

Disclosure Report Cover

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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.

I. Committee Information	
a. Full Name COMMITTEE TO ELECT GRIFFITH SHERIFF	c. ID Number
b. Mailing Address (include City, State and Zip Code) 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	d. Date Filed 12/14/2010
	e. Phone Number

COPY

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	04/18/2010	06/30/2010	SUNNIE-KARIN HOBBS

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	State/County	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	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
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	10. Special Report Name RECEIVED DEC 15 AM 9:30 ORDINARY ELECTIONS
		<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	
8. Number of Fundraisers this Report				
2				

II. Account Information		III. Account Information	
a. Financial Institution Full Name WACHOVIA	c. Account Code 001	a. Financial Institution Full Name	c. Account Code
b. Purpose ACCOUNTS RECEIVABLE/PAYABLE	d. Period Begin Balance \$ 159.73	b. Purpose	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.

<u>KARIN HOBBS</u> Printed Name of Signer	<u>Karin Hobbs</u> Signature of Appointed Treasurer	<u>12/14/2010</u> Date
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FOR OFFICE USE ONLY

Date Received: <u>12/15/10</u>	Employee: <u>Judy Spears</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
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 GRIFFITH SHERIFF		2010 Second Quarter			
Start of Election Cycle: January 1, 2009			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 159.73		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 192.00		\$ 13,202.00	
6) Contributions from Individuals (CRO-1210)		\$ 9,355.77		\$ 31,065.63	
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)		\$ 14,000.00		\$ 42,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 34.43		\$ 539.43	
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)		\$ 23,582.20		\$ 86,807.06	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 20,413.48		\$ 75,806.17	
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)		\$ 62.59		\$ 367.74	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 3,000.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 2,111.67		\$ 3,528.10	
17) In-Kind Contributions (CRO-1510)		\$ 827.82		\$ 3,778.68	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 23,415.56		\$ 86,480.69	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 326.37		\$ 326.37	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 39,000.00			
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)		\$ 824.67		\$ 824.67	

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMITTEE TO ELECT GRIFFITH SHERIFF					
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 <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Credit Card		04/30/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/18/2010	\$ 17.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/18/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		05/20/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/22/2010	\$ 5.00
4. Total only this Page					\$ 192.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 192.00

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 GRIFFITH 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	
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC 27023				REALTOR.			
				c. Employer's Name/Specific Field			
				REMAX WINSTON-SALEM		e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	001	Cash		03/22/2010		\$ 20.00	
<input checked="" type="checkbox"/>	001	Cash		03/27/2010		\$ 10.00	
<input type="checkbox"/>	001	Cash		04/18/2010		\$ 50.00	
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	
TOMMY BOWMAN 402 E 4TH STREET WINSTON-SALEM, NC 27101				CONTRACTOR			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED		e. Election Sum to Date	
						\$ 158.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	001	Check		04/18/2010		\$ 140.00	
<input type="checkbox"/>	001	Cash		04/22/2010		\$ 18.00	
<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	
TRAVIS BROUGHTON 349 SHEPPARD MILL ROAD KERNERSVILLE, NC 27284				OFFICER			
				c. Employer's Name/Specific Field			
				NC DMV		e. Election Sum to Date	
						\$ 310.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	001	Cash		03/21/2010		\$ 20.00	
<input type="checkbox"/>	001	Check		04/18/2010		\$ 230.00	
<input type="checkbox"/>	001	Cash		04/22/2010		\$ 10.00	
4. Total only this Page						\$ 448.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-110)</i>						\$ 9,355.77	

Contributions from Individuals

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 GRIFFITH 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		
TRAVIS BROUGHTON 349 SHEPPARD MILL ROAD KERNERSVILLE, NC 27284			OFFICER				
			c. Employer's Name/Specific Field				
			NC DMV		e. Election Sum to Date		
					\$ 310.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Cash		05/01/2010	\$ 50.00		
<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 CARROLL 813 MEADOWBROOK DRIVE CLEMMONS, NC 27012			OWNER				
			c. Employer's Name/Specific Field				
			MEADOWBROOK DRIVING RANGE		e. Election Sum to Date		
					\$ 240.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		04/22/2010	\$ 240.00		
<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		
CHARLENE CAUDILL 208 EAST BODENHAMER ST. KERNERSVILLE, NC 27284			VICE PRESIDENT				
			c. Employer's Name/Specific Field				
			CAUDILL ELECTRIC		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"/>	001	Check		05/04/2010	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 490.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,355.77		

