

# 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 BURLINGTON, NC 27216	01/11/2026		
	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	08/22/2025	12/31/2025	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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <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         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input checked="" type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special         </td> </tr> </table>		Municipal	State/County	Referendum	<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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
7. Type of Fund (if applicable, check one)		10. Special Report Name							
<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:									
8. Number of Fundraisers this Report									
0									

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIDELITY BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
FOR CAMPAIGN RELATED ACTIVITY	1	RECEIVED	d. Period Begin Balance
			\$
d. Period Begin Balance		JAN 13 2026	
\$ 14,600.00			

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions to 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  
Printed Name of Signer

Rosalinda Gonzales  
Signature of Appointed Treasurer

01/11/2026

Date

## FOR OFFICE USE ONLY

Date Received:	1-13-26	Employee:	<u>S</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:	1-13-26	Employee:	<u>S</u>	
Date Data Entered:		Employee:		<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. Type of Report</b>	<b>3. ID Number</b>	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF	2025 Year End Semi-Annual		
<b>Start of Election Cycle: January 1, 2025</b>		<b>Total this Reporting Period</b>	
4) Cash on Hand at Start		\$ 14,600.00	
		\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 429.00	
6) Contributions from Individuals	(CRO-1210)	\$ 47,163.35	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 341.05	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 47,933.40	
		\$ 62,725.40	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 37,623.68	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 411.11	
15) Loan Repayments	(CRO-1420)	\$ 0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 560.00	
17) In-Kind Contributions	(CRO-1510)	\$ 3,039.35	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 41,634.14	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 20,899.26	
		\$ 20,899.26	
<b>ADDITIONAL INFORMATION</b>			
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**Page 1 of 1
 Amendment  
 Yes  No

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

CRO-1205 (Individual Contribution Form)					
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
Detailed Contribution Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Credit Card		09/13/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		12/01/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		11/16/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		12/17/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		12/08/2025	\$ 49.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		10/19/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		11/17/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		12/06/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		12/03/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		12/16/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		12/06/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		12/17/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		10/27/2025	\$ 25.00
<input type="checkbox"/> Remove					
<b>4. Total only this Page</b>					\$ 429.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 429.00

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 21

**Amendment**  
 Yes  No

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

Committee Information				Contribution 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	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF		MANAGER		PAID DIRECTLY TO THE ROSEMARY AT ELON	
DEREK BATES 202 W HAGGARD AVENUE ELON, NC 27244		c. Employer's Name/Specific Field THE ROSEMARY AT ELON		e. Election Sum to Date \$ 696.06	
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 RENTAL	09/26/2025	\$ 696.06
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Committee 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 BECKHOM 3105 TRUITT DRIVE BURLINGTON, NC 27215		LAW ENFORCEMENT			
		c. Employer's Name/Specific Field GIBSONILLE POLICE DEPARTMENT		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		09/23/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Committee 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	
PETE BLAETZ 2714 W FRONT STREET C-4 BURLINGTON, NC 27215		ATTORNEY			
		c. Employer's Name/Specific Field SELF EMPLOYED		e. Election Sum to Date \$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Credit Card		09/25/2025	\$ 350.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$	2,046.06
				\$	46,455.06

# Contributions from Individuals

Pg 2 of 21

Amendment  
 Yes  No

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

a. Committee/RP/NM/Ind/Cont/Ind/Party				b. C.R. 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	
REGINAL BURNETT 903 PORTERFIELD AVE BURLINGTON, NC 27217		ADMINISTRATIVE AND SUPPORT SERVICES			
c. Employer's Name/Specific Field		e. Election Sum to Date			
NOT EMPLOYED		\$ 100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		11/11/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	
HENRY CHANDLER 515 LOUIS CHANDLER RD BURLINGTON, NC 27217				NOT EMPLOYED	
c. Employer's Name/Specific Field				e. Election Sum to Date	
AMETEK				\$ 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		12/29/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	
BILLY T. CLAYTON II P. O. BOX 142 BURLINGTON, NC 27216				HOLE SPONSOR CONTRIBUTION FOR ALAMANCE GLASS FUNDRAISER GOLD	
c. Employer's Name/Specific Field				e. Election Sum to Date	
				\$ 1,075.00	
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	HOLE SPONSOR CONTRIBUTION FOR	09/09/2025	\$ 250.00
<input type="checkbox"/>	1	In-Kind	HOLE SPONSORSHIP FOR BACAR (CHRISTMAS)	09/09/2025	\$ 425.00
<input type="checkbox"/>	1	In-Kind	HOLE SPONSORSHIP FOR SCOTT SOLOMON	09/20/2025	\$ 400.00
				\$ 1,375.00	
				\$ 46,455.06	

# Contributions from Individuals

Pg 3 of 21

Amendment  
 Yes  No

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

Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
JOHN COBB 408 BOONE ROAD BURLINGTON, NC 27217			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		10/07/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
BRYAN COLEMAN 102 OLD CHARLESTON DRIVE ELON, NC 27244			ATTORNEY		
			c. Employer's Name/Specific Field J BRYAN COLEMAN, ATTORNEY AT LAW		
			e. Election Sum to Date \$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Credit Card		10/17/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
PATRICIA COUNCILMAN 4549 MT VERNON CH RD BURLINGTON, NC 27217			ADMISTRATIVE		
			c. Employer's Name/Specific Field NOT EMPLOYED		
			e. Election Sum to Date \$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		08/25/2025	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total Contribution					\$ 1,100.00
Total Contribution					\$ 46,455.06

# Contributions from Individuals

Pg 4 of 21

Amendment  
 Yes  No

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

a. Committee/Individual Name (and if applicable)			b. Job Title/Profession		
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>b. Job Title/Profession</b> NOT EMPLOYED		
RODNEY COUNCILMAN 6510 RASCOE ROAD BURLINGTON, NC 27217			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>e. Election Sum to Date</b> \$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Credit Card		10/09/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Committee/Individual Name (and if applicable)			b. Job Title/Profession		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>b. Job Title/Profession</b> LAW ENFORCEMENT		
BOBBY CULLER 215 E. PINE ST GRAHAM, NC 27253			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>e. Election Sum to Date</b> \$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		08/23/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Committee/Individual Name (and if applicable)			b. Job Title/Profession		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>b. Job Title/Profession</b> HOMEMAKER		
CARRIE G DAVIS 225 DARRELL DAVIS ROAD BURLINGTON, NC 27217			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>e. Election Sum to Date</b> \$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/05/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Committee/Individual Name (and if applicable)</b>			<b>\$ 2,000.00</b>		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Committee/Individual Name (and if applicable)</b>			<b>\$ 46,455.06</b>		

