

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 <u>COMMITTEE TO ELECT BRINDLE B WICKENS JR</u>	c. ID Number <u>WCVU 77</u>
b. Mailing Address (include City, State and Zip Code) <u>4195B FAIRPORT ROAD KATRELL NC 27544</u>	d. Date Filed
	e. Phone Number <u>919-693-6403</u>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<u>2015</u>	<u>01/01/2015</u>	<u>06/30/2015</u>	<u>MICHELLE A. SPIERS</u>

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<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	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<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"/> Other:				
8. Number of Fundraisers this Report				
<u>1</u>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>CAPITAX BANK</u>	a. Financial Institution Full Name	b. Purpose <u>ALL CAMPAIGN EXPENSES</u>	b. Purpose
b. Purpose	c. Account Code <u>6021</u>	c. Account Code	c. Account Code
	d. Period Begin Balance <u>\$ 46.59</u>		d. Period Begin Balance <u>\$</u>

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
[Signature] Signature of Appointed Treasurer
7/30/2015 Date

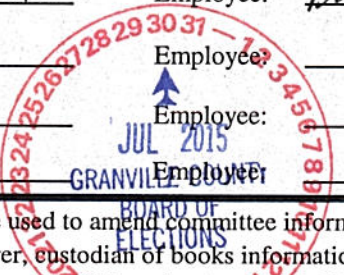
FOR OFFICE USE ONLY

Date Received: 7/30/2015 Employee: [Signature] Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Signer has not received mandatory training

Date Scanned: _____ Employee: _____
 Signer has not received mandatory training

Date Data Entered: _____ Employee: _____



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 Bruce B. Wicker, Jr	MID-YEAR SEMI ANNUAL	WC 0077	
Start of Election Cycle: January 1, <u>2011</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 46.59	\$ 79.70	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 10460.00	\$ 46712.10	
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)	\$ 10460.00	\$ 46712.10	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 3569.59	\$ 39854.80	
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)	\$ 3569.59	\$ 39854.80	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 6937.00	\$ 6937.00	
ADDITIONAL INFORMATION			
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)	\$	\$	

Disbursements

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 BRADLEY B. WILKINS JR FOR SHERIFF						WC 0077	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SPIRIT SHOP PO BOX 535816 GRAND PRAIRIE TX 75053 877-450-0155							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1198.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks	
BSWJ	CHECK	A	05/11/2015	\$ 419.90		ADVERTISING - BANNERS	
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DISCOUNT MUGS 12610 NW 115TH AVENUE MEDLEY, FL 33178 800-569-1980							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 128.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks	
BSWJ	CHECK	A	07/22/2015	\$ 128.00		ADVERTISING - (CAMPAIGN AD ON CAR LICENSE	
				\$			
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	
PRIME TIME PO BOX 155458 FORT WORTH TX 76155 800-863-9820							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 419.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks	
BSWJ	CHECK	A	06/09/2015	\$ 419.90		ADVERTISING - TEE SHIRTS	
				\$			
5. Total only this Page						\$ 967.80	
6. Total of ALL CRO-1310 Pages						\$ 3569.59	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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 BLINDELL B. WILKINS FOR SHERIFF						WCV077	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BIG GAME PROMOTIONS 6153 FAIRMOUNT AVENUE #230 SAN DIEGO CA 92120							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
B6W1	CHECK	A	06/02/2015	\$ 100.00	ADVERTISING - CAMPER		
				\$			
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	
SOUTH GRANVILLE COUNTRY CLUB PO BOX 721 CREEDMOOR NC 27522 919 528-0003							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 5426.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
B6W1	CHECK	#0	06/09/2015	\$ 2450.55	RENTAL FEE		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SCHOOL OF GRAPHIC ARTS 600 COLLEGE STREET OXFORD NC 27565 919-603-3910							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 51.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
B6W1	CHECK	A	06/02/2015	\$ 51.24	ADVERTISING - PHAMPLETS (10 YERS)		
				\$			
5. Total only this Page						\$ 2601.79	
6. Total of ALL CRO-1310 Pages						\$ 3569.91	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