Contributions from Individuals

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 GRIFFITH 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
JENNIFER CHRISTY 914 MCCLELLAN PLACE GREENSBORO, NC 27409				TEACHER		
				c. Employer's Name/Specific Field		
				GUILFORD COUNTY SCHOOLS		
						e. Election Sum to Date
						\$ 70.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Cash		03/27/2010	\$ 20.00	
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 50.00	
<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
W.C. CLARY JR 1015 TURTLE ROCK LANE WINSTON-SALEM, NC 27104				OWNER RETIRED		
				c. Employer's Name/Specific Field		
				MURPHY'S LUNCH COUNTER		
						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"/>	001	Check		04/18/2010	\$ 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
JAMIE CLAYTON 4421 N. PATTERSON AVENUE WINSTON-SALEM, NC 27105				SALES ASSOCIATE		raffle tickets - 1 split with Annette
				c. Employer's Name/Specific Field		
				CLAYTON AUTO SLES		
						e. Election Sum to Date
						\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Check		02/10/2010	\$ 50.00	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 250.00
5. Total of ALL CRO 1210 Pages (This line must be on line 6 of Detailed Summary Page CRO 1100)						\$ 9,355.77

Contributions from Individuals

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 GRIFFITH 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		
KEVIN CLODFELTER 1151 KENOSHA DRIVE KERNERSVILLE, NC 27284			POLICE OFFICER			
			c. Employer's Name/Specific Field			
			KERNERSVILLE POLICE DEPT.	e. Election Sum to Date		
				\$ 680.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Check		04/24/2010	\$ 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		
A.L. (BUDDY) COLLINS 430 W. MOUNTAIN STREET KERNERSVILLE, NC 27284			LAWYER			
			c. Employer's Name/Specific Field			
			COLLINS LAW FIRM	e. Election Sum to Date		
				\$ 240.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 240.00	
<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		
RANDY DILLON 2780 OLD HOLLOW ROAD WALKERTOWN, NC 27051			OWNER			
			c. Employer's Name/Specific Field			
			WALKERTOWN TIRE CO.	e. Election Sum to Date		
				\$ 365.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Cash		03/21/2010	\$ 20.00	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 100.00	
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 5.00	
4. Total only this Page					\$ 845.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,355.77	

Contributions from Individuals

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (add/del if applicable)						2. ID Number
COMMITTEE TO ELECT GRIFFITH 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		
RANDY DILLON 2780 OLD HOLLOW ROAD WALKERTOWN, NC 27051			OWNER			
			c. Employer's Name/Specific Field			
			WALKERTOWN TIRE CO.	e. Election Sum to Date		
				\$ 365.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Check		04/30/2010	\$ 240.00	
<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		
BUD DORMAN 3068 UPLAND PLACE CLEMMONS, NC 27012			RETIRED POLICE			
			c. Employer's Name/Specific Field			
			STATE COLLEGE PA	e. Election Sum to Date		
				\$ 70.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Cash		02/08/2010	\$ 20.00	
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 50.00	
<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		
RICHARD FURCHES 6040 WOODMONT COURT WINSTON-SALEM, NC 27106			OWNER			
			c. Employer's Name/Specific Field			
			FURCHES AUTOMOTIVE	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"/>	001	Check		04/18/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 390.00	
5. Total of ALL CRO 1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,355.77	

