| Disalasuma Dans  | ant Corron   |  | ·                    |  | Amendment   |
|--|--|--|----------------------|--|---|
| Disclosure Report Use this form for general            | <b>ort Cover</b><br>al report and committee in   | information Just b                                     |                      | initted along with oth   | Yes No  |
| Do not use this form to u                              |  | mormation,   |                      | A A A A A A A A A A A A A A A A A A A  | lei ucianeu forms.  |
| 1. Committee Informat                                  | Programme with an Program Color to the Color of the Color | ALL OF THE STREET                                      | er ne control        |  | Atolia ing pangangan  |
| a. Full Name   |  | POARC  | T I Ui               | 412  | c. ID Number  |
| Committee To Elect Gri                                 | iffith Sheriff   | 7014 JAA   | N 27 AHII:           | <u></u>  | FOR-25AH7S-C-00   |
| b. Mailing Address (include (                          | City, State and Zip Code)  |  |                      |  | d. Date Filed   |
| Post Office Box 712                                    |  | RE   | CEIVED               | ) .  | 1/27/2014   |
| Lewisville, NC 27023                                   |  | • •=   | , Sur busines :      | •  |   |
|  | ,  |  |                      |  | e. Phone Number   |
|  | . <u></u> _  |  |                      |  | 336-414-7993  |
| 2. Report Year 3. I                                    | Period Start Date (mm/do   | dd/yy) 4. Period<br>(mm/dd/yy)                         | End Date             | 5. Treasurer Full  |   |
|  | a1  11 <del>9/1/13</del>   |  | 2/31/13              | Wanda M. Carleton  | ·   |
| 6. Type of Committee (                                 |  |  |                      | ily one type of report j   |   |
| Candidate Campaign PAC                                 | Party Referendum   | Municipal Organizational                               | State/C              | County Organizational  | Referendum Organizational   |
| Independent  | Joint Fundraiser   | Thirty-five day  | , –                  | Organizational  Quarterly  | Organizational Pre-referendum                                     |
| Expenditure Legal Expense Fund                         |  | , <u> </u>   |                      | Quarterry  | PIC-ICICIONGUIN   |
| 7. Type of Fund (7)                                    | applicable, check one)   | Pre-primary  |                      | First  | Final   |
| Booster Fund"  | <u> </u>   | Pre-election   |                      | Second   | Supplemental Final  |
| Building Fund  | J  | Pre-runoff Semi-annual                                 |                      | Third  | Annual Special  |
| I  | J  | Semi-annual Mid Year                                   | _     _ ,            | Fourth<br>Semi-annual  | Special   |
| Other:   |  | Year End   | d 🔲                  | Mid Year   | 10. Special Report Name   |
|  |  | Final  |                      | Year End   |   |
| 8. Number of Fundraise                                 | ers this Report & For  | Special  | □ F                  | Final  |   |
| 0  |  |  |                      | Special  |   |
| 11 Account Information                                 | The state of the s | #1000 B 42 12 4 12 12 12 12 12 12 12 12 12 12 12 12 12 | 11. Account I        | The state of the s |   |
| a. Financial Institution Full N Wells Fargo            | lame   |  | a. Financial Insti   | itution Full Name  |   |
| b. Purpose   | c. Account Code  | -  | b. Purpose           |  | c. Account Code   |
| Acct Rec/Pay   |  | -  | Us I us poss         |  | C. Account Code   |
| •  | DG   | <u> </u>   | 1                    | ,  |   |
|  | d. Period Begin Balance  |  | 1                    | •  | d. Period Begin Balance   |
|  | \$ 0   | l  | į ·                  |  | \$  |
| CERTIFICATION  |  |  |                      |  |   |
| I certify that the Committee the NC General Statutes a | and that no funds are com  | mmingled with prohi                                    | nibited or other n   | non-disclosed funds. I   | & 22D-22M of Chapter 163 of<br>I further certify that this report |
| is complete, true and corre<br>Wanda M. Carlet         |  | trained by the NCS                                     | tate Board of E      | 9/1 //.  |   |
|  | rinted Name of Signer  |  | ignature of Appointe |  | /27/2013<br>Date  |
| FOR OFFICE USE ONLY                                    |  |  | Ettinia.             | Λ  |   |
| Date Received:   | 1/27/2014  | Employee:  | Jady.                | <u>speas</u>   | Delivery Method Normal Mail                                       |
| Date Postmarked:                                       | ***************************************  | Employee:  |                      | <u> </u>   | Registered Mail Hand Delivered Rectronically Filed                |
| Date Stanned:  |  | Employee:  | . —                  | <del></del>  | Electronically Filed Signer has not received mandatory training   |
| Date Data Entered:                                     |  | Employee:  |                      |  |   |
| Please Note: This form                                 | m cannot be used to amer<br>custodian  | end committee information of books information         | mation such as t     | the committee address information.   | s, treasurer, assistant treasurer,                                |
| You  | u must amend the Stateme   |  | •                    |  | changes.  |

