Amendment

Disclosure Report Cover

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

1. Committee Ir	nformation								
a. Full Name								<del></del>	c. ID Number
COMMITTEE	TO ELECT W	HITE FOR SH	ERIFF						·
b. Mailing Addre	ess (include Ci	ty, State and Zi <sub>l</sub>	Code)						d. Date Filed
P.O. BOX 283 BURLINGTON	N, NC 27216			•	•				01/06/2023
									e. Phone Number
2. Report Year	3. Period Star	t Date (mm/dd/	( <b>y</b> )	4. Period	End Da	te (m m	/dd/yy)	5. Treasur	er Full Name
2022 07/01/2022			10/22/2022 KELLY W			/HITE			
6. Type of Com				e of Repor	t (ci			type of rep	ort from one category)
X Candidate Can		•	Munic			<u> </u>	County		Referendum
Joint Fundrais	_			Organizatio			ganizatio	nal	Organizational
Referendum		al Expense Fund		Thirty-five		C <sub>u</sub>	arterly		Pre-referendum
7. Type of Fund Booster Fund	(if applicab	le, check one)		Pre-primar		片	First Second		Final Supplemental Final
Building Fund	r			Pre-election Pre-runoff	1		Third		Supplemental Final Annual
	lection Year Can	didates Fund	╚	Semi-annua	1		Fourth		Special
				Mid Ye	=	_	ni-annua	1	Theories
NC Public Campaign Financing Fund				Year E	-		Mid Ye	_	10. Special Report Name
Other:				Final		lĦ	Year E		10. Special Report Haine
8. Number of Fundraisers this Report				Special	:	Fin	ıal		` •
0				Special					
3. Account Information 3. Account Information									
a. Financial Institution Full Name					a. Fina	ncial Ir	stitutio	n Full Nam	e
TRUIST BANK	ζ		·						
b. Purpose		c. Account Cod	e b. Purpose		юse			c. Account Code	
FO RECEIPTS EXPENSES	AND		1						
		d. Period Begin	Balan	ce					d. Period Begin Balance
		\$		1,356.16					\$
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									
Kella	White "		•		<del>/ fr</del>				01/06/2023
Pı	rinted Name of S	igner	•	Sign	ature of	Appoin	ted Treas	surer	Date
FOR OFFICE U	SEONLY		,						
Date Receive	ed:	-6-23		Emplo	yee:	II			<u>very Method</u> Normal Mail
Date Postma	rked:			Emplo	yee: _		· · · · ·		Registered Mail Hand Delivered
Date Scanne	d: <u>/-</u>	20-23		Employ	yee: _	41		. 🗖	Electronically Filed
Date Data Er	itered:		<del>_</del>	Emplo	yee: _				Signer has not received mandatory training
Please Not	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 ECEIVED								
Y		d the Statement				-			A DESTRUMENT OF SECURITY CASES.

CRO-1000

JAN () December 2007

Amendment

Aggregated Contributions from Individuals Page 1 of 5 X Yes No

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

1. Committe	1. Committee Full Name (and Fund if applicable) 2. 1D Number									
COMMITTI	EE TO ELECT W	HITE FOR SHERIF	F							
3. Contribute	or Information	<del> </del>	· · · · · · · · · · · · · · · · · · ·		Ļ		<del></del>			
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	l/yyyy)	f. Amount				
☐ Add ☐ Remove	1	Credit Card		09/06/202	22	\$	25.00			
Add Remove	1	Credit Card		07/08/202	22	\$	25.00			
Add Remove	1	Check		10/01/202	22	\$	25.00			
Add Remove	1	Credit Card		08/19/202	22	\$	10.00			
☐ Add ☐ Remove	1	Credit Card		07/06/202	22	\$	50.00			
Add Remove	1	Credit Card		07/11/202	22	\$	10.00			
Add Remove	1	Check		08/20/202	22	\$	25.00			
Add Remove	1	Credit Card	,	09/08/2022		\$	50.00			
Add Remove	1	Credit Card		08/20/2022		\$	5.00			
☐ Add ☐ Remove	1	Credit Card		08/31/2022		\$	5.00			
Add Remove	1	Credit Card		07/20/2022		\$	50.00			
☐ Add ☐ Remove	1	Check		07/16/2022		\$	25.00			
☐ Add ☐ Remove	1	Credit Card		07/03/202	07/03/2022		25.00			
Add Remove	1	Credit Card		08/19/202	08/19/2022		50.00			
☐ Add ☐ Remove	1	Credit Card		09/22/202	2	\$	50.00			
Add Remove	1	Check		07/11/202	2	\$	50.00			
Add Remove	1	Credit Card		09/08/202	2	\$	20.00			
Add Remove	1	Credit Card		10/19/202	10/19/2022		25.00			
Add Remove	1	Credit Card		08/06/202	08/06/2022		5.00			
Add Remove	1	Credit Card		07/06/202	07/06/2022		15.00			
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Add Remove	1	Credit Card		07/21/202	2	\$	50.00			
	ly this Page				\$		\$665.00			
	ALL CRO-12				\$		2,809.00			
(This line mi CRO-1205	ist be on line 5 of De	tailed Summary Page C	CRO-1100)  C State Board of Elections	1	-		April 2007			

