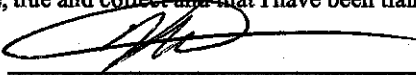


Disclosure Report Cover

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		c. ID Number	
a. Full Name COMMITTEE TO ELECT WHITE FOR SHERIFF			
b. Mailing Address (include City, State and Zip Code) P.O. BOX 283 BURLINGTON, NC 27216		d. Date Filed 01/06/2023	
		e. Phone Number	
2. Report Year 2022	3. Period Start Date (mm/dd/yy) 07/01/2022	4. Period End Date (mm/dd/yy) 10/22/2022	5. Treasurer Full Name KELLY WHITE
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
3. Account Information		3. Account Information	
a. Financial Institution Full Name TRUIST BANK		a. Financial Institution Full Name	
b. Purpose FO RECEIPTS AND EXPENSES	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1,356.16		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board			
<u>Kelly White</u> Printed Name of Signer		 Signature of Appointed Treasurer	<u>01/06/2023</u> Date
FOR OFFICE USE ONLY			
Date Received: <u>1-6-23</u>	Employee: <u>JS</u>	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned: <u>1-20-23</u>	Employee: <u>JS</u>	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered: _____	Employee: _____		
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

JAN 07 2023
 December 2007

ALAMANCE COUNTY
 BOARD OF ELECTIONS

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/06/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/08/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/01/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/19/2022	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/06/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/11/2022	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/20/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/08/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/20/2022	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/31/2022	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/20/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/16/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/03/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/19/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/22/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/11/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/08/2022	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		10/19/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/06/2022	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/06/2022	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		10/12/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/05/2022	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/21/2022	\$ 50.00
4. Total only this Page				\$	\$665.00
5. Total of ALL CRO-1205 Pages				\$	\$2,809.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Page 3 of 5

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/18/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/01/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/22/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/11/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/10/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/05/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/06/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		07/17/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		10/11/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/31/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/03/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/28/2022	\$	18.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/17/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/28/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/28/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/28/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/28/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/12/2022	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/11/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/28/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/05/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/11/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/29/2022	\$	50.00
4. Total only this Page					\$	\$693.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$2,809.00