# Contributions from Individuals

Pg 5 of 21

Amendment  
 Yes  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 Address (if applicable)			Election Sum to Date		
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (Include city, state, &amp; zip)</b>  NETA J DAVIS 3079 HERITAGE LANE BURLINGTON, NC 27215			<b>b. Job Title/Profession</b>  EDUCATION	<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED	<b>e. Election Sum to Date</b>  \$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		10/26/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information			Election Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (Include city, state, &amp; zip)</b>  TODD DAVIS 3079 HERITAGE LANE BURLINGTON, NC 27215			<b>b. Job Title/Profession</b>  CRIMINAL JUSTICE PLANNER	<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>  MOSELEY	<b>e. Election Sum to Date</b>  \$ 1,000.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Debit Card		10/03/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information			Election Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (Include city, state, &amp; zip)</b>  BRANDON DUNN 3025 FIELDSTONE LANE MEBANE, NC 27302			<b>b. Job Title/Profession</b>  OWNER	<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>  FIRESTATION FURNITURE	<b>e. Election Sum to Date</b>  \$ 6,800.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		12/22/2025	\$ 6,800.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>Grand Total</b> <b>(\$)</b>					\$ 8,300.00
<b>Grand Total</b> <b>(\$)</b>					\$ 46,455.06

# Contributions from Individuals

Pg 6 of 22

**Amendment**  
 Yes  No

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

Committee Information						Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/>	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF							
Contributor Information						Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments			
JOHN L ELDER PO BOX 2377 BURLINGTON, NC 27216			MANAGEMENT				
			c. Employer's Name/Specific Field				NOT EMPLOYED
							\$ 1,500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		10/24/2025	\$ 1,500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
Contributor Information						Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments			
JANET L EVANS 1457 TROLLINGWOOD RD HAW RIVER, NC 27258			ADMINISTRATIVE				
			c. Employer's Name/Specific Field				SOUTHERN SEASON RETIREMENT HOME
							\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		11/09/2025	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
Contributor Information						Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments			
ROSE FLEMING 4374 NIRE VALLEY DR BURLINGTON, NC 27215			NOT EMPLOYED				
			c. Employer's Name/Specific Field				LABCORP
							\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit Card		09/26/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
Total for this Page						\$ 2,100.00	
Grand Total for CRO-1205 Page						\$ 47,163.35	
This form is a continuation of Detailed Summary Page CRO-1200							

# Contributions from Individuals

Pg 7 of 21

Amendment  
 Yes  No

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

Contribution Information				D. 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	
ALBERT LEE FREEMAN 1888 FAIRFIELD DR BURLINGTON, NC 27215		OWNER			
		c. Employer's Name/Specific Field			
		FREEMAN ELECTRIC		e. Election Sum to Date  \$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/08/2025	\$ 2,500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contribution Information				d. Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
SARAH FREEMAN 1888 FAIRFIELD DRIVE BURLINGTON, NC 27215		OFFICE MANAGER			
		c. Employer's Name/Specific Field			
		FREEMAN ELECTRIC		e. Election Sum to Date  \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Money Order		09/09/2025	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contribution Information				d. Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ADAM S GAITHER 261 GRANGER TRL BURLINGTON, NC 27215		LAW ENFORCEMENT			
		c. Employer's Name/Specific Field			
		GIBSONVILLE POLICE DEPT		e. Election Sum to Date  \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/23/2025	\$ 1,000.00
<input type="checkbox"/>	1	Check		11/01/2025	\$ 1,000.00
<input type="checkbox"/>					\$
				\$	6,500.00
				\$	46,455.06

# Contributions from Individuals

Pg 8 of 21

Amendment  
 Yes  No

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

Contribution Information					ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JAMES GENTRY 1308 HOLMES LANE NC 27302			<b>b. Job Title/Profession</b>  LAW ENFORCEMENT		<b>d. Comments</b>  NCSTATE HIGHWAY PATROL	
					<b>e. Election Sum to Date</b>  \$ 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		10/14/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contribution Information					ID Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  PEDRO GUELHO 3052 MINE CREEK BURLINGTON, NC 27217			<b>b. Job Title/Profession</b>  OWNER/PRESIDENT		<b>d. Comments</b>  COLLATERAL RECOVERY SOLUTIONS, LLC	
					<b>e. Election Sum to Date</b>  \$ 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	Check		10/07/2025	\$ 3,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contribution Information					ID Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  GEORGE E GUNN 143 BOONE ROAD BURLINGTON, NC 27217 (336) 512-8086			<b>b. Job Title/Profession</b>  RETIRED		<b>d. Comments</b>  BUS DRIVER	
					<b>e. Election Sum to Date</b>  \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/07/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 3,300.00	
					\$ 46,455.06	

## Contributions from Individuals

Pg 9 of 21

**Amendment**

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

# Contributions from Individuals

Pg 10 of 21

Amendment  
 Yes  No

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

a. Committee/Entity Name (if not applicable)				b. 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	
BARRY JOYCE 288 MACALLAN DRIVE BURLINGTON, NC 27215		BUSINESS MAN			
		c. Employer's Name/Specific Field			
		UNEMPLOYED/RETIRED			
				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	Credit Card		11/09/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Committee/Entity Name (if not applicable)				b. ID Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
RUSSELL D KELLY 111 ASPEN AVE ELON, NC 27244		MUNICIPAL GOVERNMENT PROFESSIONAL			
		c. Employer's Name/Specific Field			
		CITY OF BURLINGTON			
				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		12/14/2025	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Committee/Entity Name (if not applicable)				b. ID Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BAKER KIMREY 1751 GREEN GABLE TRL ELON, NC 27244		GENERAL CONTRACTOR			
		c. Employer's Name/Specific Field			
		LKC LLC			
				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		10/08/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
g. Contribution Amount				\$ 1,500.00	
g. Contribution Amount				\$ 46,455.06	