Amendment

Aggregated Contributions from Individuals Page 3 of 5 No

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

Remove	25.00
Add	25.00
Add	25.00
□ Remove         1         Credit Card         09/01/2022         \$           □ Add         1         Credit Card         09/01/2022         \$           □ Add         1         Credit Card         09/11/2022         \$           □ Add         1         Credit Card         09/11/2022         \$           □ Add         1         Credit Card         09/10/2022         \$           □ Add         1         Credit Card         09/05/2022         \$           □ Add         1         Credit Card         09/06/2022         \$           □ Add         1         Credit Card         09/06/2022         \$           □ Add         1         Credit Card         10/11/2022         \$           □ Add         1         Credit Card         08/31/2022         \$           □ Add         1         Credit Card         08/31/2022         \$           □ Add         1         Credit Card         08/28/2022         \$           □ Add         1         Credit Card         07/17/2022         \$           □ Add         1         Credit Card         07/17/2022         \$           □ Add         1         Credit Card         09/28/2022         \$<	25.00
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(This line must be on line 5 of Detailed Summary Page CRO-1100)	ril 2007

	<del></del>	Fund if applicable) HITE FOR SHERIF	F		2.107	Number	
3. Contribu	tor Information					· · · · ·	
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/de	d/yyyy)	f. Amount	ì
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4. Total o	nly this Page				\$		\$5
Ĭ	f ALL CRO-12 nust be on line 5 of D	205 Pages Setailed Summary Page	CRO-1100)		\$		\$2,80
CRO-1205	<del>1 - i - i - i </del>	N	C State Board of Elections	······································			Apr
CRU-1203		14	C State Board of Elections				

					Amendme	ent
Contributions from Individuals	Pg	2	of	34	X Yes	□ No
Use this form to report individual contributions over \$50 or contributio	ns und	er \$50	if for	rm CRO 120:	5 is not use	d

1. Com	mittee Full Name		2. ID Number						
COMM	MITTEE TO ELEC	CT WHITE FOR SHI	ERIFF						
	ributor Informati			Add 🔲 R	emove				
	lame, Mailing Ado			b. Job Title/Profession			d. Comments		
	de city, state, & z	lp)		MANAGER					
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	AN BAUER ESLEY CT			c. Employer's	Name/Specific Field				
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	de city, state, & zi	<u> </u>		PROFESSO	ł.				
	C BAUMGARTN AYBERRY DRIV			c. Employer's	Name/Specific Field				
	EL HILL, NC 27:			UNC CHAP	EL HILL				
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	d only this Pag					\$	300.0	0	
	al of ALL CRO	D-1210 Pages S of Detailed Summary P	age CRO-1100)			\$	28,420.0	0	

				Amendm	ent
Pg	4	of	34	X Yes	☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT WHITE FOR SHERIFF 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED JEFF BLUM c. Employer's Name/Specific Field **425 RIVERSIDE DRIVE** APT 6K NOT EMPLOYED e. Election Sum to Date NEW YORK, NY 10025 400.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Credit Card 08/12/2022 150.00 \$ Credit Card 1 08/31/2022 S 250.00 \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) DIRECTOR OF OLIVIA BOWLER COMMUNICATIONS c. Employer's Name/Specific Field 2409 PERKINS ROAD HABITAT FOR HUMANITY DURHAM, NC 27705 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 Credit Card 1 08/24/2022 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) ATTORNEY JOHN BOWMAN c. Employer's Name/Specific Field 311 WATTS STREET DURHAM, NC 27701 MAXWELL FREEMAN & e. Election Sum to Date **BOWMAN PA** 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 09/06/2022 \$ 250.00 \$ \$ 900.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 28,420.00

				Amendm	ent
Pg	6	of	34	X Yes	□ No

		om Individual:			$P_{\mathbf{g}} = \frac{6}{\text{of}} = \frac{34}{3}$	_	X Yes	□ No
				ontributions	under \$50 if form CRO			
		(and Fund if applicab				2.	ID Number	
COMM	AITTEE TO ELE	CT WHITE FOR SHI	ERIFF					
	ributor Informati			Add 🔲 I	lemove			
	Vame, Mailing Ado		•	b. Job Title/	Profession	d. (	Comments	
(inclu	ide city, state, & z	ip)		SELF EMP	LOYED	Ī		
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	MARYE DRIVE			c. Employer's Name/Specific Field				
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3. Cont	ributor Informati	on		Add 🗆 R	emove		<del> </del>	
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/I	rofession	d. C	Comments	
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	RT BYRD			c. Employer's Name/Specific Field				
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BURLI	NGTON, NC 27	215		NOT EMPI	LOYEED	e V	dection Sun	n ta Date
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						\$		150.00
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	· .	***************************************					\$	
	al only this Pa					\$		450.00
	al of ALL CRO	D-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$	2	28,420.00
CRO-12	210		NC State Bo	ard of Election	S			April 2007