## **Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment

Yes No

|   | 2. Type of Report  |                                       |                                       |                                  | mber-            |
|---|--|---------------------------------------|---------------------------------------|----------------------------------|------------------|
| Committee To Elect Griffith Sheriff   | 2013 4 <sup>th</sup> Quarter   |                                       |                                       | FOR-25 <i>i</i>                  | AH7S-C-00        |
| Start of Election Cycle: January 1,   |  | 1                                     | Total this                            |                                  | Total this       |
|   |  | Rep                                   | orting Period                         | \$                               | Election Cycle 0 |
| 4) Cash on Hand at Start  RECEIPTS  | arran Arta de la Companya de la Comp  | D .                                   | U.                                    | P                                | V                |
| 5) Aggregated Contributions from Individuals  | (CRO-1205)   | \$                                    | 225.00                                | \$                               | 225.00           |
| 6) Contributions from Individuals   | (CRO-1210)   | <del></del>                           | 13,200.00                             | \$                               | 13,200.00        |
| 7) Contributions from Political Party Committees  | (CRO-1220)   | \$                                    |                                       | \$                               |                  |
| 8) Contributions from Other Political Committees  | (CRO-1230)   | \$                                    |                                       | \$                               |                  |
| 9) Loan Proceeds  | (CRO-1410)   | \$                                    |                                       | \$                               |                  |
| 10) Refunds/Reimbursements To the Committee   | (CRO-1240)   | \$                                    |                                       | \$                               | <u> </u>         |
| 11) Other Receipt Sources   |  |                                       | All the second second                 |                                  |                  |
| 11a) Interest on Bank Accounts  | (CRO-1250)   | \$                                    |                                       | \$                               |                  |
| 11b) Contributions from Not-for-Profit Organization   | ons (CRO-1250)   | \$                                    |                                       | \$                               |                  |
| 11c) Outside Sources of Income  | (CRO-1250)   | \$                                    |                                       | \$                               |                  |
| 11d) Legal Expense Fund – Other Sources   | (CRO-1270)   | \$                                    |                                       | \$                               | ,                |
| 11 e) Exempt Purchase Price Sales   | (CRO-1265)   | \$                                    |                                       | \$                               |                  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c)   | c, 11d and 11e)  | \$ 1                                  | 13,425.00                             | \$                               | 13,425.00        |
| EXPENDITIONES SET LANGE CONTROL   | 通用的 1000 (1000)<br>1000 (1000)   |                                       |                                       |                                  |                  |
| 13) Disbursements   |  |                                       |                                       |                                  |                  |
| 13a) Operating Expenditures   | (CRO-1310)   | -                                     | 2,921.00                              | \$                               | 12,921.00        |
| 13b) Contributions to Candidates/Political Commit   | tees (CRO-1310)  | \$                                    |                                       | \$                               |                  |
| 13c, Coordinated Party Expenditures   | (CRO-1310)   | \$                                    |                                       | \$                               | ·                |
| 14) Aggregated Non-Media Expenditures   | (CRO-1315)   | \$                                    |                                       | \$                               | ·                |
| 15) Loan Repayments   | (CRO-1420)   | \$                                    |                                       | \$                               |                  |
| 16) Refunds/Reimbursements From the Committee   | (CRO-1320)   | \$                                    |                                       | \$                               |                  |
| 17) In-Kind Contributions   | (CRO-1510)   | \$                                    |                                       | \$                               |                  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15   |  | \$                                    |                                       | \$                               |                  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subti  | ract line 18)  | \$ 5                                  | 64.00                                 | \$                               | 504.00           |
| ADDUM ONAL INFORMATION  20) Non-Monetary Gifts Given to Other Committees  | (CRO-1330)   | e e e e e e e e e e e e e e e e e e e | rando <b>rede</b> ida                 | la Galley Medit<br>Galley Galley |                  |
|   | CONTRACTOR OF THE PROPERTY OF  | \$                                    | 9 005 02                              |                                  |                  |
| <ul><li>Outstanding Loans (incl. ones from other campaign</li><li>Debts and Obligations owed By the Committee</li></ul> | The second of th |                                       | 8,985.03                              |                                  |                  |
|   | (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-2200)   | \$                                    |                                       | \$                               |                  |
| 28) Contributions to be Refunded  NC State Board of Flori   | (CRO-1215)   | \$.                                   |                                       | \$                               | August 2008      |