# Contributions from Individuals

Pg 11 of 21

Amendment  
 Yes  No

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

Contribution Information				Election Information	
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	
MILLIE KING 1140 GIBSONVILLE OSSIPPE ROAD ELON, NC 27244		STAFF ACCOUNTANT		e. Election Sum to Date  \$ 100.00	
		c. Employer's Name/Specific Field			
		WISHART NORRIS HENNINGER & PITTMAN P.A.			
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		11/01/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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	
ERNEST A KOURY JR PO BOX 850 BURLINGTON, NC 27216		VICE PRESIDENT		e. Election Sum to Date  \$ 1,000.00	
		c. Employer's Name/Specific Field			
		CAROLINA HOISIERY MILLS			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/31/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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	
RICKY E LEE 2979 S NC HIGHWAY 119 MEBANE, NC 27302		UNEMPLOYED/RETIRED		e. Election Sum to Date  \$ 99.00	
		c. Employer's Name/Specific Field			
		CITY OF BURLINGTON			
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		12/06/2025	\$ 99.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 1,199.00	
				\$ 46,455.06	

# Contributions from Individuals

Pg 12 of 21

Amendment  
 Yes  No

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

a. Committee/Unit Name (and funds if applicable)			b. ID Number		
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b> RESERVE OFFICER	<b>d. Comments</b>	
JOHN MASSEY 3926 BOONE LANE BURLINGTON, NC 27217			<b>c. Employer's Name/Specific Field</b> GRAHAM POLICE DEPARTMENT	<b>e. Election Sum to Date</b> \$ 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		10/17/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b> CODE ENFORCEMENT OFFICIAL	<b>d. Comments</b>	
RYAN MAYS 7138 BEALE ROAD SNOW CAMP, NC 27349			<b>c. Employer's Name/Specific Field</b> ALAMANCE COUNTY	<b>e. Election Sum to Date</b> \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Credit Card		10/18/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b> BUSINESS OWNER	<b>d. Comments</b>	
MICHAEL A MCCRICKARD 4330 BURCH BRIDGE ROAD BURLINGTON, NC 27217			<b>c. Employer's Name/Specific Field</b> CERAMIC IMAGE	<b>e. Election Sum to Date</b> \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		11/17/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b> \$ 550.00		
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b> \$ 46,455.06		

# Contributions from Individuals

Pg 13 of 22

Amendment  
 Yes  No

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

a. Committee/Political Party/Group Name and Address				b. Dates	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
c. Contribution Information				<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JOHN MCDONALD 900 E LAKE DR BURLINGTON, NC 27215		CO-OWNER			
c. Employer's Name/Specific Field		LYFT WASTE AND RECYCLING		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		09/23/2025	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
b. Contribution 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 MCVEY 7638 SNOW CAMP ROAD SNOW CAMP, NC 27349		MEDICAL CONTRACTING			
c. Employer's Name/Specific Field		REGISTRY DATA SOLUTIONS		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		10/09/2025	\$ 100.00
<input type="checkbox"/>	1	Credit Card		11/14/2025	\$ 100.00
<input type="checkbox"/>					\$
c. Contribution 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	
BRANDON MORRIS 125 AUTO PARK DRIVE GRAHAM, NC 27253		OWNER			
c. Employer's Name/Specific Field		QUALITY COLLISION SOLUTIONS		e. Election Sum to Date	
				\$	708.29
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	DONATED 4 X 8 SIGNS	12/22/2025	\$ 708.29
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
d. Total only this Page				\$	1,208.29
e. Total for All CRO 1210's Pages				\$	47,163.35

# Contributions from Individuals

Pg 14 of 22

Amendment  
 Yes  No

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

1. Committee/Individual Name (and City if applicable)			2. D. Number		
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
3. Contribution Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  HEATHER P. MORTON 102 CALE DRIVE BURLINGTON, NC 27215			<b>b. Job Title/Profession</b>  REALTOR		<b>d. Comments</b>  THE MORTON GROUP
					<b>e. Election Sum to Date</b>  \$ 1,000.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		10/06/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  GREGORY B OAKLEY 2833 MNE CREEK ROAD BURLINGTON, NC 27217			<b>b. Job Title/Profession</b>  SALES REPRESENTATIVE		<b>d. Comments</b>  QUALITY EQUIPMENT-JOHN DEERE DEALERSHIP
					<b>e. Election Sum to Date</b>  \$ 1,000.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		10/10/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JAY OAKLEY 3258 N NC HIGHWAY 62 BURLINGTON, NC 27217			<b>b. Job Title/Profession</b>  CERTIFIED PUBLIC ACCOUNTANT		<b>d. Comments</b>  PEOPLE GURU
					<b>e. Election Sum to Date</b>  \$ 500.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		11/05/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total Individual Contribution			\$ 2,500.00		
5. Total Individual Contribution (2005-2006 Summary Page CRO-1200)			\$ 47,163.35		

# Contributions from Individuals

Pg 15 of 22

Amendment  
 Yes  No

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

a. Committee/Unit Name (and 3rd if applicable)			b. Job Title/Profession		
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
c. Employer's Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b> INSURANCE AGENT		d. Comments
DAVID PINSON 2305 SADDLE CLUB RD BURLINGTON, NC 27215			<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		
					<b>e. Election Sum to Date</b> \$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Credit Card		10/08/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Committee/Unit Name (and 3rd if applicable)			<input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b> BEEKEPER/FARMER		d. Comments
IRA G POSTON 4560 WHITESELL BROTHER RD ELON, NC 27244			<b>c. Employer's Name/Specific Field</b> SELF EMPLOYED		
					<b>e. Election Sum to Date</b> \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/06/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Committee/Unit Name (and 3rd if applicable)			<input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b> DEPUTY SHERIFF		d. Comments
JEFFREY RANDELMAN 514 LAUREL HILL DRIVE BURLINGTON, NC 27215			<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		
					<b>e. Election Sum to Date</b> \$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		12/06/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>f. Total Individual Contribution</b> \$ 600.00					
<b>g. Total Contribution from Political Committees</b> \$ 47,163.35					

