts
	city, state, & zip)			c. Employer's Name/S	pecific Field		
						e. Election	Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy		k. Amount
							\$
							\$
							\$
3. Contr	ibutor Information	on		Add Re	move		
ACCRECATE CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON NAMED	ne, Mailing Address			b. Job Title/Profession		d. Commen	its
(include	city, state, & zip)						
				c. Employer's Name/S	pecific Field		
						e. Election	Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
4. Tota	l only this Pag	re				\$	1500.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5735.00

						ndment	
Contributions from Individuals	Pg	2	of	14		Yes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if form	CRO	O 1205 is no	t used		

1. Comm	ittee Full Name	(and Fund if applica	ble)					2. ID Number			
	ish for Sheriff										
3. Contri	ibutor Informatio	on		Add		Rem	iove				
The state of the s	ne, Mailing Address	& Phone		The state of the s	Title/Prof	ession		d. Comment	ts		
	city, state, & zip)			Retired							
1057 Red	E. Johnson Ibird Ct										
The state of the state of	an, NC 27317			c. Empl	oyer's N	ame/Spe	cific Field				
								e. Election S	Sum to Date		
								\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	ription		j. Date (mm/dd/y	ууу)	k. Amount		
		Check 9292					1-10-2	010	\$	100.00	
									\$		
									\$		
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		n Individuals vidual contributions o	over \$50	Pg or contributions un			Amendment Yes ot used	No		
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Ron Parri	ish for Sheriff									
CAST BATASALANS	ibutor Informatio			Add Re	Remove					
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts			
Paula K.	city, state, & zip)			Telecommucator	Supervisor					
	rel Ridge Dr.									
Snow Car	mp, NC 27349			c. Employer's Name/S						
				County of Alamai	nce	Floring	4. D.4.			
						e. Election S				
						\$	500.00			
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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		m Individuals vidual contributions o	over \$50		Pg nder		14 D 1205 is no	Amendment Yes t used	□ No
and the second second second	The second secon	and Fund if applical					2. ID Num		
	ish for Sheriff		/						
3. Contri	ibutor Informatio	on		Add R	Remo	ove			
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(include	city, state, & zip)			Retired					
T.D. Wig	gins								
429 Bank				c. Employer's Name	/Spec	cific Field			
Graham,	NC 27253								
							e. Election St	um to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description		j. Date (mm/dd/yy	yy)	k. Amount	
		Check				01-17-2	010	\$	200.00
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5. Total of ALL CRO-1210 Pages

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	4 1	1.	C	To died de ale
Con	tribu	tions	irom	Individuals

						idment	
Contributions from Individuals	Pg	5	of	14		Yes	No
Use this form to report individual contributions over \$50 or contributions	unde	r \$50 if form	CRO	O 1205 is no	ot used		

1. Comm	ittee Full Name (and Fund if applical	ole)					2. ID Num	ber		
Ron Parri	ish for Sheriff			9							
3. Contri	butor Informatio	n		Add		Rem	ove				
a. Full Nan	ne, Mailing Address &	k Phone		b. Job T	itle/Prof	ession		d. Comments			
	city, state, & zip)										
Margaret						10	aiga Field				
1311 Pine	e Street NC 27302					ame/Spe r Repai	cific Field r				
wicoane,	110 21302			DOCIVI	MOWE	кераг		e. Election Su	ım to Date		
								\$ 10.00			
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A STATE OF THE STA	butor Informatio			Add		Rem	ove				
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		vidual contributions of	ver \$50	Pg or contributions und		0 1205 is no	of used	LI NO
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Ron Parri	sh for Sheriff							
3. Contri	butor Informatio)n		Add Re	move			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	is	
LANGUERR RELEASED	city, state, & zip)			Adm Asst				
Sherry P.								
	okhaven Drive			c. Employer's Name/Sp	pecific Field			
Greensbo	ro, NC 27406			Guilford Security		e. Election S	Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		Check			01/27/2	010	\$	100.00
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(include	city, state, & zip)			Security Officer				
	Breedlove							
	d Lineberry Rd.			c. Employer's Name/Sp	pecific Field			
Randlema	nn, NC 27317			Guilford Security		e. Election S	Sum to Date	
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	city, state, & zip)			Sales				
Joseph A.						-		
	vman Davis Rd.			c. Employer's Name/S	pecific Field	-		
Greensbo	ro, NC 27406			Powers Firearms		e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy		k. Amount	
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	of ALL CRO					· ·	57250	S

