

Disclosure Report Cover

Amendment

☐ Yes ☒ No

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

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P. O. BOX 142 BULRINGTON, NC 27216	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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
	<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	
	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
	<input type="checkbox"/> Special	<input type="checkbox"/> Final	
		<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		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 14,600.00		\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or 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 of Elections.

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>[Signature]</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:	1-13-26	Employee:	<u>[Signature]</u>	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

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

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

Detailed Summary

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF		2025 Year End Semi-Annual			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 14,600.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 429.00		\$ 429.00	
6) Contributions from Individuals (CRO-1210)		\$ 47,163.35		\$ 61,955.35	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 341.05		\$ 341.05	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 47,933.40		\$ 62,725.40	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 37,623.68		\$ 37,623.68	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 411.11		\$ 411.11	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 560.00		\$ 560.00	
17) In-Kind Contributions (CRO-1510)		\$ 3,039.35		\$ 3,231.35	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 41,634.14		\$ 41,826.14	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 20,899.26		\$ 20,899.26	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. District	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor 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						
4. Total only this Page					\$ 429.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 429.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DEREK BATES 202 W HAGGARD AVENUE ELON, NC 27244			MANAGER		PAID DIRECTLY TO THE ROSEMARY AT ELON	
			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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
4. Total only this Page					\$ 2,046.06	
5. Grand Total Contributions					\$ 46,455.06	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
<div> <div>3. Contributor Information</div> <div> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> </div>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
REGINA L BURNETT 903 PORTERFILED AVE BURLINGTON, NC 27217			ADMINISTRATIVE AND SUPPORT SERVICES			
			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	Check		11/11/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<div> <div>3. Contributor Information</div> <div> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> </div>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HENRY CHANDLER 515 LOUIS CHANDLER RD BURLINGTON, NC 27217			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			AMETEK			
					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		12/29/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<div> <div>3. Contributor Information</div> <div> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> </div>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BILLY T. CLATYON 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	
Total for this page					\$ 1,375.00	
Total for ALL CRO 1210 pages					\$ 46,455.06	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name and Fund (if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
4. Total only this Page					\$ 1,100.00	
5. Total for all Pages					\$ 46,455.06	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

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

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NETA J DAVIS 3079 HERITAGE LANE BURLINGTON, NC 27215			EDUCATION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					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		10/26/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TODD DAVIS 3079 HERITAGE LANE BURLINGTON, NC 27215			CRIMINAL JUSTICE PLANNER			
			c. Employer's Name/Specific Field			
			MOSELEY			
					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	Debit Card		10/03/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRANDON DUNN 3025 FIELDSTONE LANE MEBANE, NC 27302			OWNER			
			c. Employer's Name/Specific Field			
			FIRESTATION FURNITURE			
					e. Election Sum to Date	
					\$ 6,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		12/22/2025	\$ 6,800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 8,300.00	
5. Grand Total CRO 1205 Page					\$ 46,455.06	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
JOHN L ELDER PO BOX 2377 BURLINGTON, NC 27216				MANAGEMENT		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED	e. Election Sum to Date	
				\$	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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
JANET L EVANS 1457 TROLLINGWOOD RD HAW RIVER, NC 27258				ADMINITSTRATIVE		
				c. Employer's Name/Specific Field		
				SOUTHERN SEASON RETIREMENT HOME	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		11/09/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
ROSE FLEMING 4374 NIRE VALLEY DR BURLINGTON, NC 27215				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				LABCORP	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		09/26/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,100.00	
5. Total ALL CRO-1210 Pages					\$ 47,163.35	
6. Total ALL CRO-1210 Pages & of Detailed Summary Page CRO-1100						