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 GRIFFITH 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 H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019				RETIRE SHERIFF/FARM OWNER			
				c. Employer's Name/Specific Field			
				FCSO		e. Election Sum to Date	
						\$ 13,819.29	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		06/29/2010	\$ 299.95		
<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	
MARK HARTIS 1000 HEATHERSTONE CT. WINSTON-SALEM, NC 26104				GOLF PRO			
				c. Employer's Name/Specific Field			
				REYNOLDS PARK GOLF COURSE		e. Election Sum to Date	
						\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Cash		04/18/2010	\$ 50.00		
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 20.00		
<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	
STEPHEN HILL 1124 CONSTANTINE COURT KERNERSVILLE, NC 27284				OWNER			
				c. Employer's Name/Specific Field			
				HILL INSURANCE		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"/>	001	Check		04/18/2010	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 469.95	
5. Total of ALL CRO-1210 Pages						\$ 9,355.77	
<i>(This line must be on line 5 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) COMMITTEE TO ELECT GRIFFITH SHERIFF		2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID F. HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	b. Job Title/Profession RETIRED SHERIFF	d. Comments
	c. Employer's Name/Specific Field FORSYTH COUNTY	
	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"/>	001	Cash		04/18/2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID F. HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	b. Job Title/Profession DEPUTY SHERIFF - RETIRED	d. Comments
	c. Employer's Name/Specific Field FCSO	
	e. Election Sum to Date \$ 850.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		04/24/2010	\$ 500.00
<input type="checkbox"/>	001	Cash		05/01/2010	\$ 50.00
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SUNNIE KARIN HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142	b. Job Title/Profession SUPERVISOR - RETIRED	d. Comments
	c. Employer's Name/Specific Field DELTA AIR LINES, INC.	
	e. Election Sum to Date \$ 360.35	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		04/26/2010	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 800.00

5. Total of ALL CRO-1210 Pages \$ 9,355.77
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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 GRIFFITH 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	
SUNNIE-KARIN HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142				RETIRE SUPERVISOR		
				c. Employer's Name/Specific Field		
				DELTA AIR LINES, INC.		
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Cash		04/18/2010	\$ 50.00	
<input type="checkbox"/>	001	Check		05/01/2010	\$ 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	
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107				REAL ESTATE BROKER		
				c. Employer's Name/Specific Field		
				RE/MAX REALTY CONSULTANTS		
					e. Election Sum to Date	
					\$ 952.82	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 5.00	
<input type="checkbox"/>	001	In-Kind	RENTAL OF REGENCY III CONFERENCE ROOM FOR	05/03/2010	\$ 484.88	
<input type="checkbox"/>	001	In-Kind	EXTRA 1/2 SHEET CAKE FOR THANK YOU	05/04/2010	\$ 44.99	
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	
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107				REAL ESTATE BROKER		
				c. Employer's Name/Specific Field		
				RE/MAX REALTY CONSULTANTS		
					e. Election Sum to Date	
					\$ 952.82	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	In-Kind	BALLOONS, BALLOON BOUQUETS AND	05/04/2010	\$ 110.55	
<input type="checkbox"/>	001	In-Kind	PIZZA'S FROM DONATO'S FOR THANK YOU PARTY	05/04/2010	\$ 187.40	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 982.82	
5. Total of ALL CRO-1210 Pages					\$ 9,355.77	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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 GRIFFITH 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 G. HORN 4920 PINWOOD DRIVE WINSTON-SALEM, NC 27106			OWNER - RETIRED		
			c. Employer's Name/Specific Field		
			HORN'S WRECKER SERVICE	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"/>	001	Check		04/18/2010	\$ 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	
EDWARD HURLEY JR 108 RIVERWOOD DRIVE LEXINGTON, NC 27292			AGENT		
			c. Employer's Name/Specific Field		
			US MARSHALL	e. Election Sum to Date	
				\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		04/18/2010	\$ 240.00
<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	
GARY LLOYD 6914 RIDGE ROAD TOBACCOVILLE, NC 27051			POLICE-RETIRED	raffle ticket #1	
			c. Employer's Name/Specific Field		
			WINSTON-SALEM CITY	e. Election Sum to Date	
				\$ 190.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	001	Cash		10/25/2009	\$ 20.00
<input checked="" type="checkbox"/>	001	Cash		03/25/2010	\$ 20.00
<input type="checkbox"/>	001	Check		04/18/2010	\$ 100.00
4. Total only this Page					\$ 440.00
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page CRO-110)					\$ 9,355.77

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 GRIFFITH 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	
GARY LLOYD 6914 RIDGE ROAD TOBACCOVILLE, NC 27051			POLICE-RETIRED			
			c. Employer's Name/Specific Field			
			WINSTON-SALEM CITY		e. Election Sum to Date	
					\$ 190.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Cash		05/01/2010	\$ 50.00	
<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	
JOE LUCK 2721 MELINDA DRIVE WINSTON-SALEM, NC 27107			CO-OWNER			
			c. Employer's Name/Specific Field			
			SIGNATURE PROPERTIES MANAGEMENT GROUP		e. Election Sum to Date	
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 110.00	
<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	
JOE LUNSFORD 5525 REIDSVILLE ROAD BELEWS, NC 27009			MECHANIC RETIRED			
			c. Employer's Name/Specific Field			
			US AIRWAYS		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 5.00	
<input type="checkbox"/>	001	Check		04/22/2010	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 215.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,355.77	