## **Aggregated Contributions from Individuals**

Page

Amendment Yes 🔀

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

|   |                    | if applicable)                        |                           |                       | 2. ID Nur | iber                                  |
|---|--------------------|---------------------------------------|---------------------------|-----------------------|-----------|---------------------------------------|
| Committee To Elect Grif                             | ٠                  | ,                                     |                           |                       |           | 25AH7S-C-00                           |
| 3. Contributor Informat                             | tion ,             |                                       |                           |                       |           |                                       |
| a. Amend  | o. Account<br>Code | c. Form of Payment                    | d. In-Kind<br>Description | e. Date<br>(mm/dd/yyy |           | mount                                 |
| Add Remove  | DG                 | cash                                  |                           | 12/11/                | 13 \$     | 50.00                                 |
| Add Remove  | DG                 | cash                                  |                           | 12/11/                | 13 \$     | 50.00                                 |
| Add Remove  | DG                 | check                                 |                           | 12/9/1                | 3 \$      | 50.00                                 |
| Add   | DG                 | check                                 |                           | 12/19/                | 13 \$     | 50.00                                 |
| Add   | DG                 | check                                 |                           | 11/14/                | 13 \$     | 25.00                                 |
| Add Remove  |                    |                                       |                           |                       | \$        |                                       |
| Add   |                    |                                       |                           |                       | \$        | · ·                                   |
| Remove Add  |                    |                                       |                           |                       | \$        |                                       |
| Remove Add  |                    |                                       |                           |                       | \$        | ·                                     |
| Remove Add  |                    |                                       |                           | · ·                   |           | <u>.</u>                              |
| Remove Add  |                    |                                       |                           |                       | \$        |                                       |
| Remove Add  | ·                  |                                       |                           |                       | \$        | ·                                     |
| Remove  |                    | · · · · · · · · · · · · · · · · · · · |                           |                       | \$        |                                       |
| Add Remove  |                    |                                       |                           |                       | \$        |                                       |
| Add Remove  |                    |                                       |                           |                       | \$        |                                       |
| Add Remove  |                    |                                       | i                         |                       | \$        |                                       |
| Add Remove  |                    |                                       |                           |                       | \$        |                                       |
| Add Remove  |                    |                                       | ;                         |                       | \$        | · · · · · · · · · · · · · · · · · · · |
| Add Remove  |                    |                                       |                           |                       | \$        |                                       |
| Add   |                    |                                       |                           |                       | \$        | · · · · · · · · · · · · · · · · · · · |
| Remove Add  |                    |                                       | ·                         |                       | \$        |                                       |
| Remove Add  |                    |                                       |                           |                       |           |                                       |
| Remove Aud  |                    |                                       | •                         |                       | \$        | <del></del>                           |
| Remove  |                    | ľ                                     |                           |                       | \$        |                                       |
| 4. Total only this Pag                              |                    |                                       |                           |                       | \$ 225    | .00                                   |
| 5. Total of ALL CRC (This line must be on line 5 of |                    |                                       |                           |                       | \$ 225    | .00                                   |