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
4. Total only this Page					\$ 6,500.00	
5. Total of All CRO-1210 Pages					\$ 46,455.06	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMES GENTRY 1308 HOLMES LANE NC 27302				LAW ENFORCEMENT			
				c. Employer's Name/Specific Field			
				NCSTATE HIGHWAY PATROL			
				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		10/14/2025	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PEDRO GUELHO 3052 MINE CREEK BURLINGTON, NC 27217				OWNER/PRESIDENT			
				c. Employer's Name/Specific Field			
				COLLATERAL RECOVERY SOLUTIONS, LLC			
				e. Election Sum to Date			
				\$		3,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		10/07/2025	\$ 3,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GEORGE E GUNN 143 BOONE ROAD BURLINGTON, NC 27217 (336) 512-8086				RETIRED			
				c. Employer's Name/Specific Field			
				BUS DRIVER			
				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	Check		10/07/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 3,300.00		
5. Total all pages					\$ 46,455.06		

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee/Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
DYLAN HAWKINS 5322 GATTIS TR. BURLINGTON, NC 27217 (336) 263-5985			INSURANCE AGENT			
			c. Employer's Name/Specific Field			
			NORTH CAROLINA FARM BUREAU	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		09/13/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JOSHUA HAYES 408 EDINBURGH DRIVE BURLINGTON, NC 27215			PRIVATE INVESTIGATOR			
			c. Employer's Name/Specific Field			
			PHOTOFAX INC	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		12/11/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
TRACEY HOLLAN 3048 ROGERS ROAD GRAHAM, NC 27253			UNEMPLOYED/RETIRED			
			c. Employer's Name/Specific Field			
			BURLINGTON POLICE DEPARTMENT	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		12/06/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of all pages (also add other pages)					\$ 46,455.06	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
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"/>					\$	
4. Total only this page					\$ 1,500.00	
5. Total ALL EXCROPT 1205 pages					\$ 46,455.06	
6. Signature of Contributor (if over \$50) or Donor (if under \$50) (CRO 1205)						

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
MILLIE KING 1140 GIBSONVILLE OSSIPPE ROAD ELON, NC 27244		STAFF ACCOUNTANT				
		c. Employer's Name/Specific Field				
		WISHART NORRIS HENNINGER & PITTMAN P.A.		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	Check		11/01/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
ERNEST A KOURY JR PO BOX 850 BURLINGTON, NC 27216		VICE PRESIDENT				
		c. Employer's Name/Specific Field				
		CAROLINA HOSIERY MILLS		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		10/31/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
RICKY E LEE 2979 S NC HIGHWAY 119 MEBANE, NC 27302		UNEMPLOYED/RETIRED				
		c. Employer's Name/Specific Field				
		CITY OF BURLINGTON		e. Election Sum to Date		
				\$ 99.00		
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	\$ 99.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,199.00	
5. Total ALL CRO-1210 Pages					\$ 46,455.06	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN MASSEY 3926 BOONE LANE BURLINGTON, NC 27217				RESERVE OFFICER			
				c. Employer's Name/Specific Field			
				GRAHAM POLICE DEPARTMENT			
				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		10/17/2025	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RYAN MAYS 7138 BEALE ROAD SNOW CAMP, NC 27349				CODE ENFORCEMENT OFFICIAL			
				c. Employer's Name/Specific Field			
				ALAMANCE COUNTY			
				e. Election Sum to Date			
				\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit Card		10/18/2025	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL A MCCRICKARD 4330 BURCH BRIDGE ROAD BURLINGTON, NC 27217				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				CERAMIC IMAGE			
				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	Check		11/17/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages						\$ 46,455.06	
6. Please Print Name of Official: Summary Page CRO-1100							

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
4. Total only this Page					\$ 1,208.29	
5. Total of ALL CRO-1210 Pages					\$ 47,163.35	
6. Attach to the end of the 6 of Detailed Summary Page CRO-1100						

