

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF	c. ID Number
b. Mailing Address (include City, State and Zip Code) 154 BOONE ROAD BULRINGTON, NC 27217	d. Date Filed 07/01/2026
e. Phone Number	

RECEIVED
JUL 02 2026
ALAMANCE COUNTY
BOARD OF ELECTIONS

2. Report Year 2026	3. Period Start Date (mm/dd/yy) 02/15/2026	4. Period End Date (mm/dd/yy) 06/30/2026	5. Treasurer Full Name ROSALINDA GONZALES
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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		
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	Referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	10. Special Report Name
0		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Final	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIDELITY BANK		a. Financial Institution Full Name	
b. Purpose FOR CAMPAIGN RELATED ACTIVITY	c. Account Code 1	b. Purpose	c. Account Code
d. Period Begin Balance \$ 11,023.57		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

Rosalinda Gonzales Rosalinda Gonzales 07/01/2026
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: July 2, 2026 Employee: **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: July 2, 2026 Employee: Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ Signer has not received mandatory training

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

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

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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	2026 Second Quarter		
Start of Election Cycle: January 1, <u>2025</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 11,023.57	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 240.00	\$ 2,644.00	
6) Contributions from Individuals (CRO-1210)	\$ 12,525.00	\$ 89,221.11	
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)	\$ 122.80	\$ 463.85	
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)	\$ 12,887.80	\$ 92,328.96	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 20,624.40	\$ 83,279.67	
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)	\$ 46.22	\$ 751.43	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 560.00	
17) In-Kind Contributions (CRO-1510)	\$ 3,000.00	\$ 7,497.11	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 23,670.62	\$ 92,088.21	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 240.75	\$ 240.75	
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	

Aggregated Contributions from Individuals

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

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

Full Name (and Fund if applicable)					ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
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	Check		02/15/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		03/17/2026	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		04/17/2026	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		02/16/2026	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		02/19/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		02/25/2026	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 240.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 240.00

Contributions from Individuals

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

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

Committee Full Name (and fund if applicable)						Committee ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
Individual 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	
RODNEY WILSON BECKOM 3105 TRUITT DRIVE BURLINGTON, NC 27215				LAW ENFORCEMENT		
				c. Employer's Name/Specific Field		
				GIBSONILLE POLICE DEPARTMENT		
				e. Election Sum to Date		
				\$ 1,300.00		
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		02/15/2026	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Individual 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	
CARRIE G DAVIS 225 DARRELL DAVIS ROAD BURLINGTON, NC 27217				HOMEMAKER		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				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		02/18/2026	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Individual 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	
ANNA DICKENS 1354 SHALLOWFORD CHURCH ROAD ELON, NC 27244				ADMINISTRATIVE ASSISTANT		
				c. Employer's Name/Specific Field		
				ABSS		
				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 checked="" type="checkbox"/>	1	Debit Card		11/16/2025	\$ 25.00	
<input checked="" type="checkbox"/>	1	Credit Card		12/17/2025	\$ 25.00	
<input checked="" type="checkbox"/>	1	Debit Card		01/17/2026	\$ 25.00	
Total This Page					\$ 800.00	
Total of 1210 Pages					\$ 12,525.00	
Total of 60 Detailed Statements Page (CRO-1210)						

Contributions from Individuals

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

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

Committee Full Name (and fund if applicable)						Page Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
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		
ANNA DICKENS 1354 SHALLOWFORD CHURCH ROAD ELON, NC 27244		ADMINISTRATIVE ASSISTANT				
		c. Employer's Name/Specific Field				
		ABSS				
				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	Debit Card		02/17/2026	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
TERI DUNN 3025 FILEDSTONE LANE MEBANE, NC 27302		CO-OWNER				
		c. Employer's Name/Specific Field				
		FIRESTATION FURNITURE				
				e. Election Sum to Date		
				\$ 3,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	VENUE & MEAL	03/06/2026	\$ 3,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
JAMES GENTRY 1308 HOLMES LANE MEBANE, NC 27302		LAW ENFORCEMENT				
		c. Employer's Name/Specific Field				
		NCSTATE HIGHWAY PATROL				
				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		02/22/2026	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total from this page					\$ 3,225.00	
All Pages (0-1210) Pages					\$ 12,525.00	
Detailed Summary Page (CRO-1200)						