Contributions from Individuals

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 GRIFFITH 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 L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC 27051			DEPUTY SHERIFF - RETIRED		RAFFLE	
			c. Employer's Name/Specific Field			
			CSO		e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Check		01/20/2010	\$ 20.00	
<input type="checkbox"/>	001	Cash		04/18/2010	\$ 50.00	
<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	
JAMES L. MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC 27051			DEPUTY SHERIFF - RETIRED			
			c. Employer's Name/Specific Field			
			FCSO		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"/>	001	Check		04/18/2010	\$ 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	
JEANNIE METCALF 1605 MILLER STREET WINSTON-SALEM, NC 27103			SCHOOL BOARD MEMBER			
			c. Employer's Name/Specific Field			
			FORSYTH COUNTY		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"/>	001	Check		04/19/2010	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,150.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,355.77	

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 GRIFFITH 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	
FRANK MYERS 265A PATTERSON AVENUE WINSTON-SALEM, NC 27105				OWNER			
				c. Employer's Name/Specific Field			
				FRANK MYERS AUTO		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"/>	001	Check		04/18/2010	\$ 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	
JONI PACK 4110 GRUBBS ROAD WALKERTOWN, NC 27051				SECRETARY			
				c. Employer's Name/Specific Field			
				J & B BUILDERS		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"/>	001	Check		04/18/2010	\$ 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	
JACK PERKINS 3120 PRYTANIA ROAD WINSTON-SALEM, NC 27106				OWNER			
				c. Employer's Name/Specific Field			
				ADSIGN CORP.		e. Election Sum to Date	
						\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		04/18/2010	\$ 240.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 440.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,355.77	

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 GRIFFITH 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	
CLINT QUBEN 1035 MANORWOOD DRIVE KERNERSVILLE, NC 27284				OFFICER		
				c. Employer's Name/Specific Field		
				KERNERSVILLE POLICE		
				e. Election Sum to Date		
				\$ 90.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Cash		03/27/2010	\$ 40.00	
<input type="checkbox"/>	001	Check		04/19/2010	\$ 50.00	
<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	
MISTY SEXTON 1101 HUNTINGDON ROAD WINSTON-SALEM, NC 27104				AGENT	ticket # 1001	
				c. Employer's Name/Specific Field		
				DELTA AIR LINES, INC.		
				e. Election Sum to Date		
				\$ 70.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Cash		10/25/2009	\$ 20.00	
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 50.00	
<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	
J.T. SHELTON 343 HORSESHOE LANE WESTFIELD, NC 27053				POLICE OFFICER		
				c. Employer's Name/Specific Field		
				KING PD		
				e. Election Sum to Date		
				\$ 1,300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 100.00	
<input type="checkbox"/>	001	Check		04/23/2010	\$ 500.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,355.77	

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 GRIFFITH 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	
SUTTON SLAWTER 3540 CLEMMONS ROAD #113 CLEMMONS, NC 27012			REALTOR			
			c. Employer's Name/Specific Field ALAN TATE REALTY			
					e. Election Sum to Date	
					\$ 135.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Cash		04/18/2010	\$ 25.00	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 110.00	
<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	
GINA SOUTHERN 2550 TAVE BEESON ROAD KERNERSVILLE, NC 27284			EXECUTIVE			
			c. Employer's Name/Specific Field POLO RALPH LAUREN			
					e. Election Sum to Date	
					\$ 1,189.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 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	
MARILYN SOUTHERN 112 OAKMONT COURT KING, NC 27012			SUBSTITUTE TEACHER			
			c. Employer's Name/Specific Field STOKES COUNTY SCHOOLS			
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 5.00	
<input type="checkbox"/>	001	Check		04/22/2010	\$ 75.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 315.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,355.77	