Amendment

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		m Individuals	0.5	Pg		of 14	Amendment Yes	No
		vidual contributions of and Fund if applica		or contributions und	ier \$50 ii iorm (2. ID No		
	rish for Sheriff	and I and II applied	Jie)			2, 20 1,		
ACCURATION DO NOTE OF	ributor Informatio	an .		Add □ Re	move			
	me, Mailing Address			b. Job Title/Profession		d. Comme	ents	
	e city, state, & zip)			Retired				
Virginia	Sykes cy Holt Rd.			c. Employer's Name/S	necific Field			
	NC 27253			et Employer 5 Tume 5	peemerica			
						e. Election	Sum to Date	
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March March Control	me, Mailing Address			b. Job Title/Profession	SEEVENNEAR - SEEVEN	d. Comme	ents	
				c. Employer's Name/S	pecific Field	a Election	Sum to Date	
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	form to report indi	ividual contributions (over \$50	0 or contributions und	er \$50 if form CR	O 1205 is not	t used
1. Comm		(and Fund if applica				2. ID Num	
Ron Parri	ish for Sheriff						
3. Contri	ibutor Informatio	on		Add Rer	nove		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	ı
	city, state, & zip)			Retired			
John D. S							
P.O. Box				c. Employer's Name/Sp	ecific Field		
Eden, NC	27289-0590					71 1 0	
						e. Election St	im to Date
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Amendment

			•			Amei	ıdment	1	
Contributions from Individuals		Pg	9	of	14		Yes		No
II 41.1. C 4	0.50	 -	000 :00	CD.	1005	. 1			

	form to report ind	ividual contributions	over \$50		rg unde	r \$50 if form CR	O 1205 is no	ot used	
		(and Fund if applica					2. ID Nun		
Ron Parr	ish for Sheriff								
3. Contr	ibutor Informati	on		Add 🔲	Rem	iove			
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	city, state, & zip)			Graham Furnitu	ire M	1 art			
Paul Crot									
	rel Ridge Dr.			c. Employer's Name	e/Spe	cific Field			
Show Ca	mp, NC 27349						e. Election S	um to Date	
							\$	400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
		Check				02/16/2	010	\$	400.00
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a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profess	ion		d. Comment	S	
(include	city, state, & zip)								
				c. Employer's Name	e/Spe	cific Field			
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(include	city, state, & zip)								
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		m Individuals	over \$50	or contri	Pg butions unde	of r \$50 if form CR	14 O 1205 is not	Amendment Yes t used	No No
		(and Fund if applica	STATE STREET,				2. ID Num		
Ron Parr	ish for Sheriff								
3. Contri	butor Informatio	on		Add	Rem	iove			
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	city, state, & zip)			Internat	tional Minute	e Press			
Alan Bail	-			P 1	1 N /C	.ie. Et.l.i			
605 Pebb	lle, NC 27249				yer's Name/Spe tional Minute				
GIOSOIIVI	110,110 27219			Internat	ilonal Ivillian	711033	e. Election St	um to Date	
							\$	300.00	1
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	g. recount cour	Check	1	and Descrip	, and a	02/19/20		\$	300.00
		Check				02/17/20			300.00
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	ne, Mailing Address &	& Phone			tle/Profession		d. Comments	ı	
Chet Jess	city, state, & zip)			Law En	forcement				
	aker Chapel Rd.			c. Employ	yer's Name/Spe	cific Field			
	intain, NC 27041				North Carol				
							e. Election St	um to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	
		Cash				02/18/20	010	\$	25.00
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(include	city, state, & zip)			1					
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		m Individuals		Pg			Amendmen Yes	t No
		ividual contributions of (and Fund if applica)	The Real Property lies	0 or contributions und	ler \$50 if form CR	O 1205 is n		
	rish for Sheriff	(ана Гана и арриса	<i>bic)</i>			2.10114	QD4IEN	
3. Contr	ibutor Informatio	on		Add Re	move			
THE RESIDENCE OF THE SECOND	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			Police Officer				
5419 NC	Nicholson			c. Employer's Name/S	necific Field	-		
	on, NC 27215			City of Graham	peeme raciu			
						e. Election	Sum to Date	
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Check			03/01/2	010	\$	1000.00
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3. Contr	ibutor Information	on		Add Re	move			
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(include	city, state, & zip)							
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				e zmproyer or miners				
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5. Total of ALL CRO-1210 Pages

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		n Individuals vidual contributions o	ver \$50	Pg) or contributions und			Amendment Yes ot used	☐ No
and the same of the same		and Fund if applical				2. ID Nur	And the latest territories and the latest territ	
Ron Parri	sh for Sheriff						QD4IEN	
3. Contri	butor Informatio)n		Add Re	move			
	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
(include day H. F	city, state, & zip)			Retired				
•	al View Rd.			c. Employer's Name/S	pecific Field			
Liberty, N								
						e. Election S	Sum to Date	
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		Check			04/11/2	010	\$	25.00
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	city, state, & zip)			Ratinad				
Jeanne W 623 Johns				Retired c. Employer's Name/S	necific Field			
	NC 27253							
						e. Election S	Sum to Date	
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		Check			04/11/2	010	\$	50.00
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3. Contri	butor Informatio	n		Add Re	move			
	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
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Anna Ger 120 West				c. Employer's Name/Sp	pecific Field			
Elon, NC								
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		Check			04/11/2	010	\$	100.00
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5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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Cor	itrih	ution	s from	Indiv	vidua	G
V.UI			9 111 471111	BERGER		

