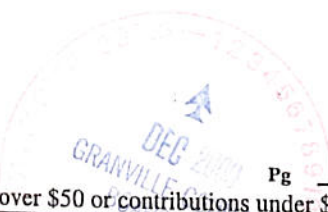


Contributions from Individuals

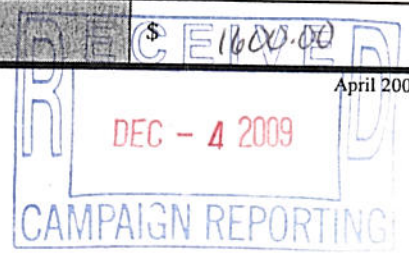
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used



Pg 1 of 1

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BRINDELL B. WILKINS JR						2. ID Number WCVU77 TB	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRINDELL B. WILKINS JR 143 WILLIAMSBORO ST OXFORD NC 27565				b. Job Title/Profession SHERIFF		d. Comments	
				c. Employer's Name/Specific Field GRANVILLE COUNTY		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"/>	BBW1	CHECK		11/23/2009	\$ 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) KEVIN W ANGLE 3546 KINGSBORO ROAD NE ATLANTA, GA 30319-1356				b. Job Title/Profession SELF-EMPLOYED		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 1500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BBW1	CHECK		11/30/2009	\$ 1500.00		
<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	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1600.00	



Disclosure Report Cover

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

Amendment
 Yes No

1. Committee Information

a. Full Name COMMITTEE TO ELECT BRINDELL B. WILKINS JR		c. ID Number WCVV77 TB
b. Mailing Address (include City, State and Zip Code) 4195 B FAIRPORT ROAD KITRELL, NC 27544		d. Date Filed 11/24/2009
		e. Phone Number 919 693-6403

2. Report Year 2009	3. Period Start Date (mm/dd/yy) 11/24/2009	4. Period End Date (mm/dd/yy) 12/04/2009	5. Treasurer Full Name MICHELLE A. SPIERS
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal		Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	State/County	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	Quarterly	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	Semi-annual	
<input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
				10. Special Report Name

11. Account Information

a. Financial Institution Full Name CAPITAL BANK		c. Account Code BBW1
b. Purpose CAMPAIGN		d. Period Begin Balance \$ 0

CERTIFICATION

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

MICHELLE A. SPIERS Printed Name of Signer
Michelle Spiers Signature of Appointed Treasurer
11/24/2009 Date

FOR OFFICE USE ONLY

Date Received: <u>12/2/09</u>	Employee: <u>Christa Ellinger</u>	Delivery Method
Date Postmarked: <u>10/2/09</u>	Employee: <u>Christa Ellinger</u>	<input checked="" type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
	Employee: _____	<input type="checkbox"/> Electronically Filed
	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training

Sent to BOC if returned

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.

Disbursements

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) 2. ID Number

COMMITTEE TO ELECT BRUNDELL B. WICKINS JR

WCVV77 TB

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

CAPITAL BANK
 200 WILLIAMSBORO ST
 OXFORD, NC 27565

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBW1	CHECK	0	11/23/2009	\$ 100.00	OPENED CAMPAIGN ACCT.
				\$	

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page

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)

\$

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 | O* - Other |

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

VOID - do not treat contributions from candidate deposited in bank acct. as in-kind contributions. per 506.77

In-Kind Contributions

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.

Pg 1 of 1

Amendment Yes No

1. Committee Full Name (and Fund if applicable) **COMMITTEE TO ELECT BRINDELL B. WILKINS JR**

2. ID Number **WCVU77 TB**

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
**BRINDELL B. WILKINS JR
 143 WILLIAMSBORO ST
 OXFORD, NC 27565**

b. Type of Contributor
 Individual
 Candidate
 Party
 PAC
 Referendum
 Other Receipt Source

c. Comments

d. Election Sum to Date
\$ 100.00

e. Description

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
ONE HUNDRED DOLLARS (CHECK # 5057)	11/23/2009	\$ 100.00
		\$
		\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Type of Contributor
 Individual
 Candidate
 Party
 PAC
 Referendum
 Other Receipt Source