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 BRINDELL B WILKINS, JR FOR SHERIFF						WCU077
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	
ALEXIA STEFFENS 4304 OLD NC 75 OXFORD NC 27565 919-603-6150			STORE OWNER			
			c. Employer's Name/Specific Field			
			GROSSER'S GROCERY & GALL		e. Election Sum to Date	
					\$ 225.00	
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		03/23/2015	\$ 225.00	
<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	
MATT NORWOOD PO BOX 699 OXFORD NC 27565 919-690-8813			PLUMBER			
			c. Employer's Name/Specific Field			
			NORWOOD PLUMBING		e. Election Sum to Date	
					\$ 225.00	
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		06/05/2015	\$ 225.00	
<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 OLIVER PO BOX 1090 OXFORD NC 27565 919-693-2520			TOW TRUCK OPERATOR			
			c. Employer's Name/Specific Field			
			OLIVER'S TOWING		e. Election Sum to Date	
					\$ 225.00	
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		04/27/2015	\$ 225.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 675.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 10460.00	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BRADLEY B. WICKENS, JR FOR Sheriff						WCV077	
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	
WADE BROWN 2580 W. LYON STREET RD CREEDMOORE NC 27522 919-528-1561				CAR REPAIR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CHOICE AUTOMOTIVE		\$ 225.00	
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		04/21/2015	\$ 225.00		
<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	
CHARLES DANIEL PO Box 1575 OXFORD NC 27565 919-693-8186				FUNERAL HOME DIRECTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				EAKES FUNERAL HOME		\$ 225.00	
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		03/30/2015	\$ 225.00		
<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	
NICOLE GILMAN PO BOX 369 CREEDMOORE NC 27522 919-528-2160				FLORIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				GILMAN FLORIST		\$ 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		03/24/2015	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages						\$ 10460.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BRUNTON B WILKINS JR						WCV077	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JIMMY MINOR 803 LAKE ROAD CREEDMOOR NC 27522 919-215-6029				GUN SMITH			
				c. Employer's Name/Specific Field			
				GRANDVILLE GUNWORKS		e. Election Sum to Date	
						\$ 375.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BBWI	check		03/24/2015	\$ 375.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAMELA DANIEL 400 CENTRAL AVENUE BUTNER NC 27509				STORE OWNER			
				c. Employer's Name/Specific Field			
				DANIELS ARMY SURPLUS		e. Election Sum to Date	
						\$ 160.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BBWI	check		03/31/2015	\$ 60.00		
<input type="checkbox"/>	BBWI	check		06/05/2015	\$ 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	
TOM TEAL 103 SOUTH GATE DRIVE OXFORD NC 27565				CAR CARE			
				c. Employer's Name/Specific Field			
				VALVOLINE EXPRESS CAR		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"/>	BBWI	check		04/04/2015	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 735.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 10460.00	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BRUNER B WICKENS, JR FOR SHERIFF						WCV077	
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	
JARED MANGUM 2595 US HIGHWAY 15 CREEDMOOR, NC 27522 919-528-4443				INSURANCE SALES			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				FAIRM BUREAU INS		\$ 700.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BSW1	check		04/22/2015	\$ 450.00		
<input type="checkbox"/>	BSW1	check		06/05/2015	\$ 250.00		
<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	
JASON DICKERSON PO BOX 653 CREEDMOOR, NC 27522 919-528-0505				CAR REPAIR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				DICKERSON SRV CENTER		\$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BSW1	check		04/21/2015	\$ 225.00		
<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	
LYNN WILLIAMS 1650 ENON ROAD OXFORD NC 27565				STORE OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				WILLIAMS BROS COUNTRY STORE		\$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BSW1	check		04/21/2015	\$ 225.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1150.00	
5. Total of ALL CRO-1210 Pages						\$ 10460.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT BENJAMIN B WILKINS FOR SHERIFF						WCV077
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	
RACHEL SCHNEIDER PO BOX 2126 OXFORD NC 27565 919-764-4939			GUN SMITH			
			c. Employer's Name/Specific Field			
			9 FLOWARD		e. Election Sum to Date	
					\$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BENI	check		04/21/2015	\$ 225.00	