| *T. CAIM   | mittee Full Name  | fond Fund if applied   |          | was expressed as the program of the first of the first of the state of | \$2500 CONTRACTOR STATE OF THE PROPERTY OF THE | ALCO YOURS                 | Service State of the late of             |               |
|--|---|--|----------|--|--|----------------------------|--|---------------|
| l,   |   | (and Fund if applica   |          |  |  |                            |  |               |
| Complete service of a complete service of  | ttee To Elect Griffi  | No service and the service and |          | · i. may our reg   |  | FC                         | OR-25AH7S-                               | C-00          |
| emanageser, itsee o come   | ributor Informatio  |  | .≽□.     | Àdd Rei  | A THE PARTY OF THE PROPERTY OF THE PARTY OF  |                            |  | A Property S  |
|  | me, Mailing Address   | & Phone  |          | b. Job Title/Profession  |  | d. Commer                  | ats                                      |               |
|  | e city, state, & zip)  Carleton   |  |          | Retired Law Enfor  | cement.  |                            |  |               |
|  | Carleton<br>lem Glen Blvd   |  |          | c. Employer's Name/Sp  | - *** = ***** = ****   | 4                          |  |               |
|  | ons, NC 27012   |  |          | US Dept of Justice   |  | -                          |  |               |
| Cicinnic   | 113, 140 27012  |  |          | Op Debt of agence  |  | e Election                 | Sum to Date                              |               |
|  |   |  |          | i  |  | \$                         | 700.00                                   |               |
| f. Prio  | g. Account Code   | h. Form of Payment   | i, In-k  | L<br>Kind Description  | j. Date (mm/dd/yy  | ууу)                       | k. Amount                                | ;             |
|  | DG  | check  |          | <u> </u>   | 9/18/1   | 13                         | \$                                       | 200.00        |
|  | DG  | check  |          |  | 11/12  | /13                        | \$                                       | 500.00        |
|  |   |  |          |  |  |                            | \$                                       |               |
| Of the second of | ibutor Informatio   | The Control of the Co |          | Add Ren  | nove   |                            |  |               |
|  | me, Mailing Address &   | & Phone  | .        | b. Job Title/Profession  |  | d. Commen                  | its                                      | British Maria |
|  | e city, state, & zip)   | <del></del>  |          | Retired Law Enforce  | cement   | : .                        |  |               |
| Kyle Joh   |   |  | ļ        |  |  |                            |  |               |
|  | nglebrook Trail   |  | !        | c. Employer's Name/Sp  | ecific Field   |                            |  |               |
| Clemno   | ns, NC 27012  | •  | ļ        | US Dept Justice  |  | Tr. dan I                  | - wa                                     |               |
|  |   |  | ļ        |  |  | e. Election a              | Sum to Date                              |               |
| <del></del>  | ·   | ·  |          |  |  | \$                         | 100.00                                   | ·             |
| f. Prior   | g. Account Code   | h. Form of Payment   | i. In-Ki | ind Description  | j. Date (mm/dd/yy  | уу)                        | k. Amount                                |               |
|  | DG  | check  | <u> </u> |  | 9/23/1   | 3                          | \$                                       | 100.00        |
|  |   |  |          | ·  |  |                            | \$                                       |               |
|  | 1   | •  | 1        |  | <del></del>  |                            | <del></del>                              |               |