Aggregated Contributions from IndividualsPage 5 of 5Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	Credit Card		09/06/2022	\$ 50.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 50.00	
5. Total of ALL CRO-1205 Pages					\$ 2,809.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
IAN BALTUTIS 702 WE DAVIS STREET BURLINGTON, NC 27215				MANAGER		
				c. Employer's Name/Specific Field		
				THE VIBRATION SOLUTION LLC		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/21/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
B. SUSAN BAUER 3852 WESLEY CT BURLINGTON, NC 27215				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/16/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
FRANK BAUMGARTNER 1202 BAYBERRY DRIVE CHAPEL HILL, NC 27517				PROFESSOR		
				c. Employer's Name/Specific Field		
				UNC CHAPEL HILL		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		08/27/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEFF BLUM 425 RIVERSIDE DRIVE APT 6K NEW YORK, NY 10025			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		08/12/2022	\$ 150.00	
<input type="checkbox"/>	1	Credit Card		08/31/2022	\$ 250.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
OLIVIA BOWLER 2409 PERKINS ROAD DURHAM, NC 27705			DIRECTOR OF COMMUNICATIONS			
			c. Employer's Name/Specific Field			
			HABITAT FOR HUMANITY		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		08/24/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN BOWMAN 311 WATTS STREET DURHAM, NC 27701			ATTORNEY			
			c. Employer's Name/Specific Field			
			MAXWELL FREEMAN & BOWMAN PA		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/06/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 900.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DELSIE BRYANT 731 N. MARYE DRIVE GRAHAM, NC 27253				SELF EMPLOYED		
				c. Employer's Name/Specific Field		
				WISDOM OF GLORY BEAUTY SALON		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		09/26/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ROBERT BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215				NOT EMPLOYEED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYEED		e. Election Sum to Date
						\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/23/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DON CHAPLIN 2602 EDGEWOOD DRIVE BURLINGTON, NC 27215				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/08/2022	\$ 100.00	
<input type="checkbox"/>	1	Check		10/16/2022	\$ 100.00	
<input type="checkbox"/>					\$	
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)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
EMILY COWARD 2212 WEST CLUB BLVD DURHAM, NC 27705				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit Card		09/06/2022	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MAJORIE COWARD 509 VALLEYSHIRE ROAD DURHAM, NC 27707				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit Card		09/06/2022	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ADENIKE DAWKINS 4340 CLOVELLY DRIVE GREENSBORO, NC 27406				SCHOOL COUNSELOR			
				c. Employer's Name/Specific Field			
				GUILFORD COUNTY		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit Card		10/13/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ROSA FULMORE 112 IVEY ROAD GRAHAM, NC 27253				CNA		
				c. Employer's Name/Specific Field		
				RALPH SCOTT		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		07/17/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SARAH GARRETT 1803 BROADWAY DRIVE GRAHAM, NC 27253				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/19/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JILL GERRINGER 3246 Van Drive BURLINGTON, NC 27215				Branch Director		
				c. Employer's Name/Specific Field		
				Advanced Home Health		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/20/2022	\$ 50.00	
<input type="checkbox"/>	1	Credit Card		08/20/2022	\$ 50.00	
<input type="checkbox"/>	1	Credit Card		09/20/2022	\$ 50.00	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LINDA GUPTON 2224 MATHIS TRAIL BURLINGTON, NC 27217			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		10/17/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DIANE HEATH 3027 Maple Ave. E1 Burlington, NC 27215			FINANCE			
			c. Employer's Name/Specific Field			
			AUTHORA CARE COLLECTIVE		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/09/2022	\$ 50.00	
<input type="checkbox"/>	1	Credit Card		10/17/2022	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHRIS HEAVENER 1405 ALABAMA AVE DURHAM, NC 27705			CONSULTANT			
			c. Employer's Name/Specific Field			
			THE HEAVENER COMPANY		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/06/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHESTER HONEYCUTT 2967 MAPLE AVE BURLINGTON, NC 27215				NOT EMPLOYED		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/17/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DABNEY HOPKINS 1700 SPRUNT AVE DURHAM, NC 27705				TEACHER		
				c. Employer's Name/Specific Field DURHAM PUBLIC SCHOOLS		
				e. Election Sum to Date		
				\$		175.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/04/2022	\$ 175.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHANNON HOWELL 1027 NEW HOPE ROAD HERTFORD, NC 27944				NOT EMPLOYED		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		08/29/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TIFANNIE JACKSON PO BOX 236 SAXAPAHAW, NC 27340				DESIGNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				NOT EMPLOYED		
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/28/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RACHEL KARASIK 2415 WEST CLUB BLVD DURHAM, NC 27705				STUDENT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				DUKE UNIVERSITY		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		08/31/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BRIAN KENNEDY 654 Spanish Oak Rd ELON, NC 27244				CONSULTANT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				NOT EMPLOYED		
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/08/2022	\$ 400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TANYA KLINE 1211 Brookview Drive ELON, NC 27244			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/17/2022	\$ 100.00	
<input type="checkbox"/>	1	Credit Card		09/05/2022	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DANIEL KUHN 806 SUDBURY COURT ELON, NC 27244			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/02/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CATHY LAMB 2507 Ashley Pl BURLINGTON, NC 27215			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/04/2022	\$ 100.00	
<input type="checkbox"/>	1	Check		09/27/2022	\$ 250.00	
<input type="checkbox"/>					\$	
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)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
SANDRA LAWSON 1348 HANFORD HILLS RD GRAHAM, NC 27253				DAY CENTER OPERATOR		
				c. Employer's Name/Specific Field LAWSONS PRESCHOOL		
				e. Election Sum to Date		
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/19/2022	\$ 500.00	
<input type="checkbox"/>	1	Check		09/20/2022	\$ 500.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
PAT LEFTWICH 2352 GRAND OAKS BLVD BURLINGTON, NC 27215				SR MANAGER		
				c. Employer's Name/Specific Field SALESFORCE		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/11/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
MARY LONGHILL 8719 LINDLEY MILL ROAD SNOW CAMP, NC 27349				NOT EMPLOYED		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		10/11/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RONALD MACHEN 1875 PENNSYLVANIA AVE NW WASHINGTON, DC 20006			ATTORNEY			
			c. Employer's Name/Specific Field			
			WILMERHALE		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/13/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELAINE MALONE 1262 QUANDARY LAKE LANE GRAHAM, NC 27253			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		07/07/2022	\$ 80.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT MARTIN 113 OLD WELL DR. ELON, NC 27244 (336) 512-9859			ATTORNEY			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/06/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 680.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JULIE MOONEY 1604 WOODBURN ROAD DURHAM, NC 27705			NONPROFIT MANAGER			
			c. Employer's Name/Specific Field			
			MDC		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		08/28/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARCIA MOREY 2 MIDDLESBOROUGH CT DURHAM, NC 27705			STATE HOUSE LAWYER			
			c. Employer's Name/Specific Field			
			STATE OF NORTH CAROLINA		e. Election Sum to Date	
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/02/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID MURRAY 6319 OLMI LANDRITH DRIVE ALEXANDRIA, VA 22307			DIRECTOR			
			c. Employer's Name/Specific Field			
			MDVSEIA		e. Election Sum to Date	
				\$ 2,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		10/01/2022	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
OMEGA POTEAT 310 MALLARD CREEK DR. GRAHAM, NC 27253			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/19/2022	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHAKEREAL RICE 304 KINGSWOOD BLVD ELIZABETH CITY, NC 27909			PROPERTY MANAGER			
			c. Employer's Name/Specific Field			
			GREYSTONE MANAGEMENT		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/20/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
K RINGELBERG 202 N. SEVENTH STREET MEBANE, NC 27302			PROFESSOR			
			c. Employer's Name/Specific Field			
			ELON UNIVERSITY		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/31/2022	\$ 25.00	
<input type="checkbox"/>	1	Credit Card		08/28/2022	\$ 50.00	
<input type="checkbox"/>	1	Credit Card		09/30/2022	\$ 50.00	
4. Total only this Page					\$ 525.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
STEVE SCHEWEL 2101 W CLUB BLVD DURHAM, NC 27705				PROFESSOR		
				c. Employer's Name/Specific Field		
				DUKE UNIVERSITY		
				e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		08/11/2022	\$ 250.00	
<input type="checkbox"/>	1	Credit Card		09/06/2022	\$ 250.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MAB SEGREST 403 S RIVERDALE DR DURHAM, NC 27712				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/15/2022	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
HEMANG SHAH 4107 DUNLEVY COURT BURLINGTON, NC 27215				HEALTH CARE		
				c. Employer's Name/Specific Field		
				PRIVATE DIAGNOSTIC CLINIC PLLC		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		10/17/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 675.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 28,420.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELIZABETH SIMONS 383 WALSH ROAD ATHERTON, CA 94027			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
		\$ 5,600.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		10/04/2022	\$ 5,600.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEFFREY SMYTHE PO BOX 1742 BURLINGTON, NC 27216			DIRECTOR			
			c. Employer's Name/Specific Field			
			NC DOJ		e. Election Sum to Date	
		\$ 500.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/27/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM STANFIELD 1530 MOGANTOWN RD BURLINGTON, NC 27217			ARCHITECH			
			c. Employer's Name/Specific Field			
			GOODE VAN SLYKE		e. Election Sum to Date	
		\$ 100.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		09/10/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 6,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ALGENE TARPLEY 1434 N NC HIGHWAY 40 BURLINGTON, NC 27217				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/06/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PATTY TEMPLES 1214 BROOKVIEW DRIVE GIBSONVILLE, NC 27249				SENIOR ACCOUNT EXECUTIVE		
				c. Employer's Name/Specific Field		
				OLD REPUBLIC HOME PROTECTION		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/08/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WILLIAM TRAYNOR 5768 CHURCH ROAD GRAHAM, NC 27253				SELF EMPLOYED		
				c. Employer's Name/Specific Field		
				TRUSTED SPACE PARTNERS		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/23/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 28,420.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHARLES WILSON 100 ULVERSTON DRIVE HOLLY SPRINGS, NC 27540				NOT EMPLOYED		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/20/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TIMOTHY WOODY 6850 FLYWAY RUN BURLINGTON, NC 27217				CONSULTANT		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/18/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 28,420.00	