				Amendme	ent
Pg	8_	of	34	X Yes	□ No

Use thi	s form to report is	ndividual contribution	s over \$50 or c	ontributions t	ander \$50 if form CRO	120:	5 is not used	
1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
COM	MITTEE TO ELE	CT WHITE FOR SH	ERIFF					
3. Cont	ributor Informati	ion	C	Add 🔲 R	emove			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/I	rofession	d. Comments		
(inch	ude city, state, & z	rtp)		NOT EMPL	OYED			
	Y COWARD			- 2	N (0	-		
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3. Cont	i ributor Informati	on .		Add □ R	emove		<u> </u>	
a. Full Name, Mailing Address & Phone b. Job Title/Profession						d. (	Comments	
	ıde city, state, & z		-	NOT EMPL	OYED		<del> </del>	
MAJO	RIE COWARD						. *	
509 VALLEYSHIRE ROAD				c. Employer's	Name/Specific Field	]		
DURHAM, NC 27707 NOT EMPLOYED					OYED	L.,		
						e. 1	Election Sum to Date	
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GREEN	NSBORO, NC 27	7406		GUILFORE	COUNTY		dection Sum to Date	
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4. Tota	al only this Pa	ge	<del></del>	************		\$	850.00	
	al of ALL CR					\$	28,420.00	
		6 of Detailed Summary I				<b>"</b>		
CRO-12	210		NC State Bo	oard of Elections	3		April 200	

				Amendm	ent
Pg	10	of	34	X Yes	□ N

Use this	s form to report in	dividual contribution	s over \$50 or co	ontributions	under \$50 if form CRO	120.	is no	t used
1. Com	mittee Full Name	(and Fund if applicab	le)		·	2.	D Nu	mber
COMM	IITTEE TO ELEC	CT WHITE FOR SH	ERIFF		·			
3. Cont	ributor Informati	on		Add 🔲	Remove			
a. Fuli N	lame, Mailing Add	iress & Phone		b. Job Title	/Profession	d. (	Comm	ents
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GRAH	AM, NC 27253			RALPH S	COTT			
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2 Cont	ributor Informatic			Add 🗆	Remove		<u> </u>	
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	al of ALL CRO		·····					
		5-141V Lages 6 of Detailed Summan 1	Page CPO_1100\			\$		28,420.00

#### Amendment **Contributions from Individuals** Pg 12 of X Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT WHITE FOR SHERIFF 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED LINDA GUPTON c. Employer's Name/Specific Field 2224 MATHIS TRAIL **BURLINGTON, NC 27217** NOT EMPLOYED e. Election Sum to Date 100.00 h. Form of Payment f. Prior g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 10/17/2022 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FINANCE DIANE HEATH c. Employer's Name/Specific Field 3027 Maple Ave. E1 Burlington, NC 27215 AUTHORA CARE e. Dection Sum to Date COLLECTIVE 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 07/09/2022 \$ 50.00 Credit Card 1 10/17/2022 \$ 50.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT CHRIS HEAVENER c. Employer's Name/Specific Field 1405 ALABAMA AVE DURHAM, NC 27705 THE HEAVENER COMPANY e. Election Sum to Date 250.00

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Pg 16 of 34 X Yes No

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09/27/2022

Amendment Contributions from Individuals

Pg 20 of 34 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used X Yes No

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		CT WHITE FOR SHE					
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#### Amendment **Contributions from Individuals** 22 of X Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT WHITE FOR SHERIFF ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY RONALD MACHEN c. Employer's Name/Specific Field 1875 PENNSYLVANIA AVE NW WASHINGTON, DC 20006 WILMERHALE e. Election Sum to Date 500.00 h. Form of Payment i. In-Klnd Description f. Prior g. Account Code j. Date (mm/dd/yyyy) k. Amount Credit Card 09/13/2022 500.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED ELAINE MALONE c. Employer's Name/Specific Field 1262 QUANDARY LAKE LANE GRAHAM, NC 27253 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 07/07/2022 80.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments

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ATTORNEY

NOT EMPLOYED

c. Employer's Name/Specific Field

(include city, state, & zip)

ROBERT MARTIN

113 OLD WELL DR. ELON, NC 27244

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	Name, Mailing Add			***************************************	Title/Pro		d. C	Comments	
	ide city, state, & zi	(p)		PROF	ESSOR		ĺ		
	GELBERG SEVENTH STRE	RRT	I	c. Em	oloyer's I	Name/Specific Field	ĺ		
	NE, NC 27302	21.71	1	_		ERSITY			
 !			1		`		e. E	dection Sum	to Date
					· · · · · · · · · · · · · · · · · · ·		\$		125.00
f. Prior	l	h. Form of Payment	i. In-Kind Desc	cription	1	j. Date (mm/dd/yyyy)	$\overline{-}$	k. Amount	
	1	Credit Card				07/31/2022		\$	25.00
	1	Credit Card				08/28/2022		\$	50.00
	1	Credit Card				09/30/2022		\$	50.00
4. Tota	al only this Pag	ge	•				\$		525.00