|  |   |  | _        |  |  |                            | \$                                       |               |
| ☐<br>3. Colitri  | ibutor Informatio   | n and several the second   |          | Add - Rem  | iove   |                            | \$                                       |               |
| a. Full Nan  | ne, Mailing Address &   |  |          | Add Rem  b. Job Title/Profession   | love   | d. Comment                 |  |               |
| a. Full Nan<br>(include  | ne, Mailing Address &<br>city, state, & zip)  |  |          | Charles and the second  | love   | d. Comment                 |  |               |
| a. Full Nan<br>(include<br>Linda W   | ne, Mailing Address &<br>city, state, & zip)<br>ood   |  |          | b. Job Title/Profession<br>Retired   |  | d. Comment                 |  |               |
| a. Full Nan<br>(include<br>Linda W<br>6753 Casi  | ne, Mailing Address &<br>city, state, & zip)<br>ood<br>tleton Drive                           |  |          | b. Job Title/Profession Retired c. Employer's Name/Spe   |  | d. Comment                 |  |               |
| a. Full Nan<br>(include<br>Linda W<br>6753 Casi  | ne, Mailing Address &<br>city, state, & zip)<br>ood   |  |          | b. Job Title/Profession<br>Retired   |  |                            | ts                                       |               |
| a. Full Nan<br>(include<br>Linda W<br>6753 Casi  | ne, Mailing Address &<br>city, state, & zip)<br>ood<br>tleton Drive                           |  |          | b. Job Title/Profession Retired c. Employer's Name/Spe   |  | d. Comment                 | ts                                       |               |
| a. Full Nan<br>(include<br>Linda W<br>6753 Casi<br>Clemmon   | ne, Mailing Address & city, state, & zip) ood tleton Drive as, NC 27012                       | è Phone  |          | b. Job Title/Profession Retired c. Employer's Name/Spe Guilford County   | ecific Field   | e. Election S              | ium to Date 1,000.00                     |               |
| a. Full Nan<br>(include<br>Linda W<br>6753 Casi  | ne, Mailing Address & city, state, & zip) ood tleton Drive ns, NC 27012                       | h. Form of Payment   |          | b. Job Title/Profession Retired c. Employer's Name/Spe   | ecific Field  j. Date (mm/dd/yyy   | e. Election S<br>\$<br>yy) | ts                                       |               |
| a. Full Nan<br>(include<br>Linda W<br>6753 Casi<br>Clemmon   | ne, Mailing Address & city, state, & zip) ood tleton Drive as, NC 27012                       | è Phone  |          | b. Job Title/Profession Retired c. Employer's Name/Spe Guilford County   | ecific Field   | e. Election S<br>\$<br>yy) | ium to Date 1,000.00                     | 1,000.00      |
| a. Full Nan<br>(include<br>Linda W<br>6753 Casi<br>Clemmon   | ne, Mailing Address & city, state, & zip) ood tleton Drive ns, NC 27012                       | h. Form of Payment   |          | b. Job Title/Profession Retired c. Employer's Name/Spe Guilford County   | ecific Field  j. Date (mm/dd/yyy   | e. Election S<br>\$<br>yy) | ts  Sum to Date  1,000.00  k. Amount     | 1,000.00      |
| a. Full Nan (include Linda W 6753 Casi Clemmon   | ne, Mailing Address & city, state, & zip)  ood tleton Drive as, NC 27012  g. Account Code  DG | h. Form of Payment check   |          | b. Job Title/Profession Retired c. Employer's Name/Spe Guilford County   | ecific Field  j. Date (mm/dd/yyy   | e. Election S \$ (y) 3     | ts  Sum to Date  1,000.00  k. Amount  \$ | 1,000.00      |
| a. Full Nan (include Linda W 6753 Casi Clemmon  f. Prior   | ne, Mailing Address & city, state, & zip) ood tleton Drive ns, NC 27012                       | h. Form of Payment check   |          | b. Job Title/Profession Retired c. Employer's Name/Spe Guilford County   | ecific Field  j. Date (mm/dd/yyy   | e. Election S<br>\$<br>yy) | ts  Sum to Date  1,000.00  k. Amount  \$ | 1,000.00      |

