

Disclosure Report Cover

Amendment

☒ Yes ☐ No

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

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P. O. BOX 142 BULRINGTON, NC 27216	08/27/2025
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	08/18/2025	08/21/2025	ROSALINDA GONZALES

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	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:	<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
	<input type="checkbox"/> Special	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	
8. Number of Fundraisers this Report			
0			

3. Account Information		3. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Name	b. Purpose	b. Purpose
FIDELITY BANK		FOR CAMPAIGN RELATED ACTIVITY	
c. Account Code	c. Account Code	d. Period Begin Balance	d. Period Begin Balance
1		\$	\$

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

Rosalinda Gonzales Rosalinda Gonzales 08/27/2025
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>8/29/25</u>	Employee: <u>9</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: <u>8/29/25</u>	Employee: <u>V</u>	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF	2025 Organizational		
Start of Election Cycle: January 1, <u>2025</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0.00	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00	
6) Contributions from Individuals (CRO-1210)	\$ 14,792.00	\$ 14,792.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 14,792.00	\$ 14,792.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 192.00	\$ 192.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 0.00	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 192.00	\$ 192.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 14,600.00	\$ 14,600.00	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00		
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00	
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00	

Contributions from Individuals

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Amendment
☒ Yes ☐ No

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

COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BILLY T. CLAYTON II P.O. BOX 142 BURLINGTON, NC 27216			LAW ENFORCEMENT		IN KIND POST OFFICE RENTAL BOX	
			c. Employer's Name/Specific Field			
			NOT EMPLOYED/RETIRED			
					e. Election Sum to Date	
					\$ 1,192.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	POST OFFICE BOX RENTAL	08/18/2025	\$ 192.00	
<input type="checkbox"/>	1	Check		08/18/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AMANDA MOODY 1870 JEFFIRES CROSS ROAD BURLINGTON, NC 27217			HOMEMAKER		CASHIER'S CHECK	
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 6,800.00	
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		08/19/2025	\$ 6,800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID MOODY 1870 JEFFIRES CROSS RD BURLINGTON, NC 27217			HOME RESTORATIONS		CASHIER'S CHECK	
			c. Employer's Name/Specific Field			
			BIO CLEAN RESTORATION, INC			
					e. Election Sum to Date	
					\$ 6,800.00	
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		08/19/2025	\$ 6,800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
					\$ 14,792.00	
					\$ 14,792.00	

Disbursements

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Amendment

☒ Yes ☐ No

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

COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 405 MAPLE AVENUE BURLINGTON, NC 27215-5993			b. Coordinated Committee Name 		d. Comments IN KIND POST OFFICE BOX RENTAL
			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 \$ 192.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	08/18/2025	\$ 192.00	PO BOX RENTAL
				\$	
					\$ 192.00
(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)					\$ 192.00
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					

CRO-1310

NC State Board of Elections

December 2009

In-Kind Contributions

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Amendment

☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF		
<input type="checkbox"/> <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments IN KIND POST OFFICE RENTAL BOX
BILLY T. CLAYTON II P.O. BOX 142 BURLINGTON, NC 27216		d. Election Sum to Date \$ 1,192.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
POST OFFICE BOX RENTAL	08/18/2025	\$ 192.00
		\$
		\$
		\$ 192.00
		\$ 192.00

CRO-1510

NC State Board of Elections

December 2007