Contributions from Individuals

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 GRIFFITH 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 STEWART 504 KNOB VIEW DRIVE WINSTON-SALEM, NC 27104			VICE OFFICER			
			c. Employer's Name/Specific Field KING PD			
			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"/>	001	Check		04/24/2010	\$ 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	
WILLIAM D STONE 4521 MYRTLE AVENUE WINSTON-SALEM, NC 27100-2125			RETIRED SHERIFF			
			c. Employer's Name/Specific Field FORSYTH COUNTY			
			e. Election Sum to Date			
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Check		10/11/2009	\$ 50.00	
<input type="checkbox"/>	001	Cash		04/22/2010	\$ 5.00	
<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	
MICHAEL THOMPSON P O BOX 21651 ST. SIMONS ISLAND, GA 31522			TRAINING & CONSULTING			
			c. Employer's Name/Specific Field SELF 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"/>	001	Credit Card		04/29/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 305.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,355.77	

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 GRIFFITH 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	
BRAD WALSH 5515 REIDSVILLE ROAD BELEWES CREEK, NC 27009			OWNER		/	
			c. Employer's Name/Specific Field BRAD'S GOLF CARTS			
					e. Election Sum to Date	
					\$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	001	Cash		03/21/2010	\$ 20.00	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 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	
AL WATSON 109 SCENIC RIDGE PLACE KING, NC 27021			SHERIFFS DEPUTY			
			c. Employer's Name/Specific Field FCSO			
					e. Election Sum to Date	
					\$ 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"/>	001	Check		04/18/2010	\$ 60.00	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 60.00	
<input type="checkbox"/>	001	Check		04/18/2010	\$ 500.00	
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	
AL WATSON 109 SCENIC RIDGE PLACE KING, NC 27021			SHERIFFS DEPUTY			
			c. Employer's Name/Specific Field FCSO			
					e. Election Sum to Date	
					\$ 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"/>	001	Cash		04/22/2010	\$ 5.00	
<input type="checkbox"/>	001	Cash		04/23/2010	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 775.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,355.77	

Contributions from Individuals

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

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

Committee Bill Name (and fund if applicable)						ID Number	
COMMITTEE TO ELECT GRIFFITH 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	
RICHARD WATTS 2825 REYNOLDS DRIVE WINSTON-SALEM, NC 27104				WEALTH MANAGEMENT COUNSELOR			
				c. Employer's Name/Specific Field WACHOVIA BANK			
				e. Election Sum to Date		\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	001	Check		04/18/2010		\$ 240.00	
<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 WEBSTER 2700 OLD WALKERTOWN ROAD WAKJERTIWN, NC 26051				OWNER			
				c. Employer's Name/Specific Field WEBSTER'S HARDWARE			
				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"/>	001	Check		04/18/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 340.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,355.77	

Loan Proceeds

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

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT GRIFFITH SHERIFF			
3. Lender 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 H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019		RETIRED SHERIFF/FARM OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		FCSO	04/23/2010
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0.000 %	NONE	001	Check
			k. Amount
			\$ 12,000.00
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers (Makers) (the people who guarantee the loan)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)			\$ 14,000.00

Loan Proceeds

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

Use this form to report proceeds from a loan and loan endorser's information.
 A loan proceeds statement must accompany each loan that is from an individual.

1. Committee Full Name (and fund if applicable)		2. ID Number	
COMMITTEE TO ELECT GRIFFITH SHERIFF			
3. Lender 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 H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019		RETIRED SHERIFF/FARM OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		FCSO	05/11/2010
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0.000 %	NONE	001	Check
			k. Amount
			\$ 2,000.00
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers (the people who guarantee the loans)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total for ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$ 14,000.00

Contributions to be Reimbursed

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

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
COMMITTEE TO ELECT GRIFFITH SHERIFF			
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC		DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC	
a. Contribution Description	b. Date (m/m/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD LION FOOD FOR THANK YOU CELEBRATION	05/03/2010	N	\$ 250.47
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC		DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC	
a. Contribution Description	b. Date (m/m/dd/yyyy)	c. Credit Card Y/N	d. Amount
SAMS CLUB FOOD & SUPPLIES FOR THANK YOU CELEBRATION	05/04/2010	N	\$ 90.94
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC		CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC	
a. Contribution Description	b. Date (m/m/dd/yyyy)	c. Credit Card Y/N	d. Amount
DEWEY'S BAKERY-CAKES FOR THANK YOU CELEBRATION	05/04/2010	N	\$ 44.99
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC		CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC	
a. Contribution Description	b. Date (m/m/dd/yyyy)	c. Credit Card Y/N	d. Amount
WALMART FOR SERVING BOWLS, TUB, ETC.	05/04/2010	N	\$ 45.42
4. Total only this Page		\$ 431.82	
5. Total of ALL CRO-1215a Pages <i>(This line goes in the 28 of Detailed Summary Page CRO-1100)</i>		\$ 824.67	