\$

				Amendme	ent
Pg	28	of	34	X Yes	□ No
s un	der \$50	if form	CRO 120	)5 is not use	d

	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used									
1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number			
COM	AITTEE TO ELE	CT WHITE FOR SH	ERIFF							
3. Cont	ributor Informati	on		Add 🔲 I	Remove		· · · · · · · · · · · · · · · · · · ·			
a. Full l	Name, Mailing Ad	dress & Phone	· <del></del>	b. Job Title/	Profession	d.	Comments			
(incl	ıde city, state, & z	ip)		PROFESSO	R	Т	***			
STEV	E SCHEWEL									
2101 V	V CLUB BLVD			c. Employer's Name/Specific Field						
DURH	AM, NC 27705			DUKE UN	IVERSITY					
						e. ]	Election Sum	to Date		
			•					500.00		
f Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	 scription   j. Date (mm/dd/yyyy)			k. Amount			
	<del></del>	Credit Card	1. OI-MILO DEA	cripiton		<u> </u>	K. Amount	······································		
	1			<del> </del>	08/11/2022		\$	250.00		
	1	Credit Card			09/06/2022		\$	250.00		
						•	\$			
3. Cont	ributor Informati	on		Add □ R	emove		1			
	ame, Mailing Add			b. Job Title/I		d. C	Comments			
(inclu	de city, state, & zi	ip)		NOT EMPL	OYED			<del></del>		
MAB S	SEGREST	•								
403 S I	RIVERDALE DR			c. Employer's Name/Specific Field						
DURH	AM, NC 27712			NOT EMPLOYED						
						e. I	Dection Sum	to Date		
								75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount			
	1	Credit Card			09/15/2022		\$	75.00		
							\$			
							\$			
3. Cont	ributor Informatic	on		Add □ R	emove		<del></del>			
a, Fuli N	ame, Mailing Add	ress & Phone	<del></del>	b. Job Title/P		d. C	Comments			
(inclu	de city, state, & zi	p)		HEALTH C	ARE	Г				
НЕМА	NG SHAH									
4107 D	UNLEVY COUR	e <b>T</b>		c. Employer's	Name/Specific Field					
BURLI	NGTON, NC 27	215		PRIVATE I	DIAGNOSTIC					
	•			CLINIC PL	LC	e. E	lection Sum	to Date		
		• .				\$		100,00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount			
	1	Credit Card			10/17/2022		\$	100.00		
							\$			
							\$			
4. Tota	ıl only this Pag	ge				\$		675.00		
	5. Total of ALL CRO-1210 Pages  (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	28	3,420.00		
	his line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from Individuals  Just this form to report individual contributions over \$50 or co	Pg 30 of 34	
. Committee Full Name (and Fund if applicable)	Minotions dider 450 ii foliii (AC)	2. ID Number
COMMITTEE TO ELECT WHITE FOR SHERIFF		
. Contributor Information	Add Remove	
Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	NOT EMPLOYED	

3. Cont	ributor Informati	ion		Add 🔲 Re	emove			
	Name, Mailing Ad			b. Job Title/Pr	rofession	d. (	Comments	
(inclu	ide city, state, & z	ip)		NOT EMPLO	OYED			
	BETH SIMONS			- 171	Name/Specific Field	4		
E .	ALSH ROAD					-		
AIHE	RTON, CA 9402	27		NOT EMPL	OYED	e. ]	Election Sum to Date	
						\$	5,600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	1	Credit Card			10/04/2022		\$ 5,600.00	
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗀 Re	move			
a. Full N	Vame, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. (	Comments	
(inclu	ide city, state, & z	ip)		DIRECTOR				
	EY SMYTHE	•		a Francisco de la	N (C : C. T. 13			
	X 1742	1016			Name/Specific Field	1		
BOKE	INGTON, NC 27	216		NC DOJ		e. Election Sum to Date		
						<u> </u>	· · · · · · · · · · · · · · · · · · ·	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Credit Card			09/27/2022		\$ 500.00	
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 Re	move			
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & zi	ip)		ARCHITECH	I			
	AM STANFIELD				V /0 10 70 11			
	IOGANTOWN R	<del>_</del>			Name/Specific Field			
BOKT	NGTON, NC 27	217		GOODE VAI	N SLYKE	e. F	dection Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)	_	k. Amount	
	1	Cash			09/10/2022		\$ 100.00	
							\$	
		· · ·					\$	
	al only this Pa	<del></del>				\$	6,200.00	
	al of ALL CRO	D-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	28,420.00	
CRO-12	210		NC State Bo	ard of Elections			April 200	

					Amendme	ent
Contributions from Individuals	Pg	32	of	34	X Yes	☐ No
Use this form to report individual contributions over \$50 or contribution	ns un	der \$50	if for	m CRO 120	5 is not use	ed.