# Contributions from Individuals

Pg 16 of 22

Amendment  
 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. D Number			
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
3. Contribution Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
DON SHEPHERD 3530 MINE CREED ROAD BURLINGTON, NC 27217		BUSINESS OWNER			
		c. Employer's Name/Specific Field NOT EMPLOYED			
		e. Election Sum to Date \$ 100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Credit Card		10/16/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution 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		
CHRISTINE G SMITH PO BOX 322 GIBSONVILLE, NC 27249		REAL ESTATE MANAGER			
		c. Employer's Name/Specific Field HYWAY REALTY CO			
		e. Election Sum to Date \$ 500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/10/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
JOHN D SMITH PO BOX 590 EDEN, NC 27289		PRESIDENT			
		c. Employer's Name/Specific Field J S OF EDEN ENTERPRISES			
		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		10/13/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total for this page				\$ 1,600.00	
5. Total for (2) (1) pages				\$ 47,163.35	
6. Total for all contributions and Summary page CRO-1100					

# Contributions from Individuals

Pg 17 of 22

Amendment  
 Yes  No

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

a. Committee Full Name (and number if applicable)				b. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JAMES H SMITH JR PO BOX 449 BURLINGTON, NC 27216				<b>b. Job Title/Profession</b> BUSINESS EXECUTIVE <b>c. Employer's Name/Specific Field</b> VILLANE INC	
				<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		11/01/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Committee Full Name (and number if applicable)				b. ID Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JIMMY SPOON 1261 WILLIE SPOON LANE BURLINGTON, NC 27217				<b>b. Job Title/Profession</b> UNEMPLOYED/RETIRED <b>c. Employer's Name/Specific Field</b> CITY OF GRAHAM	
				<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/12/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Committee Full Name (and number if applicable)				b. ID Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JAMES R STALLINGS SR 333 MACARTHUR LANE BURLINGTON, NC 27217				<b>b. Job Title/Profession</b> PRESIDENT <b>c. Employer's Name/Specific Field</b> CAROLINA CHEM-STRIP	
				<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Money Order		12/10/2025	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>f. Total Amount (by type)</b> <b>g. Total Amount (by employer)</b> <b>h. Total Amount (by date)</b>				\$ 2,200.00 \$ 47,163.35	

# Contributions from Individuals

Pg 18 of 22

Amendment  
 Yes  No

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

f. Committee Full Name (and number if applicable)		g. D.N. Number			
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
h. Contribution 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		
MICHAEL STUART 3111 FIELDSTONE LANE MEBANE, NC 27302		LAW ENFORCEMENT			
		c. Employer's Name/Specific Field			
		STATE OF NC			
		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	Debit Card		11/07/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
h. Contribution 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		
MICHELLE STUART 3111 FIELDSTONE LANE MEBANE, NC 27302		DENTAL ASSISTANT			
		c. Employer's Name/Specific Field			
		RELAX DENTAL			
		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		12/16/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
h. Contribution Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
BRIAN SUTTON 3060 UNION RIDGE ROAD BURLINGTON, NC 27217		HVAC			
		c. Employer's Name/Specific Field			
		DUGGINS MECHANICAL			
		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		11/16/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
h. Contribution 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		
CRO-1210 (1) Page				\$ 400.00	
CRO-1210 (1) Page				\$ 47,163.35	
This page is a continuation of Detailed Summary Page (CRO-1100)					

# Contributions from Individuals

Pg 19 of 22

Amendment  
 Yes  No

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

Committee/Individual Name (and Filer if applicable)				Election Sum to Date	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
BRETT TAPSCOTT 3645 ALTHORP DR RALEIGH, NC 27616		LAW ENFORCEMENT	<b>e. Election Sum to Date</b>  \$ 1,000.00		
		RALEIGH POLICE DEPARTMENT			
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Credit Card		10/11/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Committee/Individual Name (and Filer if applicable)				Election Sum to Date	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>				<b>b. Job Title/Profession</b>	<b>d. Comments</b>
CRAIG THOMPSON 2222 DELANEY DRIVE BURLINGTON, NC 27215				ATTORNEY	CHECK WROTE ON 08/19, AND MAILED. DUE TO PO BOX ERROR CHECK WAS RETURNED TO SENDER
				LAW OFFICES OF CRAG T THOMPSON	<b>e. Election Sum to Date</b>  \$ 1,000.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		10/09/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Committee/Individual Name (and Filer if applicable)				Election Sum to Date	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>				<b>b. Job Title/Profession</b>	<b>d. Comments</b>
JENNIFER D THORNTON 107 E OLD CHARLESTON DRIVE ELON, NC 27244				SENIOR PROJECT MANAGER	
				TROUTMAN PEPPER LOCKE LLP	<b>e. Election Sum to Date</b>  \$ 100.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		09/26/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>Grand Total this Page</b> \$ 2,100.00					
<b>Grand Total CRO-1210 Pages</b> \$ 47,163.35					
of Detailed Summary Page CRO-1210					

# Contributions from Individuals

Pg 20 of 22

Amendment  
 Yes  No

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

e. Committee Full Name (and P.O. if applicable)			2. ID Number		
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
3. Contribution 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 TRICKEY 1669 MORTON PULLIAM ROAD ROXBORO, NC 27574-8572			ADMINISTRATIVE		
			c. Employer's Name/Specific Field STATE CONSTRUCTION		
			e. Election Sum to Date \$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		08/28/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution 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	
RAUL VILLEGRAS 154 BOONE ROAD BURLINGTON, NC 27217			WATER PLANT OPERATOR		
			c. Employer's Name/Specific Field CITY OF BURLINGTON WATER RESOURCES DEPARTMENT		
			e. Election Sum to Date \$ 1,025.00		
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		08/29/2025	\$ 1,000.00
<input type="checkbox"/>	1	Credit Card		09/05/2025	\$ 25.00
<input type="checkbox"/>	1	In-Kind	TO BE REIMBURSED (PURCHASE OF	09/08/2025	\$ 560.00
3. Contribution Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
WILLIAM WADE 438 WILLIE PACE ROAD BURLINGTON, NC 27217			ELECTRICIAN		
			c. Employer's Name/Specific Field NOT EMPLOYED		
			e. Election Sum to Date \$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/09/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total Only this Page			\$ 2,785.00		
5. Total of CRO-1210 Pages			\$ 47,163.35		
6. Total of Detailed Summary Page CRO-100					

# Contributions from Individuals

Pg 21 of 22

Amendment  
 Yes  No

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

1. Committee/Individual Name (and firm if applicable)			2. I.D. Number		
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
3. Contribution Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  SAM WAGNER 10007 MAYWINE CIR HUNTERSVILLE, NC 28078			<b>b. Job Title/Profession</b> CO-OWNER		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> HERITAGE HOME CARE AGENCY		<b>e. Election Sum to Date</b> \$ 200.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Credit Card		10/14/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MICHAEL WARREN 1508 HOLMES LANE MEBANE, NC 27302			<b>b. Job Title/Profession</b> ELECTRICIAN		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> FREEMAN ELECTRIC		<b>e. Election Sum to Date</b> \$ 2,000.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		09/10/2025	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JOHN W WAY 163 TARLETON AVE BURLINGTON, NC 27215			<b>b. Job Title/Profession</b> LAW ENFORCEMENT		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> GRAHAM POLICE DEPARTMENT		<b>e. Election Sum to Date</b> \$ 1,000.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		09/30/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total for this Page					\$ 3,200.00
5. Total for all CRO 1210 Pages					\$ 47,163.35
This page is the continuation of a detailed Summary page (CRO 1200).					