Amendment

Yes

No

|                        |                                       | m Individuals   |                               | Pg  | _2                                     | of                    | 6_            |             | es 🛭 No           |
|------------------------|---------------------------------------|---|-------------------------------|---|--|-----------------------|---------------|-------------|-------------------|
|                        |                                       | ividual contributions   |                               | -00   |  |                       |               |             |                   |
| 1. Comr                | nittee Full Name                      | (and Fund if applica  | ble)                          |   | dightery.                              |                       | 2. ID Nu      | mber .      |                   |
| Commit                 | tee To Elect Griffi                   | th Sheriff  |                               |   |  |                       | FO            | R-25AH7S    | -C-00             |
| 15 - 10 - 71 - 174C 7  | ibutor Informati                      |   |                               | Add   | nove                                   |                       |               |             | and the second    |
| 6                      | me, Mailing Address                   | & Phone   |                               | b. Job Title/Profession   | <del></del>                            |                       | d. Commen     | its         |                   |
| (include<br>Conrad     | city, state, & zip)                   |   |                               | Magazine Publishe   | r/Retired                              |                       |               |             |                   |
|                        | pstone Lane                           |   |                               | c. Employer's Name/Sp   | ecific Field                           |                       | -             |             |                   |
|                        | rille, NC 27284                       |   |                               | o simple of the mental of   |  |                       | -             |             |                   |
| İ                      | •                                     |   |                               |   |  |                       | e. Election   | Sum to Date |                   |
|                        | ,                                     |   |                               |   | ,                                      |                       | \$            | 250.00      |                   |
| f. Prior               | g. Account Code                       | h. Form of Payment  | i. In-K                       | ind Description   | j. Date (n                             | nm/đđ/yy              | уу)           | k. Amoun    | t                 |
|                        | DG                                    | check   |                               |   |  | 10/9/1                | 3             | \$          | 250.00            |
|                        |                                       |   |                               |   |  |                       |               | \$          |                   |
|                        |                                       |   |                               |   |  |                       |               | \$          |                   |
| Attended to the second | ibutor Informatio                     |   |                               | Add Ren   | iove 🖖 🖔                               | di Gira               | 10 W # C      | 100         | in de la la serie |
|                        | ne, Mailing Address &                 | & Phone   |                               | b. Job Title/Profession   |  |                       | d. Commen     | ts          |                   |
| (include<br>David R    | city, state, & zip)                   |   |                               | Sales   |  |                       |               |             |                   |
| 150 Surte              |                                       |   |                               | c. Employer's Name/Sp   | cific Field                            |                       |               |             |                   |
|                        | Salem, NC 27104                       | ļ   |                               | Tyler Tech  |  |                       |               |             |                   |
|                        | •                                     |   |                               |   |  |                       | e. Election S | Sum to Date | <del> </del>      |
|                        |                                       |   |                               |   |  |                       | \$            | 1,000.00    |                   |
| f. Prior               | g. Account Code                       | h. Form of Payment  | i. In-K                       | ind Description   | j. Date (m                             | m/dd/yy               | yy)           | k. Amount   |                   |
|                        | DG                                    | check   | ļ                             |   |  | 10/26/1               | 13            | \$          | 1,000.00          |
|                        |                                       |   |                               |   |  |                       | · .           | \$          |                   |
|                        |                                       |   |                               |   |  |                       |               | \$          |                   |
|                        | bu <mark>tor Informati</mark> o       |   |                               | Add Rem   | ove 🐺                                  |                       | eti Dige      |             |                   |
|                        | ie, Mailing Address &                 | t Phone   |                               | b. Job Title/Profession   |  |                       | d. Comment    | s           |                   |
| Charles I              | city, state, & zip)                   |   |                               | Retired Law Enforc  | ement                                  |                       |               |             |                   |
|                        | burn Lane                             |   | }                             | c. Employer's Name/Spe  | cific Field                            |                       |               |             |                   |
|                        | s, NC 27012                           |   | Ì                             | US Dept of Justice  |  |                       |               |             |                   |
|                        |                                       |   |                               |   |  | Į                     | e. Election S | um to Date  |                   |
|                        |                                       |   |                               |   |  |                       | \$            | 1,000.00    |                   |
| f. Prior               | g. Account Code                       | h. Form of Payment  | i. In-Ki                      | nd Description  | j. Date (m                             | m/dd/yyy              | у)            | k. Amount   |                   |
|                        | DG                                    | check   |                               | ·   |  | 11/16/1               | 3             | \$          | 1,000.00          |
|                        |                                       |   |                               |   |  |                       |               | \$          | ·<br>             |
|                        |                                       | Andrew Street, and the street of the street | r of an electronic and a sec- | OFFE SIGNEY AND ONE OF SIGNEY   | ************************************** | tracertain accessors. |               | \$          |                   |
| 4. Total               | only this Page                        |   |                               | ngan di pagamatan<br>Managan di pagamatan                                 |  |                       | \$            |             | 2,250.00          |
|                        | of ALL CRO-<br>must be on line 6 of L | 1210 Pages<br>Detailed Summary Page CI  | RO-1100)                      | Angeled des desputed<br>Constitution desputed<br>Constitution desputed to |  |                       | \$            | ,           |                   |

Amendment

| Use this   | form to report ind   | ividual contributions                     | over \$5 | 0 or contributions un      | der \$50 if form CR  | O 1205 is a                           | not used         |  |
|--|--|---|----------|----------------------------|--|---------------------------------------|------------------|--|
| 1. Comr  | nittee Full Name   | (and Fund if applica                      | ıble)    |                            |  | .2, ID Nu                             | mber             |  |
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| Richard  |  |   |          |                            |  |                                       | ·                |  |
| 1  | stle Pines Court   |   |          | c. Employer's Name/S       |  |                                       |                  |  |
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| Shane W  |  |   |          |                            |  |                                       |                  |  |
|  | Meadow Road  |   |          | c. Employer's Name/S       | pecific Field  | 1                                     |                  |  |
| Lexingto   | n, NC 27295  |   |          | US Dept of State           | TD (1  | <u> </u>                              |                  |  |
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|  | Salem, NC 27104  | l   |          | c. Employer's Name/S WSFCS | pecinc Field   | -                                     |                  |  |
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Amendment

Yes

No

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|  | iral Wood Drive.                           |  |         | c. Employer's Name   |  | _             |               | •   |
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Amendment

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| Ricky E                         |                        |   |                        |  |  |               |             |                             |  |  |  |
|                                 | ghts Farm Road         | _   |                        | c. Employer's Name                         | /Specific Field  |               |             |                             |  |  |  |
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| Eddie Me                        |                        |   |                        |  |  |               |             |                             |  |  |  |
| 200 Scot                        | t Road<br>le, NC 27023 |   |                        | c. Employer's Name/                        | Specific Field   | _             |             |                             |  |  |  |
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Amendment