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number
COM	AITTEE TO ELE	CT WHITE FOR SHI	ERIFF				
3. Cont	ributor Informati	on		Add 🔲	Remove		
a. Full I	Name, Mailing Ad	dress & Phone		b. Job IItle	/Profession	d.	Comments
	ide city, state, & z	ip)		NOT EMP	LOYED		
	NE TARPLEY I NC HIGHWAY	· 40		c. Employer	's Name/Specific Field	-	
	INGTON, NC 27			NOT EMP		1	
	,					e. ]	Election Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amount
	1	Check			10/06/2022		\$ 100.00
							\$
							\$
	ributor Informati				Remove		
	lame, Mailing Add			b. Job Title/		d. C	Comments
<u> </u>	de city, state, & z	ı <u>p)</u>		SENIOR A		ŀ	* .
	TEMPLES ROOKVIEW DR	) TV/ID		EXECUTIVE C. Employer	VE 's Name/Specific Field	1	
	NVILLE, NC 27				UBLIC HOME	1	
				PROTECT		e. I	Section Sum to Date
						\$	100.00
f Prior	g Account Code	h. Form of Payment	i. In-Kind Desc	rintion	j. Date (mm/dd/yyyy)	<u>L.</u>	k. Amount
	1	Credit Card	I. III-MINU DUS	.iiption	-		
				<del> </del>	09/08/2022		\$ 100.00
							\$
	·			-			\$
	ributor Informatio			Add 🔲 I	Remove		
	ame, Mailing Add			b. Job Title/	Profession	d. C	Comments
•	đe city, state, & zi	p)		SELF EMP	LOYED		
	AM TRAYNOR			c. Employer	's Name/Specific Field	ł	
	HURCH ROAD AM, NC 27253				SPACE PARTNERS	1	
OIG III	110,100 27200			IROUILD	BINCLIMINERS	e. E	lection Sum to Date
	•					\$	250.00
f. Prior	g. Account Code		i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount
	1	Credit Card			07/23/2022		\$ 250.00
	:						\$
							\$
4. Tota	al only this Pag	ge				\$	450.00
	al of ALL CRO	D-1210 Pages S of Detailed Summary P	ane CRO-1100			\$	28,420.00
CDO 12		. of tremmen Dimminuty I		ed of Plantin		]	

CRO-1210

Pg 34 of 34 Mendment No

Use this	s form to report in	dividual contribution	s over \$50 or co	ontributions	s und	ler \$50 if form CRO 1	1205	is not use	d
1. Com	mittee Full Name	(and Fund if applicab	le)				2.	ID Number	
COMN	AITTEE TO ELE	CT WHITE FOR SHI	ERIFF					., .	
3. Cont	ributor Informati	on		Add 🔲	Rem	ove		•	
a. Full N	Vame, Mailing Ad	dress & Phone		b. Job Title	e/Proi	fession	d. (	Comments	
(inclu	de city, state, & z	ip)		NOT EMP	PLOY	YED	Π		
CHAR	LES WILSON								
100 UI	VERSTON DRI	<b>V</b> E		c. Employe	er's N	ame/Specific Field			
HOLL	Y SPRINGS, NC	27540		NOT EM	PLO	YED	پــا		
							e.	dection Su	m to Date
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j	. Date (mm/dd/yyyy)		k. Amoun	1
	1	Credit Card				07/20/2022		\$	100.00
				·				\$	
								\$	
3. Conti	ributor Informati	on		Add 🔲	Rem	ove			
a. Full N	lame, Mailing Ado	iress & Phone		b. Job Atle	e/Prof	ession	d.	Comments	
(inclu	de city, state, & z	ip)		CONSULT	TAN	T			
TIMOI	THY WOODY	•	•						
	LYWAY RUN					ame/Specific Field			
BURLI	NGTON, NC 27	217		NOT EME	PLOY	YED	- T	lection Su	m to Date
							C. I	action 30	
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j,	. Date (mm/dd/yyyy)		k, Amount	· · · · · · · · · · · · · · · · · · ·
	1	Credit Card				07/18/2022		\$	100.00
								\$	
								\$	
4. Tota	al only this Pa	ge					\$		200.00
	al of ALL CR								
		6 of Notailed Summary l					\$		28,420.00