# Contributions from Individuals

Pg 22 of 22

<input type="checkbox"/>	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

<b>i. Committee/Full Name (and Fund if applicable)</b>		<b>j. D. Number</b>			
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<b>k. Contribution Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
BUD WRENN 721 HIAWATHA COURT BURLINGTON, NC 27217		PASTOR			
		<b>c. Employer's Name/Specific Field</b>			
		INTEGRITY CHURCH			
		<b>e. Election Sum to Date</b>			
		\$ 200.00			
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Credit Card		11/16/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>m. Total Contributions Page</b>				<b>\$ 200.00</b>	
<b>n. Total CRO-1210 Page</b>				<b>\$ 47,163.35</b>	
<small>For a detailed breakdown of Details of Summary Page CRO-1210</small>					

CRO-1210

NC State Board of Elections

April 2007

# Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment  
 Yes  No

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
24HOURWRISTBANDS 14550 BEECHNUT STREET SUITE #100 HOUSTON, TX 77083		<input type="checkbox"/> Candidate	<input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum	<input type="checkbox"/> Party		
b. Job Title/Profession		e. Level Registered (Specify)		h. Original Expenditure Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	09/12/2025	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
c. Employer's Name/Specific Field		f. Purpose		i. Original Expenditure Amt	
		RETURNED FOR THE TABLE COVER		\$ 450.58	
j. Election Sum to Date					
				\$ 109.53	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
1	Electric Funds Tran		10/10/2025	\$ 66.28	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
24HOURWRISTBANDS 14550 BEECHNUT STREET SUITE #100 HOUSTON, TX 77083		<input type="checkbox"/> Candidate	<input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum	<input type="checkbox"/> Party		
b. Job Title/Profession		e. Level Registered (Specify)		h. Original Expenditure Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
c. Employer's Name/Specific Field		f. Purpose		i. Original Expenditure Amt	
		RETURN ROUND BUTTONS		\$	
				109.53	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
1	Electric Funds Tran		11/12/2025	\$ 274.77	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
24HOURWRISTBANDS 14550 BEECHNUT STREET SUITE #100 HOUSTON, TX 77083		<input type="checkbox"/> Candidate	<input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum	<input type="checkbox"/> Party		
b. Job Title/Profession		e. Level Registered (Specify)		h. Original Expenditure Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
c. Employer's Name/Specific Field		f. Purpose		i. Original Expenditure Amt	
				\$ 341.05	
				\$ 341.05	
Total Expenditure (Sum of all rows above)					
Total Refund/Reimbursement (Sum of all rows above)					
Grand Total (Sum of all rows above)					
Last updated: 11/12/2025					
Printed: 11/12/2025					
Filing Summary: CRO-1240					

# Disbursements

Pg 1 of 9  Yes  No

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

a. Committee Full Name (and branch if applicable)		b. NID Number									
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF											
(Please check narrative 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									
24HOURWRISTBANDS 14550 BEECHNUT STREET SUITE #100 HOUSTON, TX 77083		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 \$ 109.53									
f. Account Code 1		g. Form of Payment Debit Card		h. Purpose Code O		i. Date (mm/dd/yyyy) 09/12/2025		j. Amount \$ 450.58		k. Required Remarks MERCHANDISE	
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) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: e. Election Sum to Date \$ 870.18									
f. Account Code 1		g. Form of Payment Check		h. Purpose Code B		i. Date (mm/dd/yyyy) 11/25/2025		j. Amount \$ 704.44		k. Required Remarks SIGNS	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name d. Comments									
AGE GRAPHICS 678 COLLINS ROAD LITTLE HOCKING, OH 45742 (740) 989-0006		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 \$ 9,534.50									
f. Account Code 1		g. Form of Payment Debit Card		h. Purpose Code B		i. Date (mm/dd/yyyy) 08/28/2025		j. Amount \$ 600.00		k. Required Remarks YARD SIGNS	
f. Account Code 1		g. Form of Payment Debit Card		h. Purpose Code B		i. Date (mm/dd/yyyy) 09/15/2025		j. Amount \$ 7,114.50		k. Required Remarks ADVERTISING SIGNS	
f. Account Code 1		g. Form of Payment Debit Card		h. Purpose Code B		i. Date (mm/dd/yyyy) 10/15/2025		j. Amount \$ 9,035.26			
f. Account Code 1		g. Form of Payment Debit Card		h. Purpose Code B		i. Date (mm/dd/yyyy) 11/15/2025		j. Amount \$ 37,623.68			
(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)											
f. Account Code 1											
(Code required detailed explanation in required remarks field (k))											
A* - Media E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses		D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund					

## Disbursements

Pg 2 of 9  Yes  No

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

a. Committee/Office Name (enter in applicable)		b. ID Number			
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
c. Description of Disbursement (see CRO-134 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 <input type="checkbox"/> d. Comments			
AGE GRAPHICS 678 COLLINS ROAD LITTLE HOCKING, OH 45742 (740) 989-0006		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <input type="checkbox"/> e. Election Sum to Date \$ 9,534.50			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B	10/09/2025	\$ 1,820.00	YARD SIGNS AND BANNERS
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name <input type="checkbox"/> d. Comments			
ALAMANCE COUNTY BOARD OF ELECTIONS 1128 S MAIN STREET GRAHAM, NC 27253		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <input type="checkbox"/> e. Election Sum to Date \$ 1,305.94			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	12/08/2025	\$ 1,305.94	FILING FEE
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name <input type="checkbox"/> d. Comments			
AMAZON.COM 410 TERRY AVENUE NORTH SEATTLE, WA 98109		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <input type="checkbox"/> e. Election Sum to Date \$ 98.66			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/17/2025	\$ 98.66	PARADE GIVEAWAYS
				\$	
				\$	3,224.60
G. Total of the CRO-130 Pages				\$	37,623.68
(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)					
H. List of CRO-130 expenditure code in line 100's					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
I. Other required detailed explanation in required remarks field (k)					