<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	
TIM FRAZIER 630 ROXBORO ROAD OXFORD NC 27565 919-693-5178			HVAC TECH			
			c. Employer's Name/Specific Field			
			FRAZIER BROTHERS HEATING & A/C		e. Election Sum to Date	
					\$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BENI	check		04/20/2015	\$ 225.00	
<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	
TAMMY WILLIAMSON 3669 HARRY DAVIS ROAD WELLS NC 27507			STORE OWNER			
			c. Employer's Name/Specific Field			
			WILLIAMSON COUNTRY STORE		e. Election Sum to Date	
					\$ 375.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BENI	check		04/20/2015	\$ 375.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 825.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 10460.00	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BEMPEL B WICKS, JR FOR SHERIFF						WK0077	
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	
BEBY STONALL PO BOX 724 OXFORD NC 27565 919-339-9524				SOCIAL WORKER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				GRANVILLE CO. ISS		\$ 475.00	
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		04/20/2015	\$ 475.00		
<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	
HERBERT GREGORY 3613 HILL AIREY DRIVE OXFORD NC 27565 919-693-5378				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				FINANCIAL ADVISOR		\$ 550.00	
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		04/27/2015	\$ 550.00		
<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	
LOWELL WILKINS 4551 NE HIGHWAY 96 OXFORD NC 27565 919-690-4270				DEPUTY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				GRANVILLE CO. SHERIFF'S OFFICE		\$ 175.00	
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		04/28/2015	\$ 175.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,200.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 10,460.00	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BRUCE B. WICKS ^{IV} FOR Sheriff						WCV077	
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	
TONY MURRAY 3684 EATON ROAD KITTRELL NC 27544 919-693-8144				BUILDING/CONSTRUCTION			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				TCM CONSTRUCTION		\$ 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"/>	BSW1	check		04/27/2015	\$ 400.00		
<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	
WALLACE PEIFFER 2555A CAPITAL DRIVE CREEDMOOR NC 27522 919-528-4888				REAL ESTATE SALES			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				COLDWELL BANKER		\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BSW1	check		04/22/2015	\$ 600.00		
<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	
CHRISTY WYNN 2550 CAPITAL DR, STE 105 CREEDMOOR NC 27522 919-528-1347				OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				WYNN CONSTRUCTION		\$ 2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BSW1	check		04/29/2015	\$ 2000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 3000.00	
5. Total of ALL CRO-1210 Pages						\$ 10460.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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 Benjamin B. Watkins, Jr for Sheriff						WCV077	
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	
DANNY LOYD PO BOX 869 OXFORD NC 27565 919-643-2128				CAR REPAIR			
				c. Employer's Name/Specific Field			
				PERRY BROS TRC SRV		e. Election Sum to Date	
						\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BANK	CHECK		04/24/2015	\$ 600.00		
<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	
ANGELA WATKINS 3566 HWY 15 OXFORD NC 27565				ADMINISTRATION			
				c. Employer's Name/Specific Field			
				BRANDIVE PAUET CO, INC		e. Election Sum to Date	
						\$ 575.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BANK	CHECK		05/01/2015	\$ 575.00		
<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	
KELLY TAYLOR 317 PROVIDENCE RD OXFORD NC 27565 919-690-0089				OFFICE ADMIN			
				c. Employer's Name/Specific Field			
				CS IRON & METAL		e. Election Sum to Date	
						\$ 475.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BANK	CHECK		05/04/2015	\$ 475.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1650.00	
5. Total of ALL CRO-1210 Pages						\$ 10460.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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 BRADLEY B. WICKERS JR FOR SHERIFF						WIC 0077	
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	
CARL CURRIN PO BOX 91 BETHLE NC 27509 919-730-5344				CONSTRUCTION			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CARL CURRIN CONSTRUCTION		\$ 675.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BESS1	check		06/05/2015	\$ 675.00		
<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"/>					\$		
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						\$ 675.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 10460.00	