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 Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HEATHER P. MORTON 102 CALE DRIVE BURLINGTON, NC 27215			REALTOR			
			c. Employer's Name/Specific Field			
			THE MORTON GROUP			
					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		10/06/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GREGORY B OAKLEY 2833 MNE CREEK ROAD BURLINGTON, NC 27217			SALES REPRESENTATIVE			
			c. Employer's Name/Specific Field			
			QUALITY EQUIPMENT-JOHN DEERE DEALERSHIP			
					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		10/10/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAY OAKLEY 3258 N NC HIGHWAY 62 BURLINGTON, NC 27217			CERTIFIED PUBLIC ACCOUNTANT			
			c. Employer's Name/Specific Field			
			PEOPLE GURU			
					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		11/05/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,500.00	
5. Total of ALL CRO-1210 Pages					\$ 47,163.35	
6. This form must be on file with Detailed Summary Page CRO-1100						

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
DAVID PINSON 2305 SADDLE CLUB RD BURLINGTON, NC 27215		INSURANCE AGENT				
		c. Employer's Name/Specific Field				
		NOT EMPLOYED				
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		10/08/2025	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
IRA G POSTON 4560 WHITESELL BROTHER RD ELON, NC 27244		BEEKEEPER/FARMER				
		c. Employer's Name/Specific Field				
		SELF 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	Check		10/06/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
JEFFREY RANDELMAN 514 LAUREL HILL DRIVE BURLINGTON, NC 27215		DEPUTY SHERIFF				
		c. Employer's Name/Specific Field				
		NOT EMPLOYED				
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		12/06/2025	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages					\$ 47,163.35	
6. If you are on page 6 of Detailed Summary Page CRO-1100						

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. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
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. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
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. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
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 only this Page					\$ 1,600.00	
5. Total on ALL CRO-1210 Pages					\$ 47,163.35	
6. This page may be on the back of Detailed 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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMES H SMITH JR PO BOX 449 BURLINGTON, NC 27216				BUSINESS EXECUTIVE			
				c. Employer's Name/Specific Field			
				VILLANE INC			
				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	Check		11/01/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JIMMY SPOON 1261 WILLIE SPOON LANE BURLINGTON, NC 27217				UNEMPLOYED/RETIRED			
				c. Employer's Name/Specific Field			
				CITY OF GRAHAM			
				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	Check		10/12/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMES R STALLINGS SR 333 MACARTHUR LANE BURLINGTON, NC 27217				PRESIDENT			
				c. Employer's Name/Specific Field			
				CAROLINA CHEM-STRIP			
				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		12/10/2025	\$ 2,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,200.00	
5. Total of ALL CRO-1210 Pages						\$ 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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICAH EL 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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages					\$ 47,163.35	
This document is an Act 5 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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
BRETT TAPSCOTT 3645 ALTHORP DR RALEIGH, NC 27616			LAW ENFORCEMENT			
			c. Employer's Name/Specific Field			
			RALEIGH 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	Credit Card		10/11/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
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		
			c. Employer's Name/Specific Field			
			LAW OFFICES OF CRAG T THOMPSON	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		10/09/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JENNIFER D THORNTON 107 E OLD CHARLESTON DRIVE ELON, NC 27244			SENIOR PROJECT MANAGER			
			c. Employer's Name/Specific Field			
			TROUTMAN PEPPER LOCKE LLP	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	Check		09/26/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,100.00	
5. Total ALL CRO-1210 Pages					\$ 47,163.35	

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAREN TRICKEY 1669 MORTON PULLIAM ROAD ROXBORO, NC 27574-8572			ADMISTRATIVE			
			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. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAUL VILLEGAS 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. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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 ALL CRO-1210 Pages					\$ 47,163.35	
6. Attachments See also Page 6 of Detailed Summary Page CRO-1100						