NC State Board of Elections

								Amendme	ent
Other Rec	eipt Sources			Pg	1	of		X Yes	□ No
Use this form to	report income not rep	orted on another fo	orm. i.e. inte	rest i	ncom	e, not for	prof	it contribut	ions etc.
1. Committee Fr	ull Name (and Fund if	applicable)					2.	ID Number	•
COMMITTEE	TO ELECT WHITE F	OR SHERIFF	·						
3. Type of Recei	pt Source (Please u.	se separate CRO-1	250 forms	for ec	ich ty	pe of Rec	<u>eipt</u>	Source.)	
Interest	☐ Contril	outions from Not-for-	Profit Organ	izatio	ns X	Outside So	urce	s of Income	
4. Contributor I	nformation		Add 🔲	Rem	ove	·			
a. Full Name, Ma	iling Address & Phone		b. Not-for-	Profit	Fede	ral ID#	d. 0	Comments	
(include city,	state, & zip)				•				
DEMOCRATION	C WOMEN OF ALAN	IANCE					]		
COUNTY			c. Outside	Sour	ce Exp	lanation	1		
PO BOX 1815							L		
BURLINGTON	N, NC 27216						e. J	dection Su	m to Date
							\$		750.00
f. Account Code	g. Form of Payment	h. In-Kind Descrip	ption	ĵi.	Date	(mm/dd/y	ууу)	j. Amount	
1	Check				09	/06/2022		\$	750.00
								\$	
4. Contributor I	nformation		Add 🔲	Remo	ve				
a. Full Name, Ma	iling Address & Phone		b. Not-for-l	Profit	Feder	al ID#	d. (	omments	
(include city, s	tate, & zip)					· · · ·			
JOHNSON CH.	APEL AME CHURCE	ł					1		
431 Woodlawn	· · · · · · · · · · · · · · · · · · ·		c. Outside	Sourc	е Ехр	lanation			
MEBANE, NC	27302		}			•	L	N 41 6	- 4 - Th - 4
			ŀ				e. r	lection Sur	n to Date
							\$		0.00
f. Account Code	g. Form of Payment	h. In-Kind Descrip	tion	ji.	Date	(mm/dd/y	yy)	j. Amount	
1	Check			-	10	/20/2022		\$	100.00
			,			. <u>.</u>		\$	
5. Total only	this Page						\$		850.00
6. Total of AI	L CRO-1250 Pag	es				<u> </u>			
	ı line 11a of Detailed Sun	,	0 if Interest)				\$		850.00
	ı line 11b of Detailed Sun	· -	-	Profit (	Contril	bution)	1.3		0.00.00
(This line goes in	line 11c of Detailed Sum	mary Page CRO-110	0 if Outside S	ource	s of In	come)			
CRO-1250		NC State Box	ard of Electio	ns				De	cember 2007