Contributions to be Reimbursed

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

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
COMMITTEE TO ELECT GRIFFITH SHERIFF			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC		CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
BALLOONS FOR THANK YOU CELEBRATION	05/04/2010	N	\$ 50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC		CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
STERLING AUDIO-VISUAL RENTAL OF TECHNICAL EQUIPMENT	05/04/2010	N	\$ 295.89
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
JAMES L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC		JAMES L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
DRINKS AND WATER FOR GOLF TOURNAMENT	04/26/2010	N	\$ 46.96
4. Total only this Page			\$ 392.85
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-110)</i>			\$ 824.67

Refunds/Reimbursements From the Committee Pg 1 of 3

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 GRIFFITH 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		g. Comments
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC 27023			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/04/2010
					i. Original Receipt Amount
					\$ 90.94
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
REALTOR		REMAX WINSTON-SALEM	P		\$ 80.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	PURCHASE OF FOOD AT SAMS FOR THANK YOU CELEBRATION		05/04/2010	\$ 90.94
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		g. Comments
DONNA BARHAM 153 TULLYRIES LANE LEWISVILLE, NC 27023			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/03/2010
					i. Original Receipt Amount
					\$ 250.47
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
REALTOR		REMAX WINSTON-SALEM	P		\$ 80.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	FOOD FOR THANK YOU CELEBRATION		05/04/2010	\$ 250.47
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		g. Comments
DAVID F. HOBBS 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/17/2010
					i. Original Receipt Amount
					\$ 1,287.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
DEPUTY SHERIFF - RETIRED		FCSO	P		\$ 850.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	REFUND REYNOLDS GOLF COURSE PAYMENT		04/26/2010	\$ 1,287.00
4. Total only this Page					\$ 1,628.41
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1320)					\$ 2,111.67
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 2 of 3

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 GRIFFITH 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		g. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/04/2010
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
REAL ESTATE BROKER			RE/MAX REALTY CONSULTANTS		P
					j. Election Sum to Date
					\$ 952.82
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	DEWEY'S BAKERY FOR CAKES FOR THANK YOU PARTY		05/08/2010	\$ 44.99
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		g. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/04/2010
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
REAL ESTATE BROKER			RE/MAX REALTY CONSULTANTS		P
					j. Election Sum to Date
					\$ 952.82
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	WALMART BOWLS, SERVIING DISHES, FOOD ETC. FOR THANK YOU		05/08/2010	\$ 45.42
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		g. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/04/2010
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
REAL ESTATE BROKER			RE/MAX REALTY CONSULTANTS		P
					j. Election Sum to Date
					\$ 952.82
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	REIMBURSE TV & ELECTRONIS RENTAL FOR THANK YOU PARTY		05/08/2010	\$ 295.89
4. Total only this Page					\$ 386.30
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 2,111.67
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contibution Limit	
P* - Reimbursement of In-Kin		O* - Other			
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 3 of 3

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 GRIFFITH 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		g. Comments
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 05/04/2010
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			i. Original Receipt Amount		
			\$		50.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
REAL ESTATE BROKER		RE/MAX REALTY CONSULTANTS	P		\$ 952.82
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	FUN TIME BALLOONS FOR THANK YOU PARTY		06/02/2010	\$ 50.00
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		g. Comments
JAMES L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC 27051			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 04/26/2010
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			i. Original Receipt Amount		
			\$		46.96
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED SHERIFF EPUTY		FCSO	P		\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	REPAY FOR DRINKS FOR GOLF TOURNAMENT		04/26/2010	\$ 46.96
4. Total only this Page					\$ 96.96
5. Total of ALL CRO-1320 Pages (This line must be on the 15 of Detailed Summary Page CRO-1100)					\$ 2,111.67
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kin		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements To the Committee