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 Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAM WAGNER 10007 MAYWINE CIR HUNTERVILLE, NC 28078			CO-OWNER			
			c. Employer's Name/Specific Field			
			HERITAGE HOME CARE AGENCY			
					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		10/14/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL WARREN 1508 HOLMES LANE MEBANE, NC 27302			ELECTRICIAN			
			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	Check		09/10/2025	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN W WAY 163 TARLETON AVE BURLINGTON, NC 27215			LAW ENFORCEMENT			
			c. Employer's Name/Specific Field			
			GRAHAM 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		09/30/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,200.00	
5. Total for ALL CRO-1210 Pages					\$ 47,163.35	
6. This form is one of 6 of Detailed Summary Page CRO-1100						

Contributions from Individuals

Pg 22 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. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BUD WRENN 721 HIAWATHA COURT BURLINGTON, NC 27217		PASTOR			
		c. Employer's Name/Specific Field			
		INTEGRITY CHURCH		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		11/16/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total only this Page					\$ 200.00
Sum of ALL CRO-1210 Pages <i>(This is not to be on page 2 of Detailed Summary Page CRO-1210)</i>					\$ 47,163.35

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.

1. Committee Full Name (and Fund, if applicable)				2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
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		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/12/2025
					i. Original Expenditure Amt
					\$ 450.58
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				RETURNED FOR THE TABLE COVER	
				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
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
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		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				RETURN ROUND BUTTONS	
				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			11/12/2025	\$ 274.77
4. Total Only This Page					\$ 341.05
5. Total of All 1018 & 1240 Pages					\$ 341.05
6. If 1018 is used, 1018 is 1 of 2 Detail / Summary Page CRO-1100					

Disbursements

Pg 1 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 Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
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
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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	09/12/2025	\$ 450.58	MERCHANDISE	
				\$		
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
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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	11/25/2025	\$ 704.44	SIGNS	
1	Debit Card	B	12/11/2025	\$ 165.74	PALMCARDS	
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
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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	B	08/28/2025	\$ 600.00	YARD SIGNS	
1	Debit Card	B	09/15/2025	\$ 7,114.50	ADVERTISING SIGNS	
5. Total on this Page					\$ 9,035.26	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 37,623.68	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 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 Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
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
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	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	
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
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:		
				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	
				\$		
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
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:		
				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	
				\$		
5. Total on this Page					\$ 3,224.60	
6. Total of All CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 37,623.68	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

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 Full Name (and Fund, if applicable)						2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
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		
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	
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		
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	
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		
5. Total of this Page						\$ 790.76	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 37,623.68	
7. Purpose 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							
8. Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 4 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 Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Page 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
KASEY CHILDERS 201 IST STREET HUNTERSVILLE, NC 28078 (704) 912-1028						
				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
						\$ 1,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	08/29/2025	\$ 1,500.00	WEBSITE	
				\$		
4. Page 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
CRIMESTOPPERS 267 W FRONT ST BURLINGTON, NC 27216						
				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
						\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	09/22/2025	\$ 500.00	PLATINUM SPONSORSHIP	
				\$		
4. Page 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
BRAD CRONE 3801 LAKE BOONE TRAIL RALEIGH, NC 27607 (919) 834-8994						
				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
						\$ 3,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	09/05/2025	\$ 3,000.00	CAMPAIGN	
				\$	CONSULTANT	
5. Total Balance Page					\$ 5,000.00	
6. Total to Add CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 37,623.68	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 5 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 Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
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	
CUSTOM LANYARD 16107 KENSINGTON DR. # 172 SUGAL LAND, TX 77479 (832) 924-6777							
				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	
						\$ 224.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	09/12/2025	\$ 224.40	PROMTIONAL		
				\$	WRISTBANDS		
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	
GIE CORPORATION 230 OLENTANGY RIDGE PLACE POWELL, OH 43065							
				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	
						\$ 1,575.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	10/24/2025	\$ 1,575.61	APPAREL		
				\$			
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	
GOLFTEES.COM 7629 NW 57THE ST TAMARAC, FL 33321							
				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	
						\$ 144.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	09/04/2025	\$ 144.11	PROMOTIONAL		
				\$	MATERIALS-STICKERS		
5. Total on this Page						\$ 1,944.12	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 37,623.68	
7. Purpose Codes (List detailed expenditure code in (b) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
Codes require detailed explanation in required remarks field (k)							