Contributions from Individuals

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

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

Committee Name (and Fund if applicable)						Committee ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
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		
KAREN GRANT 6815 COTTONWOOD DRIVE SNOW CAMP, NC 27349			TELECOMMUNICATOR			
			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		03/01/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
LORIE JONES 120 ROBERTA DRIVE BURLINGTON, NC 27217			NURSE			
			c. Employer's Name/Specific Field			
			Nursing and Residential Care Facilities			
			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		02/15/2026	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
JACQUELYN MCYNTIRE 3278 ALTAMAW RACE TRACK RD ELON, NC 27244			CUSTOMER TUMBLERS, TSHIRTS AND HOODIES			
			c. Employer's Name/Specific Field			
			DISANDDAT STORE			
			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	Debit Card		02/20/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total for this page					\$ 500.00	
Total for CRO 1210 Pages					\$ 12,525.00	

Contributions from Individuals

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

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

Committee Name (and Fund if applicable)						ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
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		
JUSTIN MOODY 1924 JEFFRIES CROSSROAD BURLINGTON, NC 27217			OWNER			
			c. Employer's Name/Specific Field			
			GREEN LIFE WASTE & RECYCLING			
					e. Election Sum to Date	
					\$ 3,645.76	
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		02/18/2026	\$ 2,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
GEORGE MORRIS 405 OAKLAND DRIVE 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	Credit Card		02/18/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
LACY MORRIS 47 KYLASU LANE ROXBORO, NC 27574			LAW ENFORCEMENT			
			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	Credit Card		02/28/2026	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total on this page					\$ 2,800.00	
Total on all 1210 Pages					\$ 12,525.00	
Go to Page Number Page CRO-1210						

Contributions from Individuals

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

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

Full Name (and Fund if applicable)						ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
<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 SCOTT 1121 SHERWOOD DRIVE 13 BURLINGTON, NC 27215			ALAMANCE FOODS MANAGEMENT			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
						e. Election Sum to Date
						\$ 5,000.00
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		02/17/2026	\$ 5,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RYAN SHARRER 1901 DRESDEN RD ZANESVILLE, NC 43701			CHIEF ENTERTAINMENT OFFICER			
			c. Employer's Name/Specific Field			
			CITY OF ZANESVILLE			
						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		03/01/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EDWIN WALEH 4838 GROSBEAK CT MEBANE, NC 27302			CYBERSECURITY ENGINNER			
			c. Employer's Name/Specific Field			
			RAPIDSCALE			
						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		02/21/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total for this Page						\$ 5,200.00
Total (CRO-1210) Pages						\$ 12,525.00
Total (CRO-1205) Pages						
Total (CRO-1206) Pages						
Total (CRO-1207) Pages						
Total (CRO-1208) Pages						
Total (CRO-1209) Pages						
Total (CRO-1210) Pages						

Refunds/Reimbursements To the Committee

Pg 1 of 1

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

Committee Full Name (and Fund if applicable)			SIB Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
CUSTOM LANYARD 16107 KENSINGTON DR. # 172 SUGAL LAND, TX 77479 (832) 924-6777		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Expenditure Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/12/2025
				i. Original Expenditure Amt
				\$ 224.40
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		CANCELLED ORDER		\$ 0.00
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)
1	Electric Funds Tran			03/06/2026
				o. Amount
				\$ 122.80
CRO-1240 Pages				\$ 122.80
CRO-1240 Pages				\$ 122.80

Disbursements

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

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

Full Name (and Fund if applicable)	ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF	

(Please use separate CRO-1310 forms for each type of Disbursement)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACCELERATED GRAPHICS 412 BRADLEY STREET BURLINGTON, NC 27215		
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:		
		\$ 3,479.22

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B	02/27/2026	\$ 497.26	TSHIRTS
				\$	

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ANEDOT 3723 GREENVILLE AVE STE 41002 DALLAS, TX 75206-5311		
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:		
		\$ 784.56

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	02/17/2026	\$ 200.30	ANEDOT PROCESSING
				\$	FEE