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| 3  |   |                                |               |                                   |           | \$                                     |           |                             |   |                   |
| 4. Payee Inform  | nation  |                                | Α             | .dd                               |           | Remove                                 |           |                             |   |                   |
| a. Full Name, Mail   | ing Address & Phóne                               |                                | b             | . Coordinated Committee N         | Van       | ne                                     | d. Com    | ments                       |   | _                 |
| (include city, state,  |   |                                |               |                                   |           |  | ,         |                             |   |                   |
| The Stewart Gr   | -   |                                | L             |                                   |           |  |           |                             |   |                   |
| P. O. Box 2650   | •   |                                | c.            | Level Registered (Specify)        |           |  |           |                             |   |                   |
| Raleigh, NC 27   | 611   |                                | Ļ             | Federal                           |           | County:                                |           |                             |   |                   |
|  |   |                                | 닏             | State                             |           | Municipality:                          | e. Electi | ion Sum to Date             |   |                   |
|  |   |                                |               |                                   |           |  | ·         | 00.00                       |   |                   |
| f. Account Code  | g. Form of Payment                                | h. Purpose Code                |               | i. Date (mm/dd/yyyy)              | _         | j. Amount                              |           | ired Remarks                |   |                   |
|  | check   | 0                              |               | 11/19/13                          |           | \$6000.00                              | Consu     | lting                       |   |                   |
|  | check   | 0                              |               | 12/16/13                          |           | \$1000.00                              | Consu     | lting                       |   |                   |
| 5. Total only th   | is Page   |                                | 100           | Later base server                 |           |  | \$        | 7,521.00                    |   |                   |
|  | CRO-1310 Pages                                    | s, sugaspelity are             |               | Mary Control of the               |           | ning a series                          |           |                             |   |                   |
|  | line 13a of Detailed Sum                          |                                |               |                                   | _         |  | \$        |                             |   |                   |
| _  |   |                                | -             | Contrib to Candidates/Politi      |           | , i                                    | 7         |                             |   | ,                 |
|  | ine 13c of Detailed Sum<br>es: (List detailed ext |                                | _             | Coordinated Party Expendit        | ure.      | s)                                     |           | N: 95 % ST 38 50            | Maria and                               | <b>9:383</b> 1550 |
| a* - Media   | B* - Printing                                     | enguare code an (<br>C* - Fund |               |                                   | So pú     | D - To Anothe                          | r Candid  | sauritenius (2014).<br>ate  | glassaale)                              | <b>1</b> 12211    |
| E - Salaries   | F* - Equipment                                    | G - Politic                    |               |                                   |           |  |           | aic<br>Office Expenses      |   |                   |
| I - Postage  | J - Penalties                                     | K* - Offic                     |               | -                                 |           |  |           | l Expense Fun               | 1                                       |                   |
| O* - Other   | e detailed explanati                              |                                | 70 PASSE      |                                   | W. 151    |  | 7 T 2     |                             |   |                   |
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|  |                                 |  |          |                     |                |                          |   | Amendment  |                     |        |
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| Disbursem  | ents                            |  |          |                     | Pg             | <u>2</u> of              | <u>2</u>                                | Yes  | $\boxtimes$         | No     |
|  | report expenditures             |  | ee f     | or; operating ex    | penses,        | contributions to         | candidat                                | e/political  |                     |        |
|  | coordinated party ex            |  | wridenie |                     | en skurestaezi |                          |   | Consideration Marie 12 to 14 of the Consideration o | in-Viwavens Zudrist | &I     |
| 1999 181 1151 1151 1151 1151   | Full Name (and Fun              |  | 1. B     |                     |                |                          |   | 2. ID Number   |                     |        |
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| S. Lype of Diso  | ursement (Plea                  | <i>Ise use separate</i> C<br>Contributions to Ca   |          |                     |                |                          |   | Party Expenditure  |                     |        |
|  | nation                          |  |          |                     |                | Remove                   |   |  |                     | As.    |
|  | ing Address & Phone             |  |          | Coordinated Com     |                |                          | d. Com                                  |  |                     | 200,00 |
| (include city, state,  | -                               |  | ۳        | Cool alliance Com.  |                |                          | 2,002                                   |  |                     |        |
| Telopinion Res   |                                 |  |          |                     |                |                          |   |  |                     |        |