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 Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
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
KT MEDIA 6164 APPLE ORCHARD DRIVE MEBANE, NC 27302				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		\$ 6,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Electric Funds Tran	A	10/28/2025	\$ 6,000.00	VIDEO CREATION	
				\$		
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
MAJESTIC MEDIA LLC PO BOX 2474 BURLINGTON, NC 27216				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		\$ 5,665.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Draft	A	12/02/2025	\$ 3,165.00	MEDIA ADS	
1	Draft	A	12/17/2025	\$ 2,500.00	ADS	
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
NATIONBUILDER 6515 W SUNSET BLVD STE 440 LOS ANGELES, CA 90028 (213) 992-4809				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 2,013.55
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	A	09/17/2025	\$ 179.00	PLATFORM	
1	Debit Card	O	10/17/2025	\$ 501.00	SUBSCRIPTION FOR TEXTING/EMAIL SERVICES	

5. Total Committee Page	\$ 12,345.00
6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	\$ 37,623.68
7. Purpose Codes (List detailed 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
(Codes require detailed explanation in required remarks field (k))	

Disbursements

Pg 7 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 Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
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
NATIONBUILDER 6515 W SUNSET BLVD STE 440 LOS ANGELES, CA 90028 (213) 992-4809			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 2,013.55
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	SERVICES EMAIL/TEXTING

SERVICES

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
OFFICE DEPOT 1825 SOUTH CHURCH 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
					\$ 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
				\$	

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
SAHS ATHELETIC BOOSTER CLUB PO BOX 456 ALAMANCE, NC 27201			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
					\$ 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 ATHELTIC BOOSTER CLUB
				\$	

5. Total on this Page					\$ 1,645.50
6. Total of All CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 37,623.68
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

7. Purpose Codes (List detailed expenditure code in (h) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

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

Disbursements

Pg 8 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 Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
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
SQUARESPACE INC 225 VARCH STREET 12TH FLOOR NEW YORK, NC 10014 (646) 580-3456				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		
				\$		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	
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
THE ALAMANCE NEWS 114 W ELM ST GRAHAM, NC 27253				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		
				\$		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	
				\$		
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
THE ROSEMARY AT ELON 202 W. HAGGARD AVENUE ELON, NC 27244 (336) 264-6438				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		
				\$		2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	09/26/2025	\$ 2,000.00	CATERING & VENUE	
				\$		
5. Total of All Pages					\$ 3,278.80	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 37,623.68	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 9 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 Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
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
THE VICTORIAN COFFEE SHOP 335 ROXBORO STREET HAW RIVER, NC 27258					
			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
					\$ 109.64
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	12/06/2025	\$ 109.64	EVENT CATERING
				\$	
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
WBAG RADIO P.O. BOX 2450 BURLINGTON, NC 27216					
			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
					\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	12/16/2025	\$ 250.00	RADIO AD
				\$	
5. Total only this Page					\$ 359.64
6. Total of All CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 37,623.68
7. Purpose Codes (Use detailed expenditure code in (h) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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							
Payee Information							
a. Line No.	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/05/2025	\$ 1.30	ANEDOT PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/13/2025	\$ 2.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/13/2025	\$ 4.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/25/2025	\$ 14.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/26/2025	\$ 4.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/03/2025	\$ 40.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/07/2025	\$ 8.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/08/2025	\$ 8.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/08/2025	\$ 10.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/09/2025	\$ 4.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/09/2025	\$ 20.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/11/2025	\$ 40.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/14/2025	\$ 8.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/14/2025	\$ 8.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/16/2025	\$ 4.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/17/2025	\$ 8.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/17/2025	\$ 20.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/18/2025	\$ 10.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/19/2025	\$ 1.30	PROCESSING FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/27/2025	\$ 1.30	PROCESSING FEES	
Total on this Page					\$	221.00	
Total on ALL CRO-1315 Pages					\$	411.11	
<i>(This line must be on the 1st of Detailed Summary Page CRO-1300)</i>							
E - Salaries		B* - Printing		D - To Another Candidate			
O* - Other		J - Penalties		Q* - Donations to Legal Expense Fund			
				G - Political Party			