Other Receipt Sources

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
DEMOCRATIC WOMEN OF ALAMANCE COUNTY PO BOX 1815 BURLINGTON, NC 27216			c. Outside Source Explanation		
					e. Election Sum to Date
					\$ 750.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/06/2022	\$ 750.00	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
JOHNSON CHAPEL AME CHURCH 431 Woodlawn Rd MEBANE, NC 27302			c. Outside Source Explanation		
					e. Election Sum to Date
					\$ 0.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/20/2022	\$ 100.00	
				\$	
5. Total only this Page				\$ 850.00	
6. Total of ALL CRO-1250 Pages				\$ 850.00	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

Amendment

Pg 1 of 9 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) COMMITTEE TO ELECT WHITE FOR SHERIFF						2. ID Number																
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 7MAG DESIGNS 1914 PORTER HILL DRIVE WHITSETT, NC 27377 (336) 539-5833				b. Coordinated Committee Name		d. Comments																
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																		
				e. Election Sum to Date \$ 255.00																		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																	
1	Debit Card	O	09/18/2022	\$ 255.00	SHIRTS																	
				\$																		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACTBLUE 366 SUMMER STREET SOMERVILLE, MA 02144				b. Coordinated Committee Name		d. Comments																
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																		
				e. Election Sum to Date \$ 1,035.07																		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																	
1	Electric Funds Tran	O	07/01/2022	\$ 12.10	SERVICE FEE																	
1	Debit Card	O	07/16/2022	\$ 750.00	PURCHASE OF VOTEBUILDER																	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACTBLUE 366 SUMMER STREET SOMERVILLE, MA 02144				b. Coordinated Committee Name		d. Comments																
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																		
				e. Election Sum to Date \$ 1,035.07																		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																	
1	Electric Funds Tran	O	08/01/2022	\$ 41.83	SERVICE FEE																	
1	Electric Funds Tran	O	09/01/2022	\$ 89.13	SERVICE FEE																	
5. Total only this Page						\$ 1,148.06																
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 16,313.85																
7. Purpose Codes (List detailed expenditure code in (h.) above)																						
<table border="0"> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* Other</td> </tr> </table>							A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses	I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	O* Other			
A* - 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