C. Level Registered (Specify)   Federal   County:   State   Municipality:   e. Election Sum to Date	Dist.	<b>- 4</b>								endment
Committee and coordinated party expenditures   Committee Name   Committe						•		_		<del></del>
L. Committee Full Name (and Fund if applicable)   COMMITTEE TO ELECT WHITE FOR SHERIFF				ee for c	perating expe	nse	s, contribut	ions to	o candida	te/political
COMMITTEE TO ELECT WHITE FOR SHERIFF								-	<del>12 = 22</del>	
3. Type of Disbursement    A Payee Information					· .		•		2. ID Ni	ımber
Contributions to Candidates/Political Committees			FOR SHERIFF							
4. Payee Information   Add   Remove   B. Coordinated Committee Name   d. Comments										
a. Full Name, Mailing Address & Phone (Include city, state, & zip)    Mag DESGINS   1914 PORTER HILL DRIVE	X Operating Exp	oenses Cont	ributions to Candida	tes/Polit	ical Committee	8	☐ Co	ordinat	ed Party I	Expenditures
(Include city, state, & zlp)  7MAG DESIGNS  1914 PORTER HILL DRIVE WHITSETT, NC 27377 (336) 539-5833  E. Level Registered (Specify)   Sate   Municipality: e. Bection Sum to Date   Sate   Municipality: e. Be										
7MAG DESIGNS   1914 PORTER HILL DRIVE	-	-	one		b. Coordinat	ed C	ommittee N	ame	d, Com	nents
1914 PORTER HILL DRIVE			<del></del>		-					
WHITSETT, NC 27377 (336) 539-5833    Rection   Municipality   e. Bection Sum to Date					a Laval Pagi	stor.	ad (Spacify)		∤	
Sante   Municipality:   Election Sum to Date   \$ 255.00     A. Account Code   Form of Payment   h. Purpose Code   h. Date (um/idd/yyyy)   h. Amount   k. Required Remarks     1						SLC1		•	-	
S   S   S   S   S   S   S   S   S   S					<b>i</b> =		= -		e. Electio	on Sum to Date
f. Account Code g. Forms of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    1	(330) 339-3633									
A Payee Information		· · · · · · · · · · · · · · · · · · ·							<u> </u>	
4. Payee Information	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy		Amount	k. Re	quired R	emarks
4. Payee Information a. Full Name, Mailing Address & Phone (Include city, state, & zip)  4. Cacount Code g. Form of Payment b. Purpose Code li. Date (mm/dd/yyyy) j. Amount linelude city, state, & zip)  4. Payee Information a. Full Name, Mailing Address & Phone (Include city, state, & zip)  4. Payee Information a. Full Name, Mailing Address & Phone (Include city, state, & zip)  4. Payee Information a. Full Name, Mailing Address & Phone (Include city, state, & zip)  4. Payee Information a. Full Name, Mailing Address & Phone (Include city, state, & zip)  4. Payee Information b. Coordinated Committee Name la. Comments  5. Coordinated Committee Name la. Comments  6. Coordinated Committee Name la. Comments  6. Coordinated Committee Name la. Comments  6. Coordinated Committee Name la. Comments  6. Coordinated Committee Name la. Comments  7. Payer Information a. Full Name, Mailing Address & Phone (Include city, state, & zip)  6. Total of All CRO-1310 Pages  6. Total of All CRO-1310 Pages  7. Total only this Page  7. Purpose Codes (List detailed expenditure code in (h.) above)  6. Total of All CRO-1310 Pages  7. Purpose Codes (List detailed expenditure code in (h.) above)  6. Political Party  7. Purpose Codes  8. Printing  7. Purpose Codes  9. To Another Candidate  1. Postage  9. To Another Candidate  1. Postage  9. To Onnation to Legal Expenses  9. Donation to Legal Expenses  1. Postage  9. Donation to Legal Expenses Fundor Other	1	Debit Card	0	0	9/18/2022	\$	255.00	SHI	RTS	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)  ACTBLUE  1 Debit Card O 07/16/2022 \$ 12.10 SERVICE FEE  1 Debit Card O 07/16/2022 \$ 750.00 PURCHASE OF  VOTEBUILDER  4. Payee Information  a. Full Name, Mailing Address & Phone (Include city, state, & zip)  ACTBLUE  3 Debit Card O 07/16/2022 \$ 750.00 PURCHASE OF  VOTEBUILDER  4. Payee Information  a. Full Name, Mailing Address & Phone (Include city, state, & zip)  ACTBLUE  3 SOMERVILLE, MA 02144  Debit Card O 08/01/2022 \$ 750.00 PURCHASE OF  VOTEBUILDER  4. Payee Information  a. Full Name, Mailing Address & Phone (Include city, state, & zip)  ACTBLUE  3 SOMERVILLE, MA 02144  Debit Card O 08/01/2022 \$ 41.83 SERVICE FEE  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  (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 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Co						\$				
C. Level Registered (Specify)   G. Level Registered (Specify	4. Payee Inform	ation			Add 🔲	Re	move			
ACTBLUE  366 SUMMER STREET  SOMERVILLE, MA 02144    Federal   County:   c. Election Sum to Date   State   Municipality:   c. Election Sum to Date   State   State   Municipality:   c. Election Sum to Date   State   St	a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	ed C	ommittee N	ame	d. Comn	1ents
account Code g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    1   Electric Funds Tran   O   O7/16/2022   \$ 12.10   SERVICE FEE    1   Debit Card   O   O7/16/2022   \$ 750.00   PURCHASE OF    4. Payee Information   Add   Remove    8. Full Name, Mailing Address & Phone (include city, state, & zip)    ACTBLUE   Account Code g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    1   Electric Funds Tran   O   O7/16/2022   750.00   PURCHASE OF    VOTEBUILDER    4. Payee Information   Add   Remove    8. Full Name, Mailing Address & Phone (include city, state, & zip)    ACTBLUE   Add   Remove    8. Coordinated Committee Name   d. Comments    8. Coordinated Committee Name   d. Comments    8. Coordinated Committee Name   D. Coordinated Committee Name   D. Coordinated Committee Name    9. Coordinated Committee Name   D. Coordinated Comm	(include city, sta	te, & zip)			1					
SOMERVILLE, MA 02144    Federal   County:   Municipality:   E. Election Sum to Date					- Y 1 70 1		1.00			
Sate   Municipality   c. Rection Sum to Date   \$ 1,035.07						itere			ļ	
\$ 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 07/16/2022 \$ 12.10 SERVICE FEE  1 Debit Card O 07/16/2022 \$ 750.00 PURCHASE OF VOTEBUILDER  4. Payee Information	SOMERVILLE	, MA 02144			1=				e Bectio	on Sum to Date
Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks	ł				<u> </u>		manen	ouncy.	<u> </u>	· <del>····································</del>
1 Debit Card O 07/10/2022 \$ 12.10 SERVICE FEE  1 Debit Card O 07/16/2022 \$ 750.00 PURCHASE OF  VOTEBUILDER  4. Payee Information									\$	1,035.07
1 Debit Card O 07/16/2022 \$ 750.00 PURCHASE OF VOTEBUILDER  4. Payee Information	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. 2	Amount	k. Re	quired Re	emarks
4. Payce Information	1	Electric Funds Tran	0	0	7/01/2022	\$	12.10	SER	VICE FE	Œ
4. Payce Information	1	Debit Card	0	0	7/16/2022	s	750.00	PUR	CHASE	OF
B. Coordinated Committee Name   Comments						_L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(include city, state, & zip)  ACTBLUE  366 SUMMER STREET  SOMERVILLE, MA 02144    Federal   County:   Coun	4. Payee Inform	etion			Add 🔲	Re	move			
ACTBLUE  366 SUMMER STREET  SOMERVILLE, MA 02144    Federal   County:   Edection Sum to Date     Sate   Municipality:   E. Election Sum to Date     Sate   Muni	a. Full Name, Ma	iling Address & Pho	ne		b. Coordinate	d C	ommittee N	ame	d. Comm	lents
C. Level Registered (Specify)    Federal   County:   State   Municipality:   e. Election Sum to Date	(include city, sta	te, & zip)								
SOMERVILLE, MA 02144    Federal   County:   e. Election Sum to Date   State   Municipality:   e. Election Sum to Date   State	ACTBLUE									
A*- Media B*-Printing C*-Fundraising D-To Another Candidate (Table 1) State   Municipality: e. Election Sum to Date   State   Municipality: e. Election Sum to Date   State   Municipality: e. Election Sum to Date   State						tere				
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* Codes require detailed explanation in required remarks field (k)  CRO-1310  NC State Board of Elections  December 2009	CRO-1310	ecaneu extranatio					-			December 2000

