

Disclosure Report Cover

COPY

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 HERRON FOR STATE	c. ID Number ICQB81
b. Mailing Address (include City, State and Zip Code) 2060 SABAUL VILLAGE COURT WINSTON-SALEM, NC 27127	d. Date Filed 1/3/2011
	e. Phone Number 336 785-2502

2. Report Year 2010	3. Period Start Date (mm/dd/yy) JULY 1, 2010	4. Period End Date (mm/dd/yy) OCTOBER 16, 2010	5. Treasurer Full Name BRUCE EUGENE GOODE
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<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 checked="" 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 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)

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report
2

10. Special Report Name	

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T	a. Financial Institution Full Name	b. Purpose CAMPAIGN CHECKING ACCOUNT	b. Purpose
c. Account Code JWH10	c. Account Code	d. Period Begin Balance \$ 1,010.16	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.

BRUCE E. GOODE Printed Name of Signer
Bruce E. Goode Signature of Appointed Treasurer
1/3/2011 Date

FOR OFFICE USE ONLY

Date Received: **1/4/11** Employee: **Judy Spear**

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

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

RECEIVED
 2011 JAN - 4 PM 2:44
 COUNTY OF ELECTIONS
 FORSYTH COUNTY

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	
HARRON FOR SHERIFF	3rd QUARTER	ICQB81	
Start of Election Cycle: January 1, <u>2010</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1,010.16	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 8,420.00	\$ 9,729.67	
6) Contributions from Individuals (CRO-1210)	\$ 9,916.24	\$ 15,628.33	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 1,200.00	\$ 1,200.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$ 200.00	
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)	\$ 19,536.24	\$ 26,758.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 10,742.61	\$ 15,975.03	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 1,500.00	\$ 1,500.00	
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)	\$ 147.61	\$ 259.70	
17) In-Kind Contributions (CRO-1510)	\$ 4,097.61	\$ 4,964.70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 16,487.83	\$ 22,699.43	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4,058.57	\$ 4,058.57	
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)	\$	\$	

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
HERRON FOR SHERIFF	ICQB 81

3. Contributor Information <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
RALPH MASON 531 BENNETT RD SPENCEVILLE NC 27048		Retired			
		c. Employer's Name/Specific Field		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"/>	JWH10	CHECK	LOAN	10/06/2010	\$ 1,200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
CATHERINE A. DAUS 6051 ROLLINGWOOD DRIVE WIS, NC 27103		Retired			
		c. Employer's Name/Specific Field		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"/>	JWH10	CHECK		09/25/2010	\$ 150.00
<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	
DR. J. PATRICK OLIVER 3961 POMEROY DRIVE WIS NC 27105		Doctor			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Private Practice		\$ 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"/>	JWH10	CHECK		09/30/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1,450.00
5. Total of ALL CRO-1210 Pages	\$ 11,116.24

Disbursements

Use this form to report operating expenses, contributions to candidate/political committees and coordinated party expenditures. Amendment 6 of 11 Yes No

1. Committee Full Name HERRON						2. ID Number JK98 81	
3. Type of Disbursement (Check one) <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information (Check one) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 551 19. R RAVENNA, NC 27001				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 \$ 450.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWK10	CHECK	B	09/19/2010	\$ 266.15	PAIN CARDS		
JWK10	CHECK		09/19/2010	\$ 184.60	POSTERS		
4. Payee Information (Check one) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TICKET PRINTING.COM ON LINE				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 \$ 234.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWK10	CHECK	D	06/26/2010	\$ 234.71	RAPAL TICKETS		
4. Payee Information (Check one) <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TEXUS HELP.COM LLC 1470 SANDHURST CROSSING-LANE KEENEYSVILLE 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 \$ 332.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	CHECK	M	08/26/200	\$ 200.00	WEBSITE		
5. Total only this Page						\$ 885.46	
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)						\$ 12,096.73	
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)							

Loan Proceeds

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
HERBOD FOR SHERRILL		DUB 81	
3. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Raph MASON 531 Bennett Rd STONEVILLE, NC 27048		Retired	
		c. Employer's Name/Specific Field	e. Start Date (MM/YY)
			10/2010
			f. End Date (MM/YY)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0%	NONE	DWH10	check
			k. Amount
			\$1,200.00
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
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
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)			\$ 1,200.00