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 GRIFFITH 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
WACHOVIA BANK 1525 WEST W.T.HARRIS BLVD CHARLOTTE, NC 28262			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					OVERCHARGE ON SERVICE FEE
					j. Election Sum to Date
					\$ 102.34
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
001	Electric Funds Tran			05/17/2010	\$ 12.95
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
WACHOVIA BANK 1525 WEST W.T.HARRIS BLVD CHARLOTTE, NC 28262			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					OVERCHARGE OF SERVICE FEE
					j. Election Sum to Date
					\$ 102.34
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
001	Electric Funds Tran			06/11/2010	\$ 12.95
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
WEBMASTERS.COM 4465 W. GANDY BLVD SUITE 801 TAMPA, FL 33611 (800) 995-9595			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					UNUSED WEB HOSTING
					j. Election Sum to Date
					\$ 110.87
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
001	Check			05/23/2010	\$ 8.53
4. Total only this Page					\$ 34.43
5. Total of ALL CRO-1240 Pages (This line must be on the 10 of Detailed Summary Page CRO-1100)					\$ 34.43

Aggregated Non-Media Expenditures

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

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

COMMITTEE TO ELECT GRIFFITH SHERIFF						
3. Payer Information						
a. Amend	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	001	Debit Card	O	05/05/2010	\$ 25.99	INTERNET ADS VIA WEB & EMAILS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Electric Funds Tran	O	05/14/2010	\$ 12.95	BANK SERVICE CHARGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Electric Funds Tran	O	06/09/2010	\$ 12.95	BANK SERVICE CHARGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Electric Funds Tran	O	04/29/2010	\$ 10.70	CREDIT CARD CHARGE FEES
4. Total only this Page					\$	62.59
5. Total of ALL CRO-1315 Pages					\$	62.59
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. This page must be completed unless otherwise indicated by asterisk						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		G - Political Party		H - Holding Public Office Expenses		
J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

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 GRIFFITH 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
CLEAR CHANNEL (RUSH RADIO 94.1) 2 B PAI PARK GREENSBORO, NC 27409				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:		
						\$ 1,460.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	A	04/23/2010	\$ 20.00	RADIO SPOT	
001	Check	A	04/23/2010	\$ 1,440.00	RADIO SPOTS	
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
CLEMMONS COURIER 3000 CLEMMONS ROAD PO BOX 765 CLEMMONS, NC 27012				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:		
						\$ 196.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	A	04/27/2010	\$ 196.88	1/4 PAGE 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
CREATIVE DESIGNS P O BOX 517 WALKERTOWN, NC 27051				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:		
						\$ 1,020.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	O	04/21/2010	\$ 373.89	T-SHIRTS FOR CAMPAIGN	
				\$		
5. Total only this Page						\$ 2,030.77
6. Total of ALL CRO-1310 Pages						\$ 20,413.48
(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	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) COMMITTEE TO ELECT GRIFFITH SHERIFF						2. ID Number
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) KERNERSVILLE NEWS 300 EAST MOUNTAIN STREET PO BOX 337 KERNERSVILLE, NC 27284				b. Coordinated Committee Name		d. Comments
				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 \$ 908.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	A	04/27/2010	\$ 908.15	ADVERTISING	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) POST MARK, INC. 390 CASSELL STREET WINSTON-SALEM, NC 27107				b. Coordinated Committee Name		d. Comments
				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 \$ 13,077.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	B	04/27/2010	\$ 5,920.40	MAILERS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAMS CLUB 930 HANES MALL BLVD. WINSTON-SALEM, NC 27103				b. Coordinated Committee Name		d. Comments
				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 \$ 804.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Debit Card	O	05/03/2010	\$ 234.50	AFTER CAMPAIGN THANK YOU PARTY	
				\$		
5. Total only this Page						\$ 7,063.05
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)						\$ 20,413.48
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

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 GRIFFITH SHERIFF	

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)	b. Coordinated Committee Name	d. Comments
STAPLES 430 HANES MILL ROAD WINSTON-SALEM, NC 27105		
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:		\$ 131.43

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Debit Card	K	04/23/2010	\$ 131.43	PRINTER INK FOR 2 PRINTERS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TIME WARNER CABLE 200 CENTREPORT DRIVE GREENSBORO, NC 27409		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,414.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/23/2010	\$ 2,389.00	TV SPOTS
001	Check	A	04/24/2010	\$ 25.00	TV SPOT

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WALTERS AND ASSOCIATES 5185 ASHLYN DRIVE WINSTON-SALEM, NC 27106		
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:		\$ 6,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	05/11/2010	\$ 2,000.00	CONSULTING MGMT. FOR CAMPAIGN
				\$	