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Disbursen					Pį	, <del></del>			□ No
Use this form to	o report expenditures coordinated party ex	from the committ	ee for o	perating exp	ense	s, contribut	ions t	o candidate/po	litical
	ull Name (and Fund	_						2. ID Number	
	TO ELECT WHITE							4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
3. Type of Disbu	arsement (Please	use separate CR(	<u>0-1310</u>	forms for eq	zch ty	pe of Disb	ursem	ent.)	
X Operating Exp	penses Cont	ributions to Candida	tes/Polit	ical Committe	es	Ca	ordina	ted Party Expend	litures
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O* Other			•	-		-		-	-
* Codes require	e detailed explanation	a in required rem	arks fi	ield (k)					
CRO-1310		NC S	ate Boa	rd of Elections					December 2009

					Amendme	e
Disbursements	Pg	5_	of	9	X Yes	
Use this form to report expenditures from the committee for operating exper	ıses,	contrib	ution	s to car	ndidate/po	1

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.) 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) BULLZEYE SIGN & GRAPHICS c. Level Registered (Specify) 232 N MAIN STREET Federal County: BURLINGTON, NC 27217 ☐ Municipality: e. Election Sum to Date ☐ State (336) 221-8188 538.02 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Debit Card O 09/19/2022 538.02 4X6 SIGNS 4. Payee Information ☐ Add ☐ Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) CLAY STREET PRINTING & SIGNS c. Level Registered (Specify) 124 WEST CLAY STREET Federal County: MEBANE, NC 27302 ☐ State Municipality: e. Election Sum to Date 292.50 f. Account Code g. Form of Payment h. Purpose Code j. Amount k. Required Remarks i. Date (mm/dd/yyyy) Debit Card 0 09/23/2022 292.50 POST CARDS ☐ Add □ 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) ANTHONY CRIDER c. Level Registered (Specify) 703 BROOKFIELD DR Federal County: GIBSONVILLE, NC 27249 State ☐ Municipality: e. Election Sum to Date 255.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Debit Card 07/27/2022 255.00 **CAMPAIGN HEADSHOTS** AND PHOTOS 5. Total only this Page ŝ 1,085.52 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 16,313.85 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A\* - Media B\* - Printing C\* - Fundraising D - To Another Candidate E - Salaries F\* - Equipment G - Political Party H\* - Holding Public Office Expenses I - Postage J - Penalties K\* - Office Expenses Q\* - Donation to Legal Expense Fund O\* Other

□ No

Disbursements	Pg	7_	of	9	
Tea this form to report expanditures from the committee for one					_

Use this form to	report expenditures coordinated party e	from the committ xpenditures	ee for o	operating expe	nses, c	ontributi	ions t	o candida	te/political
	ull Name (and Fund					•		2. ID N	ımber
	TO ELECT WHITE			· ,					
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ALISA MOOR	E-WOODS							]	
1648 FARNING	GHAM LA			c. Level Regis				_	
BURLINGTON	N, NC 27215			☐ Federal	느	County			
				☐ State		Municip	ality:	e. Electi	on Sum to Date
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E - Salaries	F* - Equipme			litical Party					office Expenses
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CRO-1310	· www.vu v.spanauv.			rd of Elections				<del></del>	December 2009

Amendment X Yes No

					Amendment						
Disbursen	ients				Pg	9 0	f _	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 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, Mailing Address & Phone b. Coording						ted Committee Name			d. Comments		
(include city, state, & zip)											
VISTA PRINT								4			
275 WYMAN STREET				c. Level Registered (Specify)				4			
WALTHAM, MA 02451				☐ Federal ☐ State		County:  Municipality:			e. Election Sum to Date		
	C State		iviume	рипгу	: е. в	dection 20	m to Date				
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7. Purpose Codes (List detailed expenditure code in (h.) above)											
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I - Postage J - Penalties K* - Office Expenses Q* - Donatio							ion to	Legal Exp	ense Fund		
O* Other											
* Codes require detailed explanation in required remarks field (k)  CRO-1310  NC State Board of Elections  December 2009											
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