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CUSTOM LANYARD 16107 KENSINGTON DR. # 172 SUGAL LAND, TX 77479 (832) 924-6777		
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:		
		\$ 393.04

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	02/17/2026	\$ 168.64	COOZIES WITH CANDIATE LOGO
				\$	

\$ 866.20

CRO-1100 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)

\$ 20,624.40

- File:** (See detailed expenditure code in (d) 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 | | | |

(See detailed explanation in required remarks field (k))

Disbursements

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

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

1. Committee Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF							
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							
Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ENDURING GRATITUDE C/O JOHN TEAGUE PO BOX 363 MCLEANSVILLE, NC 27301 (919) 369-0523							
				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:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	02/22/2026	\$ 1,000.00	SPONSORSHIP		
				\$			
Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
KT MEDIA 6164 APPLE ORCHARD DRIVE 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:		\$ 1,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	03/27/2026	\$ 1,200.00	FILMING AND RECORDING		
				\$			
Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MAJESTIC MEDIA LLC PO BOX 2474 BURLINGTON, NC 27216							
				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:		\$ 16,180.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	A	03/04/2026	\$ 16,180.00	COMMERCIAL ADS ON TV		
				\$			
						\$ 18,380.00	
Total Disbursements						\$ 20,624.40	
(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)							
Refer to detailed expenditure code in (f) 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							
Provide detailed explanation in required remarks field (k).							

Disbursements

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

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

Full Name (and Fund) (applicable)		2- ID Number			
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
(Please use separate CRO-1100 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					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
NATIONBUILDER 6515 W SUNSET BLVD STE 440 LOS ANGELES, CA 90028 (213) 992-4809					
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:		\$ 2,856.55			
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	02/17/2026	\$ 119.00	EMAIL/TEXTING
				\$	SERVICES
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
TEXTING FOR LESS 354 STATE ST HACKENSACK, NJ 07601					
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:		\$ 2,333.43			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	02/15/2026	\$ 619.50	TEXTING
1	Debit Card	A	02/27/2026	\$ 165.63	TEXTING
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
TEXTING FOR LESS 354 STATE ST HACKENSACK, NJ 07601					
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:		\$ 274.07			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	03/26/2026	\$ 274.07	TEXTING
				\$	
Detailed Summary Page \$ 1,178.20					
CRO-1100 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)					
\$ 20,624.40					
Codes 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					
Detailed explanation in required remarks field (k)					

Disbursements

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

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

Committee Name (and Fund if applicable)		Committee ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF			
Name (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			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
THE ALAMANCE NEWS 114 W ELM ST GRAHAM, NC 27253			
		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
			\$ 2,346.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Debit Card	A	02/26/2026
			\$
			k. Required Remarks
			NEWSPAPER AD
			\$
Total of this Page			\$ 200.00
Total of CRO-1310 Pages			\$ 20,624.40
<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>			
Codes (See detailed expenditure codes on (1) 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			
Provide a detailed explanation in required remarks field (k)			

Aggregated Non-Media Expenditures

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

Optional form used to report NC Non-Media Expenditures of \$50 or less.

COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
	Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	02/17/2026	\$ 1.30	ANEDOT PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	02/18/2026	\$ 4.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	02/19/2026	\$ 2.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	02/20/2026	\$ 4.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	02/21/2026	\$ 4.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	02/22/2026	\$ 8.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	02/28/2026	\$ 8.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	03/01/2026	\$ 4.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	03/01/2026	\$ 4.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	03/17/2026	\$ 1.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	04/17/2026	\$ 1.30	ANEDOT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	03/30/2026	\$ 1.92	DIGITAL JPG
					\$	46.22
					\$	46.22
B* - Printing		G - Political Party		D - To Another Candidate		
E - Salaries		J - Penalties		Q* - Donations to Legal Expense Fund		
O* - Other						

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

In-Kind Contributions

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Full Name (and fund if applicable)		ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
TERI DUNN 3025 FILEDSTONE LANE MEBANE, NC 27302	<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	
	d. Election Sum to Date	
		\$ 3,000.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
VENUE & MEAL	03/06/2026	\$ 3,000.00
		\$
		\$
By this Page		\$ 3,000.00
ALB CRO-1510 Pages		\$ 3,000.00