5. Total only this Page \$ 4,545.43

6. Total of ALL CRO-1310 Pages \$ 20,413.48

(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	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 GRIFFITH 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	
WASHINGTON POLITICAL GROUP, LLC 3630 PORTLAND TRAIL DRIVE SUWANEE, GA 30024				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,692.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	A	04/26/2010	\$ 2,692.98	PHONE BANK		
				\$			
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	
WILLIAMS PRINTING INC 268 NORTHSTAR DRIVE RURAL HALL, NC 27045				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:			
						\$ 1,147.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	B	04/26/2010	\$ 969.75	MAILERS		
				\$			
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	
WINSTON-SALEM JOURNAL P. O. BOX 3159 WINSTON-SALEM, NC 27102				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:			
						\$ 650.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	AB	04/27/2010	\$ 650.00	NEWSPAPER		
				\$	ADVERTISEMENT		
5. Total only this Page						\$ 4,312.73	
6. Total of ALL CRO-1310 Pages						\$ 20,413.48	
(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		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) COMMITTEE TO ELECT GRIFFITH SHERIFF						2. ID Number
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) WSJS RADIO 975 WEST 5 STREET WINSTON-SALEM, NC 27101				b. Coordinated Committee Name		d. Comments
				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
						\$ 1,312.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	A	04/23/2010	\$ 1,312.00	RADIO SPOTS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WTRU TRUTH BROADCASTING, INC 4405 PROVIDENCE LANE WINSTON-SALEM, NC 27106				b. Coordinated Committee Name		d. Comments
				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
						\$ 750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	A	04/26/2010	\$ 750.00	RADIO SPOTS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WXII TV NEWS 12 700 COLISEUM DRIVE WINSTON-SALEM, NC 27106				b. Coordinated Committee Name		d. Comments
				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
						\$ 399.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	A	04/23/2010	\$ 399.50	TV SPOTS	
				\$		
5. Total only this Page						\$ 2,461.50
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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 20,413.48
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.)						

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT GRIFFITH SHERIFF		2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID H GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019		b. Job Title/Profession RETIRED LAW ENFORCEMENT/FARM OWNER	d. Comments
		c. Employer's Name/Specific Field FCSO	e. Start Date (mm/dd/yyyy) 02/12/2010
			f. End Date (mm/dd/yyyy)
g. Rate 0.00%	h. Security Pledged PERSONAL LOAN	i. Original Loan Amount \$ 25,000.00	j. Remaining Loan Balance \$ 25,000.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019		b. Job Title/Profession RETIRED SHERIFF/FARM OWNER	d. Comments
		c. Employer's Name/Specific Field FCSO	e. Start Date (mm/dd/yyyy) 04/23/2010
			f. End Date (mm/dd/yyyy)
g. Rate 0.00%	h. Security Pledged NONE	i. Original Loan Amount \$ 12,000.00	j. Remaining Loan Balance \$ 12,000.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID H. GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019		b. Job Title/Profession RETIRED SHERIFF/FARM OWNER	d. Comments
		c. Employer's Name/Specific Field FCSO	e. Start Date (mm/dd/yyyy) 05/11/2010
			f. End Date (mm/dd/yyyy)
g. Rate 0.00%	h. Security Pledged NONE	i. Original Loan Amount \$ 2,000.00	j. Remaining Loan Balance \$ 2,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 39,000.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 39,000.00

In-Kind Contributions

Pg 1 of 1

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 GRIFFITH 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
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	<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
		\$ 952.82
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
RENTAL OF REGENCY III CONFERENCE ROOM FOR THANK YOU CELEBRATION	05/03/2010	\$ 484.88
EXTRA 1/2 SHEET CAKE FOR THANK YOU CELEBRATION	05/04/2010	\$ 44.99
BALLOONS, BALLOON BOUQUETS AND CLUSTERS	05/04/2010	\$ 110.55
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
CHRISTA HOLT 304 MCGEE ROAD WINSTON-SALEM, NC 27107	<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
		\$ 952.82
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PIZZA'S FROM DONATO'S FOR THANK YOU PARTY	05/04/2010	\$ 187.40
		\$
		\$
4. Total only this Page		\$ 827.82
5. Total of ALL CRO-1510 Pages <i>(This line must be on the 1st of Detailed Summary Page CRO-100)</i>		\$ 827.82