# Disbursements

Pg 3 of 9

Amendment  
 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/Name (and if applicable)	2. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF	

3. Type of Disbursement (Please check the appropriate box for each type of Disbursement)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments			
BUILD A SIGN 11525A STONEHOLLOW DR STE 120 AUSTIN, TX 78758 (800) 330-9622	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 \$ 240.76			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	09/23/2025	\$ 240.76	BACKDROP AND RUNNER
				\$	

5. 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			
CANVA US INC 3212 E CESAR CHAVEZ STREET BUILDING 1, SUITE 1300 AUSTIN, TX 78702	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 \$ 565.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B	09/04/2025	\$ 110.00	BUSINESS CARDS
1	Debit Card	B	09/12/2025	\$ 210.00	PROMOTIONAL STICKERS

6. 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			
CANVA US INC 3212 E CESAR CHAVEZ STREET BUILDING 1, SUITE 1300 AUSTIN, TX 78702	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 \$ 565.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B	10/22/2025	\$ 110.00	BUSINESS CARDS
1	Debit Card	B	12/08/2025	\$ 120.00	CANVA SUBSCRIPTION

7. Summary of Disbursements		\$ 790.76
8. Summary of CRO-1100 Page		\$ 37,623.68
<p>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</p> <p>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</p> <p>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</p>		

9. Purpose Codes (Enter detailed expenditure code in purpose box)					
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					
10. Other required remarks held (x)					

# Disbursements

Pg 4 of 9  Yes  No

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

1. COMMITTEE NAME (or Committee Description)				2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<input type="checkbox"/> <b>Operating Expenses</b> <input type="checkbox"/> <b>Contributions to Candidates/Political Committees</b> <input type="checkbox"/> <b>Coordinated Party Expenditures</b>					
<input type="checkbox"/> <b>Operating Information</b>			<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Remove</b>		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
KASEY CHILDERS 201 1ST STREET HUNTERSVILLE, NC 28078 (704) 912-1028					
<b>c. Level Registered (Specify)</b>		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
				\$ 1,500.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Debit Card	O	08/29/2025	\$ 1,500.00	WEBSITE
				\$	
<input type="checkbox"/> <b>Operating Information</b>			<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Remove</b>		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
CRIMESTOPPERS 267 W FRONT ST BURLINTON, NC 27216					
<b>c. Level Registered (Specify)</b>		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
				\$ 500.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Check	O	09/22/2025	\$ 500.00	PLATINUM SPONSORSHIP
				\$	
<input type="checkbox"/> <b>Operating Information</b>			<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Remove</b>		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
BRAD CRONE 3801 LAKE BOONE TRAIL RALEIGH, NC 27607 (919) 834-8994					
<b>c. Level Registered (Specify)</b>		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
				\$ 3,000.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Check	O	09/05/2025	\$ 3,000.00	CAMPAIGN
				\$	CONSULTANT
				\$	5,000.00
<input type="checkbox"/> <b>Operating Information</b> <input type="checkbox"/> <b>Contributed to Candidates/Political Committees</b> <input type="checkbox"/> <b>Coordinated Party Expenditures</b>				\$	37,623.68
<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>					
<input type="checkbox"/> <b>Operating Information</b> <input type="checkbox"/> <b>Contributed to Candidates/Political Committees</b> <input type="checkbox"/> <b>Coordinated Party Expenditures</b>					
<b>A* - Media</b> <b>E - Salaries</b> <b>I - Postage</b> <b>O* Other</b>		<b>B* - Printing</b> <b>F* - Equipment</b> <b>J - Penalties</b>		<b>C* - Fundraising</b> <b>G - Political Party</b> <b>K* - Office Expenses</b>	
				<b>D - To Another Candidate</b> <b>H* - Holding Public Office Expenses</b> <b>Q* - Donation to Legal Expense Fund</b>	
<input type="checkbox"/> <b>Comments require detailed explanation in required remarks field (k)</b>					

# Disbursements

Pg 5 of 9  Yes  No

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

1. Full Name, Mailing Address & Phone (include city, state, & zip)						2. EIN Number
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						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CUSTOM LANYARD 16107 KENSINGTON DR. # 172 SUGAL LAND, TX 77479 (832) 924-6777			<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 224.40	
<b>f. Account Code</b> 1 Debit Card			<b>g. Form of Payment</b> O	<b>h. Purpose Code</b> i. Date (mm/dd/yyyy) 09/12/2025	<b>j. Amount</b> \$ 224.40	<b>k. Required Remarks</b> PROMTIONAL WRISTBANDS
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  GIE CORPORATION 230 OLENTANGY RIDGE PLACE POWELL, OH 43065			<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 1,575.61	
<b>f. Account Code</b> 1 Check			<b>g. Form of Payment</b> O	<b>h. Purpose Code</b> i. Date (mm/dd/yyyy) 10/24/2025	<b>j. Amount</b> \$ 1,575.61	<b>k. Required Remarks</b> APPAREL
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  GOLFTEEKS.COM 7629 NW 57THE ST TAMARAC, FL 33321			<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 144.11	
<b>f. Account Code</b> 1 Debit Card			<b>g. Form of Payment</b> O	<b>h. Purpose Code</b> i. Date (mm/dd/yyyy) 09/04/2025	<b>j. Amount</b> \$ 144.11	<b>k. Required Remarks</b> PROMOTIONAL MATERIALS-STICKERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>6. Total for Item 1C (10 Pages)</b> (\$ 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)						
(\$ 1,944.12) (\$ 37,623.68)						
(\$ Total for Item 1C (10 Pages) is detail expenditure code in (h) above)						
A* - Media E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses		D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund
(\$ Other required detailed explanation in required remarks field (k))						