* 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 TO ELECT BILLY CLAYTON FOR SHERIFF						
Payee Information						
Amend	Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	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 SUBSCRIPTION
<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 only this Page					\$	146.56
Total ALL CRO-1315 Pages					\$	411.11
* Codes require detailed explanation in required remarks field (g)						

Aggregated Non-Media Expenditures

Page 3 of 3

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

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

COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF						
Expenditure Information						
<input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Account Code 1	c. Form of Payment Debit Card	d. Purpose Code O	e. Date (mm/dd/yyyy) 10/29/2025	f. Amount \$ 41.06	g. Required Remarks EMAIL/TEXTING SERVICES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	11/16/2025	\$ 2.49	EMAIL/TEXTING SERVICES
4. Total only this Page					\$ 43.55	
5. Total of ALL CRO-1315 Pages <i>(This total may be on line 14 of Detailed Summary Page CRO-11(00))</i>					\$ 411.11	
Expenditure Codes						
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)						

CRO-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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF				
3. Payee Information <input type="checkbox"/>			Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		e. Comments
RAUL VILLEGAS 154 BOONE ROAD BURLINGTON, NC 27217		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		REIMBURSEMENT FOR CANVA TRIFOLDS
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		c. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	09/08/2025	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		i. Original Receipt Amount		
		\$ 560.00		
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
WATER PLANT OPERATOR	CITY OF BURLINGTON WATER RESOURCES DEPARTMENT	P		\$ 1,025.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	CANVA TRIFOLDS	12/10/2025	\$ 560.00
4. Total for this Page				\$ 560.00
5. Total for ALL CRO-1320 Pages				\$ 560.00
6. If this is a refund, enter the original receipt date (CRO-1320)				
7. If this is a refund, enter the original receipt date (CRO-1320)				
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100. If this is a refund, enter the original receipt date (CRO-1320)				

L - Returned to Contributor

M - Overpayment for Service

N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind

O* Other

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

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
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	PAID DIRECTLY TO THE ROSEMARY AT ELON
		d. Election Sum to Date	
		\$ 696.06	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
VENUE RENTAL	09/26/2025	\$ 696.06	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BILLY T. CLATYON 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	HOLE SPONSOR CONTRIBUTION FOR ALAMANCE GLASS FUNDRAISER GOLD TOURNAMENT
		d. Election Sum to Date	
		\$ 1,075.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
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	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
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	
		d. Election Sum to Date	
		\$ 708.29	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
DONATED 4 X 8 SIGNS	12/22/2025	\$ 708.29	
		\$	
		\$	
4. Total only this Page		\$ 2,479.35	
5. Total of ALL CRO-1510 Pages		\$ 3,039.35	
6. This form must be filed by line 17 of the Detailed Summary Page, CRO-1200			

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT BILLY CLAYTON FOR SHERIFF			
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
RAUL VILLEGAS 154 BOONE ROAD BURLINGTON, NC 27217		<input checked="" type="checkbox"/> Individual	TO BE REIMBURSED (PURCHASE OF TRIFOLDS PAID WITH PERSONAL CREDIT CARD)
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 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
			\$
			\$
h. Total only this Page		\$ 560.00	
i. Total in ALL CRO-1510 Pages		\$ 3,039.35	
<i>This line must be on line 17 of Detailed Summary Page CRO-1100</i>			

CRO-1510

NC State Board of Elections

December 2007