				Ame	ndment	
Pg	13	of	1+		Yes	No

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

1. Comm	ittee Full Name (and Fund if applical	ble)			2. ID Num	ber	
Ron Parri	sh for Sheriff						QD4IEN	
3. Contri	butor Informatio	on		Add Rei	move			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Retired				
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3714 Lut	ner Ct. on, NC 27215-973	2		c. Employer's Name/Sp	ecific Field			
Durmigio	m, 110 27213 773.	-						
						e. Election St	ım to Date	
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		T	T		1. 0. (/11/			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy		k. Amount	22.00
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3. Contri	butor Informatio	on		Add Rei	move			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
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Pg	14	of	14		Yes	No

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

1. Comm	ittee Full Name (and Fund if applica	ble)					2. ID Num	ber	
Ron Parri	sh for Sheriff		QD4IEN							
3. Contri	butor Informatio	on		Add		Rem	ove			
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	city, state, & zip)			Office	Manag	er				
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2511 Not	-			c. Emple	oyer's Na	me/Spe	cific Field			
Burlingto	n, NC 27215							- Flording Co	m to Data	
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Disburseme	ents			Pg		1	of _	5	Yes		No
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.											
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	ull Name (and Fund							-	2. ID Numb		
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Operating E				ates/Political Committees	VDE				Party Expenditu	res	
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	ng Address & Phone		b.	Coordinated Committee N	ame			d. Com	ments		
(include city, state,	& zip)										
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GRAHITIN	1, NC 2725							\$			
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A* - Media	B* - Printing	C* - Fund				D - To	Anothe	er Candio	late		
E - Salaries	F* - Equipment	G - Politic	cal I	Party					Office Expens		
I - Postage O* - Other	J - Penalties	K* - Offic	ce E	Expenses		Q* - D	onation	to Leg	al Expense F	nua	
The second secon	a datailed evalanat	ion in required r	em	arks field (k)							

Amendment

Disbursements

	0		./	Amendment	
Pg	2	of	7	☐ 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 F	Full Name (and Fun	d if applicable)				2. ID Number			
	arrish fa	sherif	f			QD41EN			
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									
	failing Address & Ph	ione		b. Coordinat	ed Committee Name	e d. Comments			
(include city, state,	(include city, state, & zip) INTERNATIONAL MINUTE PRESS ILY3-F ST. MARKS CHURCH PD BURLINGTON, NL 2721S C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date								
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1143-1-0	T. MITAR CHI	uch H		☐ Federal	County:				
BULLING	TON NC 21	215		☐ State	☐ Municipa	ality: e. Election Sum to Date			
		•				\$			
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	CHECK	B	03/2	25/2010	\$ 79.79	PRINTING ENVELOPES			
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	ling Address & Phone			b. Coordinat	ed Committee Name	e d. Comments			
(include city, sta	te, & zip)								
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(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 O* Other	J - Penalti	es	K* - O	ffice Expen	ses Q* - Do	onation to Legal Expense Fund			
	e detailed explanati	ion in required r	emarks	field (k)					
	C trousers	IOII III	CALLET	11010					

Pg 3 of 5 Amendment 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		
Kon Yarrish for Sheriff							4D4IEN		
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									
a. Full Name, M	a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments								
(include city, state, & zip) ALAMANCE COUNTY DEPOCRATE PARTY P.O. BOX 1607 BURLINGTON, NC 27216 C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date									
BURLING	ality:	e. Election Sum to Date							
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	CHECK	G	0411	6 12010	\$ 200.00				
					\$				
4. Payee Inforn	nation	STATE OF THE PARTY OF		Add	Remove		Bullion Committee		
	ing Address & Phone			b. Coordinat	ed Committee Nam	e	d. Comments		
(include city, sta	te, & zip)			c. Level Regi	stered (Specify) County: Municipa	ality:	e. Election Sum to Date		
f. Account Code	a Form of Dayman	h Duwnasa Coda	l. D. t. ((1)1/>	I	l. n	\$		
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4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments									
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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 O* Other * Codes require detailed explanation in required remarks field (k)									

	report expenditures coordinated party ex		ee for	r; operating expe	enses,	contributions to c	andida	nte/political		
	ull Name (and Fun		2. ID Number							
			QDYIEN							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)										
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BURLINGTON, NL 27215						Municipality:	e. Ele	ction Sum to Date		
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(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							nother Candidate			
E - Salaries		cal Party H* - Holdin			ng Public Office Expenses					
I - Postage	J - Penalties	K* - Offic	ce Ex	penses		Q* - Donation	n to Le	egal Expense Fund		
O* - Other	a detailed avalence	ion in roquired w	omor	ke field (b)						
* Codes require detailed explanation in required remarks field (k)										

Amendment

			ee 1	for; operating expenses,	, co	ontributions to o	candio	nate/political	
	coordinated party ex ull Name (and Fun		78103					2. ID Number	
A 11				ODHEN					
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YOU SORING	HILL LN		c.	Level Registered (Specify)			1		
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O* - Other									
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Amendment