c. Comments

d. Election Sum to Date
\$

e. Description

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Type of Contributor
 Individual
 Candidate
 Party
 PAC
 Referendum
 Other Receipt Source

c. Comments

d. Election Sum to Date
\$

e. Description

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$

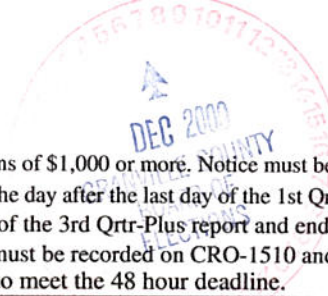
4. Total only this Page **\$**

5. Total of ALL CRO-1510 Pages **\$**

(This line must be on line 17 of Detailed Summary Page CRO-1100)

CRO-1510

48-Hour Notice



Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtrr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtrr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT BRINDELL B. WILKINS JR		WCVV77 TB	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
4195 B FAIRPORT ROAD KITTELL, NC 27544			
		e. Phone Number	
		919 693-6403	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
HERBERT T GREGORY 3613 HILL AIRY DRIVE OXFORD, NC 27565			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<input type="checkbox"/> Other Political Committee (if checked, must specify b1)	
<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)		<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>GRANVILLE</u>		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
RETIRED			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
12/07/2009	\$ 2500.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
BBW1	\$ 2500.00		\$
3. Total Contributions THIS Page (sum all the 'f' entries on this page)		\$ 2500.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 2500.00	
CERTIFICATION			
<p>I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.</p>			
MICHELLE A. SPIERS Printed Name of Signer		 Signature of Appointed Treasurer	12/07/2009 Date

48-Hour Notice

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

This notice may be faxed in order to meet the 48 hour deadline.

Page 1 of 1

Amendment
 Yes No

1. Committee Information

a. Full Name <u>COMMITTEE TO ELECT BRINDELL B. WILKINS JR</u>		c. ID Number <u>WCVV777B</u>
b. Mailing Address (include City, State and Zip Code) <u>4195B FAIRPORT ROAD KITTELL, NC 27544</u>		d. Report Date <u>12/01/2009</u>
		e. Phone Number <u>919 693-6400</u>

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)		<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>KEVIN W ANGLE 3546 KINGSBORO ROAD NE ATLANTA, GA 30319-1356</u>					
b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____			b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		
b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>GRANVILLE</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____			b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		
b2. Job Title/Profession	b4. Federal ID Number		b2. Job Title/Profession	b4. Federal ID Number	
b3. Employer's Name/Specific Field <u>SELF-EMPLOYED</u>	c. Form of Payment <u>CHECK</u>		b3. Employer's Name/Specific Field	c. Form of Payment	
d. Date (mm/dd/yyyy) <u>11/30/09</u>	f. Amount <u>\$ 1500.00</u>		d. Date (mm/dd/yyyy)	f. Amount <u>\$</u>	
e. Account Code <u>BBW1</u>	g. Election Sum to Date <u>\$ 1500.00</u>		e. Account Code	g. Election Sum to Date <u>\$</u>	
3. Total Contributions THIS Page (sum all the '2f' entries on this page)			3. Total Contributions THIS Page (sum all the '2f' entries on this page)		
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			4. Total Contributions ALL Pages (if multi-page, only list on page 1)		

CERTIFICATION

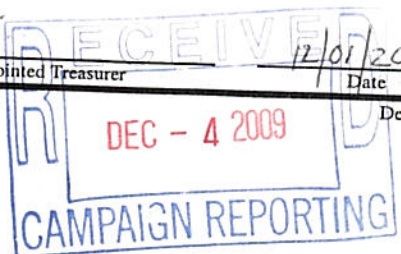
I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

MICHELLE A. SPIERS
 Printed Name of Signer

Michelle Spe
 Signature of Appointed Treasurer
12/01/2009
 Date

CRO-2220

NC State Board of Elections



December 2007