# Disbursements

Pg 6 of 9

Amendment  
 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 Name and Fund Expenditure		2. ID Number			
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
<b>3. Disbursement Type</b> (Please use separate CRO-1310 form 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			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KT MEDIA 6164 APPLE ORCHARD DRIVE MEBANE, NC 27302		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 6,000.00			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Electric Funds Tran	A	10/28/2025	\$ 6,000.00	VIDEO CREATION
				\$	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MAJESTIC MEDIA LLC PO BOX 2474 BURLINGTON, NC 27216		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 5,665.00			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Draft	A	12/02/2025	\$ 3,165.00	MEDIA ADS
1	Draft	A	12/17/2025	\$ 2,500.00	ADS
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  NATIONBUILDER 6515 W SUNSET BLVD STE 440 LOS ANGELES, CA 90028 (213) 992-4809		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 2,013.55			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Debit Card	A	09/17/2025	\$ 179.00	PLATFORM
1	Debit Card	O	10/17/2025	\$ 501.00	SUBSCRIPTION FOR TEXTING/EMAIL SERVICES
				\$	12,345.00
<b>6. CREDIT/DEBIT CRO-1310 Pages</b> (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)				\$	37,623.68
<b>7. Purpose Codes</b> (Use detailed expenditure code in line 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					
<b>8. Disbursement Remarks</b> (Enter any other remarks held in k)					

# Disbursements

Pg 7 of 9  Yes  No

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

1. Committee Name (include city, state, & zip)	2. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF	

(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

3. Disbursement 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			
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:	\$ 2,013.55			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/17/2025	\$ 645.00	EMAIL TEXTING
1	Draft	O	12/17/2025	\$ 645.00	EMAIL/TEXTING SERVICES

4. Disbursement 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			
OFFICE DEPOT 1825 SOUTH CHURCH 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:	\$ 55.50			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B	12/13/2025	\$ 55.50	BANNER
				\$	

5. Disbursement 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			
SAHS ATHLETIC BOOSTER CLUB PO BOX 456 ALAMANCE, NC 27201	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:	\$ 300.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	09/19/2025	\$ 300.00	SAHS ATHLETIC BOOSTER CLUB
				\$	

6. Total of All Disbursements		\$ 1,645.50
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)		\$ 37,623.68
(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. Disbursement Codes (Use 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					

Comments or detailed explanation in required remarks field(s)

# Disbursements

Pg 8 of 9  Yes  No

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

1. Committee Name (Please use separate CRO-1310 forms for each type of Disbursement)						2. ID Number
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						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
SQUARESPACE INC 225 VARCIK STREET 12TH FLOOR NEW YORK, NC 10014 (646) 580-3456			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 220.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	A	09/24/2025	\$ 220.80	WEBSITE ANNUAL	
				\$	HOSTING PLAN	
<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			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 1,058.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	A	12/24/2025	\$ 1,058.00	CHRISTMAS AND NY AD	
				\$		
<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 ROSEMARY AT ELON 202 W. HAGGARD AVENUE ELON, NC 27244 (336) 264-6438			<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	O	09/26/2025	\$ 2,000.00	CATERING & VENUE	
				\$		
						\$ 3,278.80
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
(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)						\$ 37,623.68
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
(Indicate CRO-1310 expenditure code in the above line)						
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						
For a more detailed explanation in required remarks field (k)						

## Disbursements

Pg 9 of 9

Yes  No

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

Disbursements						2/10/2009
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
<input type="checkbox"/> <b>Amendment</b> <input checked="" type="checkbox"/> <b>Operating Expenses</b> <input type="checkbox"/> <b>Contributions to Candidates/Political Committees</b> <input type="checkbox"/> <b>Coordinated Party Expenditures</b>						
<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Remove</b>						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  THE VICTORIAN COFFEE SHOP 335 ROXBORO STREET HAW RIVER, NC 27258			<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 109.64	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Debit Card	O	12/06/2025	\$ 109.64	EVENT CATERING	
				\$		
<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Remove</b>						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  WBAG RADIO P.O. BOX 2450 BURLINGTON, NC 27216			<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 250.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Check	A	12/16/2025	\$ 250.00	RADIO AD	
				\$		
<b>f. Account Code</b> <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b>						\$ 359.64
<b>f. Account Code</b> <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b>						\$ 37,623.68
(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)						
<b>A* - Media</b> <b>B* - Printing</b> <b>C* - Fundraising</b> <b>D - To Another Candidate</b> <b>E - Salaries</b> <b>F* - Equipment</b> <b>G - Political Party</b> <b>H* - Holding Public Office Expenses</b> <b>I - Postage</b> <b>J - Penalties</b> <b>K* - Office Expenses</b> <b>Q* - Donation to Legal Expense Fund</b> <b>O* Other</b>						
Codes require detailed explanation in required remarks field(s)						

# Aggregated Non-Media Expenditures

Page 1 of 3

Amendment  
 Yes  No

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

Committee to Elect Billy Clayton for Sheriff						
Non-Media Expenditure		Form of Payment		Purpose Code	Expenditure Date (mm/dd/yyyy)	Amount
Add	Remove	1	Electric Funds Tran	O	09/05/2025	\$ 1.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	09/13/2025	\$ 2.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	09/13/2025	\$ 4.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	09/25/2025	\$ 14.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	09/26/2025	\$ 4.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/03/2025	\$ 40.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/07/2025	\$ 8.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/08/2025	\$ 8.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/08/2025	\$ 10.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/09/2025	\$ 4.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/09/2025	\$ 20.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/11/2025	\$ 40.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/14/2025	\$ 8.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/14/2025	\$ 8.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/16/2025	\$ 4.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/17/2025	\$ 8.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/17/2025	\$ 20.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/18/2025	\$ 10.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/19/2025	\$ 1.30
<input type="checkbox"/>	<input type="checkbox"/>	1	Electric Funds Tran	O	10/27/2025	\$ 1.30
Subtotal of Non-Media Expenditures						
\$ 221.00						
Subtotal of CRO-1315 Page						
\$ 411.11						

