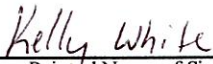
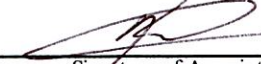


Disclosure Report Cover

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 WHITE FOR SHERIFF | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed | |
| P.O. BOX 283 BURLINGTON, NC 27216 | | | 03/03/2025 | |
| | | | e. Phone Number | |
| | | | | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| 2023 | 01/01/2023 | 06/30/2023 | 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 Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |
| 0 | | | | |
| 3. Account Information | | 3. Account Information | | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | | |
| TRUIST BANK | | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code | |
| FO RECEIPTS AND EXPENSES | 1 | <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <p style="margin: 0; font-weight: bold; color: blue;">RECEIVED</p> <p style="margin: 5px 0 0 0; color: red;">MAR 04 2025</p> <p style="margin: 0;">BY: _____</p> </div> | | |
| | d. Period Begin Balance | | 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 | | | | |
|  _____ Printed Name of Signer | |  _____ Signature of Appointed Treasurer | | 03/03/2025 _____ Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | 3/4/25 | Employee: | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | |
| Date Postmarked: | _____ | Employee: | | |
| Date Scanned: | 3/4/25 | Employee: | | |
| Date Data Entered: | _____ | Employee: | <input type="checkbox"/> Signer has not received mandatory training | |
| <p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p> | | | | |

Detailed Summary

Amendment
 Yes 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 WHITE FOR SHERIFF | 2023 Mid Year Semi-Annual | | |
| Start of Election Cycle: January 1, <u>2023</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 19,799.50 | \$ 19,799.50 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | \$ 0.00 |
| 6) Contributions from Individuals (CRO-1210) | | \$ 300.00 | \$ 300.00 |
| 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) | | \$ 300.00 | \$ 300.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 2,313.44 | \$ 2,313.44 |
| 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) | | \$ 39.42 | \$ 39.42 |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 180.00 | \$ 180.00 |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0.00 | \$ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 2,532.86 | \$ 2,532.86 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 17,566.64 | \$ 17,566.64 |
| 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

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 | | |
| JILL GERRINGER 3246 Van Drive BURLINGTON, NC 27215 | | | BRANCH DIRECTOR | | | | |
| | | | c. Employer's Name/Specific Field ADVANCE HOME CARE | | | | |
| | | | | | | 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 | Credit Card | | 01/20/2023 | \$ 50.00 | | |
| <input type="checkbox"/> | 1 | Credit Card | | 02/20/2023 | \$ 50.00 | | |
| <input type="checkbox"/> | 1 | Credit Card | | 03/20/2023 | \$ 50.00 | | |
| 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 ADVANCE HOME CARE | | | | |
| | | | | | | 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 | Credit Card | | 04/20/2023 | \$ 50.00 | | |
| <input type="checkbox"/> | 1 | Credit Card | | 05/20/2023 | \$ 50.00 | | |
| <input type="checkbox"/> | 1 | Credit Card | | 06/20/2023 | \$ 50.00 | | |
| 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> | | | | | | \$ 300.00 | |

Disbursements

Amendment

Pg 1 of 1 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 (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| DAVINCI'S TABLE 2260 S CHRUCH STREET BURLINGTON, NC 27215 (336) 270-6503 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 137.44 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | O | 03/22/2023 | \$ 137.44 | DINNER APPRECIATION | | |
| | | | | \$ | FOR CAMPAIGN TEAM | | |
| 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 | |
| LAMAR GORDON 637 JOHNSON AVE GRAHAM, NC 27253 (919) 714-9215 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 2,000.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | E | 03/22/2023 | \$ 2,000.00 | | | |
| | | | | \$ | | | |
| 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 | |
| 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 | |
| | | | | | | \$ 176.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | O | 02/13/2023 | \$ 176.00 | POST OFFICE BOX | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 2,313.44 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2,313.44 | |
| <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> | | | | | | | |
| 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) | | | | | | | |

Aggregated Non-Media Expenditures

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

| 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WHITE FOR SHERIFF | | | | | | 2. ID Number | | | | | | | | | | | | |
|---|-----------------|----------------------|--------------------------------------|----------------------|-----------|---------------------|--------------|---------------|------------------|--------------------------|-------------|----------------|---------------------|-------------------------------------|------------|---------------|----------------------|--------------------------------------|
| 3. Payee Information | | | | | | | | | | | | | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks | | | | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 01/01/2023 | \$ 1.05 | FEES | | | | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 01/10/2023 | \$ 10.37 | FEES | | | | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 02/09/2023 | \$ 2.25 | FEES | | | | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 04/11/2023 | \$ 2.25 | FEES | | | | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 05/09/2023 | \$ 2.25 | FEES | | | | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 06/09/2023 | \$ 2.25 | FEES | | | | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | O | 01/23/2023 | \$ 19.00 | WEBSITE | | | | | | | | | | | | |
| 4. Total only this Page | | | | | \$ | 39.42 | | | | | | | | | | | | |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | 39.42 | | | | | | | | | | | | |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">E - Salaries</td> <td style="width: 25%;">B* - Printing</td> <td style="width: 25%;">C* - Fundraising</td> <td style="width: 25%;">D - To Another Candidate</td> </tr> <tr> <td>I - Postage</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>O* - Other</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donations to Legal Expense Fund</td> </tr> </table> | | | | | | | E - Salaries | B* - Printing | C* - Fundraising | D - To Another Candidate | I - Postage | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | O* - Other | J - Penalties | K* - Office Expenses | Q* - Donations to Legal Expense Fund |
| E - Salaries | B* - Printing | C* - Fundraising | D - To Another Candidate | | | | | | | | | | | | | | | |
| I - Postage | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | | | | | | | | | | | | | |
| O* - Other | J - Penalties | K* - Office Expenses | Q* - Donations to Legal Expense Fund | | | | | | | | | | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | | | | | | | | | | | | | |

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

| | | | | | |
|---|---------------------------|---|--|-----------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT WHITE FOR SHERIFF | | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | g. Comments | |
| DELSIE BRYANT 731 N. MARYE DRIVE GRAHAM, NC 27253 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Receipt Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 09/26/2022 | |
| | | | | i. Original Receipt Amount | |
| | | | | \$ 100.00 | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| SELF EMPLOYED | | WISDOM OF GLORY BEAUTY SALON | | L | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 0.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 1 | Check | | | 01/05/2023 | \$ 100.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | g. Comments | |
| ELAINE MALONE 1262 QUANDARY LAKE LANE GRAHAM, NC 27253 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Receipt Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 07/07/2022 | |
| | | | | i. Original Receipt Amount | |
| | | | | \$ 80.00 | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| NOT EMPLOYED | | NOT EMPLOYED | | L | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 0.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 1 | Check | | | 01/26/2023 | \$ 80.00 |
| 4. Total only this Page | | | | \$ 180.00 | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | \$ 180.00 | |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor | | M - Overpayment for Service | | N - Exceeded Contribution Limit | |
| P* - Reimbursement of In-Kin | | O* Other | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |