

# 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.

<b>1. Committee Information</b>	
a. Full Name COMMITTEE TO ELECT BRINDELL B. WILKINS, JR. FOR SHERIFF	c. ID Number WX 0077
b. Mailing Address (include City, State and Zip Code) 4195B FAIRPORT RD KITTRELL NC 27544	d. Date Filed 7/30/2015
	e. Phone Number 919-693-6403

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 01/01/2014	4. Period End Date (mm/dd/yy) 04/19/2014	5. Treasurer Full Name MICHELLE A. SPIERS
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" 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
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input 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	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
<b>8. Number of Fundraisers this Report</b> 1				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name CAPITAL BANK	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose ALL CAMPAIGN EXPENSES	c. Account Code BBW1		
	d. Period Begin Balance \$ 7407.10		d. Period Begin Balance \$

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

\_\_\_\_\_  
 MICHELLE A. SPIERS  
 Printed Name of Signer

\_\_\_\_\_  
 Michelle Spiers  
 Signature of Appointed Treasurer

\_\_\_\_\_  
 7/30/2015  
 Date

**FOR OFFICE USE ONLY**

Date Received: 7/30/2015 Employee: *[Signature]*

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment  
 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 BRINDEK B. WILKINSON JR	1ST QUARTER PLUS	WC0077	
Start of Election Cycle: January 1, <u>2011</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 7407.10	\$ 79.70	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 12197.50	\$ 24057.60	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 12197.50	\$ 24057.60	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 13808.06	\$ 18340.76	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 13808.06	\$ 18340.76	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5796.54	\$ 5796.54	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

# Contributions from Individuals

Amendment  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BRINDELL B. WILKINS, JR FOR STATE OFF					WC 0077	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TONY MURRAY 3684 EATON RD KITTRELL NC 27544 919 693-8149			CONSTRUCTION			
			<b>c. Employer's Name/Specific Field</b>			
			TCM CONSTRUCTION		<b>e. Election Sum to Date</b>	
					\$ 470.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	BBW1	CHECK		3/22/2014	\$ 200.00	
<input type="checkbox"/>	BBW1	CHECK		6/13/2014	\$ 270.00	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GREG YANLEY PO BOX 507 OXFORD NC 27565 919 6935140			REAL ESTATE BROKER			
			<b>c. Employer's Name/Specific Field</b>			
			YANLEY REALTY		<b>e. Election Sum to Date</b>	
					\$ 387.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	BBW1	CHECK		3/05/2014	\$ 250.00	
<input type="checkbox"/>	BBW1	CHECK		6/20/2014	\$ 137.00	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JERRY ROUSE 3165 OLD NC 75 STEM NC 27581 919 528- <del>3322</del> (HHS) 0633			CAR REPAIR & BODY SHOP			
			<b>c. Employer's Name/Specific Field</b>			
			JERRY'S COLLISION CENTER		<b>e. Election Sum to Date</b>	
					\$ 800.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	BBW1	CHECK		04/03/2014	\$ 200.00	
<input type="checkbox"/>	BBW1	CHECK		06/13/2014	\$ 150.00	
<input type="checkbox"/>	BBW1	CHECK		6/20/2014	\$ 450.00	
<b>4. Total only this Page</b>					\$ 1657.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6887.00	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BRINDEN B. WILKINS, JR FOR SHERIFF						WCV077	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CARL CURRIN PO BOX 91 DUTNER NC 27509 919 730-5344				CONSTRUCTION			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				CURRIN CONSTRUCTION CO		\$ 800.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBW1	CHECK		4/03/2014	\$ 350.00		
<input type="checkbox"/>	BBW1	CHECK		6/20/2014	\$ 450.00		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JERRY DICKERSON PO BOX 653 CREEDMOOR NC 27522 528-0505				CAR REPAIRMAN		*JERRY - MISTAKENLY WROTE "JAMES" FOR (1) REMITTAL => BOTH ARE JERRY DICKERSON	
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				DICKERSONS SERVICE CENTER		\$ 450.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBW1	CHECK		04/03/2014	\$ 200.00		
<input type="checkbox"/>	BBW1	CHECK		06/20/2014	\$ 250.00		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ALEXIA STEFFENS 1588 NC HIGHWAY 158 CREEDMOOR NC 27522 528-5652				RETAIL / PARTS SHOP			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				TRADING POST		\$ 600.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBW1	CHECK		4/10/2014	\$ 200.00		
<input type="checkbox"/>	BBW1	CHECK		6/20/2014	\$ 400.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 1850.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 6887.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BRINLEY B WILKINSON FOR Sheriff						WC 00 77	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JAYME CURRIN 1688 SUNSET ROAD OXFORD NC 27565 919 693-4844				REAL ESTATE BROKER			
				<b>c. Employer's Name/Specific Field</b>			
				AMERICAN DREAM PROPERTY MGMT		<b>e. Election Sum to Date</b>	
						\$ 700.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBW1	CHECK		04/10/2014	\$ 200.00		
<input type="checkbox"/>	BBW1	CHECK		06/20/2014	\$ 500.00		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CHRS SMOOT 4550 OLD RTE 75 OXFORD NC 27565 693-9329				ROOFING			
				<b>c. Employer's Name/Specific Field</b>			
				JAMES ROOFING CO.		<b>e. Election Sum to Date</b>	
						\$ 410.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBW1	CHECK		04/10/2014	\$ 110.00		
<input type="checkbox"/>	BBW1	CHECK		6/20/2014	\$ 300.00		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MICHAEL CHAPPELL PO BOX 805 CREEDMOOR NC 27522 528-6235				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				(PAST) HARRIS INCORPORATED		<b>e. Election Sum to Date</b>	
						\$ 450.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBW1	CHECK		04/10/2014	\$ 200.00		
<input type="checkbox"/>	BBW1	CHECK		6/13/2014	\$ 250.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 1560.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 6887.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Contributions from Individuals

Pg 4 of 4

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BRINDELL B. WILKINS JR FOR STATE						WCVJ77	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BRENDA GRAPPEL 1154 BEAVER DAM RD CREEDMOOR NC 27522				INSURANCE AGENT			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				FARM BUREAU		\$ 125.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBWJ	CHECK		04/10/2014	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CHRISTY WYNN 2550 CAPITAL DR CREEDMOOR NC 27522 919 528-1347				<del>###</del> CONSTRUCTION			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				WYNN HOMES		\$ 1250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBWJ	CHECK		04/10/2014	\$ 800.00		
<input type="checkbox"/>	BBWJ	CHECK		06/20/2014	\$ 450.00		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DENIS BRYAN 4017 US HWY 15S OXFORD NC 27565				LAND SURVEY			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				DENIS BRYAN, PA		\$ 470.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	BBWJ	CHECK		04/13/2014	\$ 170.00		
<input type="checkbox"/>	BBWJ	CHECK		06/20/2014	\$ 300.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ <u>1845.00</u> 1820.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 6887.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT RANDY B. WILKINS JR FOR SHELIF							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
SPORTS PROMOTION NETWORK PO BOX 200548 ARLINGTON NC 26006 866-460-9989						* <del>ARRANGE</del> <del>ARRANGE</del> REARRANGE (MAS)	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1029.80	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
BBW1	CHECK	A	03/31/2014	\$ 519.90	ADVERTISING (FLYERS)		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
TRIANGLE ADVERTISING 301 FOREST ROAD OXFORD NC 27565 693-5301						* TRIANGLE ADVERTISING IN "TRIANGLE"	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1468.37	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
BBW1	CHECK	A	03/14/2014	\$ 548.20	ADVERTISING (T-SHIRTS)		
BBW1	CHECK	A	03/17/2014	\$ 920.17	ADVERTISING (T-SHIRTS)		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
GRANVILLE CO. BOARD OF ELECTIONS WILLIAMSBURG ST OXFORD NC 27565 693-3515						FILING FEE	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 564.89	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
BBW1	CHECK	O	02/10/2014	\$ 564.89			
				\$			
<b>5. Total only this Page</b>						\$	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
<b>7. Purpose Codes</b> (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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BRINDELL B WILKINS JR FOR SHERIFF						WCVU 77	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
DAILY DISPATCH (HENDERSON DISPATCH) 304 S CHESTNUT ST HENDERSON NC 27536 252-436-2823						NEWSPAPER CAMPAIGN AD	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 804.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
EWJ	CHECK	A	01/15/2014	\$ 279.00	ADVERTISING		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
				\$			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
				\$			
				\$			
<b>5. Total only this Page</b>						\$	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (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)							