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

1. Committee Full Name (and Fund if applicable)							2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF								
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>								
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures								
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove								
a. Full Name, Mailing Address & Phone (include city, state, & zip) AMAZON 410 TERRY AVEN SEATTLE, WA 98109				b. Coordinated Committee Name		d. Comments		
				c. Level Registered (Specify)				
				<input type="checkbox"/> Federal <input type="checkbox"/> County:				
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date		
						\$ 1,332.08		
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks
1		Debit Card	O	07/27/2022		\$ 138.76		SIGN STANDS
1		Debit Card	O	08/16/2022		\$ 138.76		SIGN STANDS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove								
a. Full Name, Mailing Address & Phone (include city, state, & zip) AMAZON 410 TERRY AVEN SEATTLE, WA 98109				b. Coordinated Committee Name		d. Comments		
				c. Level Registered (Specify)				
				<input type="checkbox"/> Federal <input type="checkbox"/> County:				
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date		
						\$ 1,332.08		
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks
1		Debit Card	O	09/01/2022		\$ 138.76		SIGNS STANDS
1		Debit Card	O	09/12/2022		\$ 74.71		SIGN STANDS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove								
a. Full Name, Mailing Address & Phone (include city, state, & zip) AMAZON 410 TERRY AVEN SEATTLE, WA 98109				b. Coordinated Committee Name		d. Comments		
				c. Level Registered (Specify)				
				<input type="checkbox"/> Federal <input type="checkbox"/> County:				
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date		
						\$ 1,332.08		
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks
1		Debit Card	O	09/12/2022		\$ 133.43		SIGN STANDS
1		Debit Card	O	09/12/2022		\$ 152.10		SIGN STANDS
5. Total only this Page							\$ 776.52	
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)							\$ 16,313.85	
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

Pg 5 of 9 [X] Yes [] No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
BULLZEYE SIGN & GRAPHICS 232 N MAIN STREET BURLINGTON, NC 27217 (336) 221-8188						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 538.02
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	09/19/2022	\$ 538.02	4X6 SIGNS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
CLAY STREET PRINTING & SIGNS 124 WEST CLAY STREET MEBANE, NC 27302						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 292.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	09/23/2022	\$ 292.50	POST CARDS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
ANTHONY CRIDER 703 BROOKFIELD DR GIBSONVILLE, NC 27249						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 255.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	07/27/2022	\$ 255.00	CAMPAIGN HEADSHOTS AND PHOTOS	
				\$		
5. Total only this Page						\$ 1,085.52
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 16,313.85
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

Pg 7 of 9 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
ALISA MOORE-WOODS 1648 FARNINGHAM LA BURLINGTON, NC 27215						
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						
				e. Election Sum to Date		\$ 625.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	E	10/02/2022	\$ 625.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SQUARESPACE, LLC 225 VARICK STREET, 12TH FLOOR NEW YORK, NY 10014						
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						
				e. Election Sum to Date		\$ 38.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	10/21/2022	\$ 19.00	WEBSITE	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
UNITED STATES POSTAL SERVICE 405 MAPLE STREET BURLINGTON, NC 27215 (800) 275-8777						
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						
				e. Election Sum to Date		\$ 1,681.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	08/23/2022	\$ 83.00	POST OFFICE BOX	
1	Debit Card	O	10/05/2022	\$ 600.00	POSTAGE STAMPS	
5. Total only this Page						\$ 1,327.00
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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 16,313.85
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

Pg 9 of 9 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) COMMITTEE TO ELECT WHITE FOR SHERIFF						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTA PRINT 275 WYMAN STREET WALTHAM, MA 02451				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 6,148.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	09/19/2022	\$ 662.02	YARD SIGNS		
1	Debit Card	O	10/06/2022	\$ 765.12	SIGN STANDS		
5. Total only this Page						\$ 1,427.14	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 16,313.85	
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)							

CRO-1310

NC State Board of Elections

December 2009