B\* - Printing

D - To Another Candidate

E - Salaries

G - Political Party

J - Penalties

Q\* - Donations to Legal Expense Fund

O\* - Other

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

# Aggregated Non-Media Expenditures

Page 2 of 3

Amendment  
 Yes  No

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

Committee Information						
Line Item	Account Number	Form of Payment	Purpose Code	Expenditure Date	Amount	Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/07/2025	\$ 8.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/09/2025	\$ 40.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/14/2025	\$ 4.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/16/2025	\$ 1.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/16/2025	\$ 4.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/16/2025	\$ 8.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/17/2025	\$ 2.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	12/01/2025	\$ 0.70	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	12/03/2025	\$ 2.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	12/06/2025	\$ 8.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	12/08/2025	\$ 2.26	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	12/11/2025	\$ 4.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	12/16/2025	\$ 4.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	12/17/2025	\$ 0.70	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	12/17/2025	\$ 1.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	K	12/29/2025	\$ 8.30	PROCESSING FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/17/2025	\$ 10.00	PARADE ENTRY FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	11/08/2025	\$ 15.00	CANVA MONTHLY SUBSRCITION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/28/2025	\$ 10.00	PARADE ENTRY
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	11/06/2025	\$ 10.00	PARADE ENTRY
Total Expenditures (Pages)						
\$ 146.56						
Total Expenditures (GRO 1101 Pages)						
\$ 411.11						
B* - Printing					D - To Another Candidate	
E - Salaries		G - Political Party				
J - Penalties					Q* - Donations to Legal Expense Fund	
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

## Aggregated Non-Media Expenditures

Page 3 of 3

**Amendment**  
 Yes  No

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

Committee to Elect Billy Clayton for Sheriff						
Action		Check Box	Code	Method of Payment	0 Purpose (Code)	Date (mm/dd/yyyy)
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	I		Debit Card	O	10/29/2025
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	I		Debit Card	O	11/16/2025
Total Amount: \$43.55						43.55
Subtotal of All CRO-1315 Pages						411.11
* Codes require detailed explanation in required remarks field (g)						
E - Salaries		B* - Printing		G - Political Party		D - To Another Candidate
O* - Other		J - Penalties		Q* - Donations to Legal Expense Fund		

GRQ-1315

NC State Board of Elections

December 2009

# 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

a. Committee/Political Party		b. Payment Information			c. Details		
					Add <input type="checkbox"/>	Remove <input type="checkbox"/>	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  RAUL VILLEGAS 154 BOONE ROAD BURLINGTON, NC 27217		<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party <b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			<b>g. Comments</b> REIMBURSEMENT FOR CANVA TRIFOLDS		
					<b>h. Original Receipt Date</b> 09/08/2025		
					<b>i. Original Receipt Amount</b> \$ 560.00		
<b>b. Job Title/Profession</b> WATER PLANT OPERATOR		<b>c. Employer's Name/Specific Field</b> CITY OF BURLINGTON WATER RESOURCES DEPARTMENT		<b>f. Purpose Code</b> P		<b>j. Election Sum to Date</b> \$ 1,025.00	
<b>k. Account Code</b> 1	<b>l. Form of Payment</b> Check	<b>m. Required Remarks</b> CANVA TRIFOLDS		<b>n. Date (mm/dd/yyyy)</b> 12/10/2025		<b>o. Amount</b> \$ 560.00	
<b>REIMBURSEMENT THIS PAYMENT</b> \$ 560.00						\$ 560.00	
<b>REIMBURSEMENT CREDIT TO THIS PAYMENT</b> \$ 560.00						\$ 560.00	
<small>REIMBURSEMENT CREDIT TO THIS PAYMENT</small> <b>L - Returned to Contributor</b> <b>M - Overpayment for Service</b> <b>N - Exceeded Contribution Limit</b> <b>P* - Reimbursement of In-Kind</b> <b>O* - Other</b> <small>REIMBURSEMENT CREDIT TO THIS PAYMENT</small> <small>REIMBURSEMENT CREDIT TO THIS PAYMENT</small>							

CRO-1320

NC State Board of Elections

July 2007

## In-Kind Contributions

Pg 1 of 2

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.

Description		ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Type of Contributor</b>	
DEREK BATES 202 W HAGGARD AVENUE ELON, NC 27244		<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	
		<b>c. Comments</b> PAID DIRECTLY TO THE ROSEMARY AT ELON	
		<b>d. Election Sum to Date</b> \$ 696.06	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
VENUE RENTAL		09/26/2025	
		\$ 696.06	
		\$	
		\$	
<b>g. Fair Market Amount</b>			
<b>Contribution Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Type of Contributor</b>	
BILLY T. CLAYTON II P. O. BOX 142 BURLINGTON, NC 27216		<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	
		<b>c. Comments</b> HOLE SPONSOR CONTRIBUTION FOR ALAMANCE GLASS FUNDRAISER GOLD TOURNAMENT	
		<b>d. Election Sum to Date</b> \$ 1,075.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
HOLE SPONSOR CONTRIBUTION FOR ALAMANCE GLASS FUNDRAISER GOLD TOURNAMENT		09/09/2025	
\$ 250.00			
HOLE SPONSORSHIP FOR BACAR (CHRISTMAS CHEER FUNDRAISER)		09/09/2025	
\$ 425.00			
HOLE SPONSORSHIP FOR SCOTT SOLOMON FUNDRAISER		09/20/2025	
\$ 400.00			
<b>Contribution Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Type of Contributor</b>	
BRANDON MORRIS 125 AUTO PARK DRIVE GRAHAM, NC 27253		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b> \$ 708.29	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
DONATED 4 X 8 SIGNS		12/22/2025	
\$ 708.29			
		\$	
		\$	
<b>Grand Total In-Kind</b>		\$ 2,479.35	
<b>Contribution CRO-1510 Page</b>		\$ 3,039.35	
(This is the last page of the In-Kind Contribution Statement (Form CRO-1510))			

**In-Kind Contributions**Pg 2 of 2
 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.

In Committee Name and Fund Identification		Filing Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF			
a. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) RAUL VILLEGRAS 154 BOONE ROAD BURLINGTON, NC 27217		<b>b. Type of Contributor</b> <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	
		<b>c. Comments</b> TO BE REIMBURSED (PURCHASE OF TRIFOLDS PAID WITH PERSONAL CREDIT CARD)	
		<b>d. Election Sum to Date</b> \$ 1,025.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TO BE REIMBURSED (PURCHASE OF TRIFOLDS PAID WITH PERSONAL CREDIT CARD)		09/08/2025	\$ 560.00
			\$
			\$
<b>g. Total In-Kind Page</b> \$ 560.00			
<b>g. Total All Gross Totals</b> \$ 3,039.35			

CRO-1510

NC State Board of Elections

December 2007