| 901 King Stree   |                                 |  | c.       | Level Registered (S | pecify)        |                          | 1                                       |  |                     |        |
| Suite 400  |                                 |  |          | Federal             |                | County:                  | 1                                       |  |                     |        |
| Alexandria, VA   | 22314                           |  |          | State               |                | Municipality:            | e. Elect                                | ion Sum to Date  |                     |        |
|  | -                               |  |          |                     | •              |                          | \$ 5.4                                  | 100.00   |                     |        |
| f. Account Code  | g. Form of Payment              | h. Purpose Code  | <u> </u> | i. Date (mm/dd/yy   | ~~··           | j. Amount                |   | ired Remarks   |                     |        |
| 1. Account Code  |                                 |  |          |                     | 33)            |                          | Resear                                  |  |                     |        |
|  | check                           | 0  |          | 12/28/13            |                | \$5,400.00               |   |  |                     |        |
|  | •                               |  |          |                     |                | \$                       |   |  |                     |        |
| 4. Payee Inform  | nation                          |  | A        | dd                  |                | Remove                   |   |  |                     | ide:   |
| a. Full Name, Mail   | ing Address & Phone             |  | b.       | Coordinated Com     | nittee Na      | ame                      | d. Com                                  | ments  |                     |        |
| (include city, state,  | & zip)                          |  |          |                     |                |                          |   |  |                     |        |
|  |                                 |  |          |                     |                | <del> </del>             | 4                                       |  |                     |        |
|  |                                 |  | C.       | Level Registered (S | pecify)        |                          | 4                                       |  |                     |        |
|  |                                 |  | ᅡ늗       | Federal State       | H              | County:<br>Municipality: | o Floor                                 | ion Sum to Date  |                     |        |
| ,  |                                 | •  | <u> </u> | ] State             |                | winding parity.          | e. Electi                               | on Sum to Date   |                     |        |
|  |                                 |  |          |                     |                |                          | \$                                      |  |                     |        |
| f. Account Code  | g. Form of Payment              | h. Purpose Code  | <u>'</u> | i. Date (mm/dd/yy   | уу)            | j. Amount                | k. Requ                                 | ired Remarks   |                     |        |
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| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                 |  |          | •                   |                |                          |   |  |                     |        |
|  |                                 |  | c.       | Level Registered (S | pecify)        | -                        |   |  |                     |        |
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|  |                                 |  |          |                     |                |                          | \$                                      |  |                     |        |
| f. Account Code  | g. Form of Payment              | h. Purpose Code  | T        | i. Date (mm/dd/yy   | /y)            | j. Amount                | k. Requi                                | ired Remarks   |                     |        |
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| 5. Total only thi  | s Page<br>CRO-1310 Pages        | The first of the second of the | ligan.   |                     | and the second |                          | \$                                      | 5,400.00   |                     |        |
| of a boundary in terms were referred on the season for the season of the | line 13a of Detailed Sum        | mary Page CRO-1100   | if C     | perating Expenses)  |                |                          | 1                                       |  |                     |        |
| -  | line 13b of Detailed Sum        |  | -        |                     | s/Politica     | al Comm)                 | \$                                      | 12,921.00  |                     |        |
|  | line 13c of Detailed Sum        |  |          |                     |                |                          |   |  |                     |        |
|  | es (List detailed exp           |  |          |                     | 69 S 10 W      |                          |   |  |                     |        |
| A* - Media   | B* - Printing                   | C* - Fund  |          |                     |                | D - To Anoth             |   |  |                     |        |
| E - Salaries I - Postage   | F* - Equipment<br>J - Penalties | G - Politic<br><b>K* - Offic</b>   |          |                     |                |                          |   | ffice Expenses<br>l Expense Func   | ì                   |        |
| A  |                                 |  |          |                     |                |                          |   |  | -                   |        |

## Outstanding Loans

Pg 1 of 1 Yes ⊠ No

| Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in fu | received dur | y outstanding loan | to report | form | e this | Us |
|--|--------------|--------------------|-----------|------|--------|----|
|--|--------------|--------------------|-----------|------|--------|----|

| 1. Committee Full N  | ame (and Fund if applicable                         | e) = 1 = 1                                    |  | 2. ID:Number               |
|--|---|---|--|----------------------------|
| Committee To Elect Griffith Sheriff                                |   |   |  | FOR-25AH7S-C-00            |
| 3. Lender Informati  | on A  | dd 🐇 🔻  | Remove   |                            |
| a. Full Name, Mailing Address & Phone                              |   | b. Job Title/Profession                       |  | d. Comments                |
| (include city, state, & zip)                                       |   | Retired Law                                   |  |                            |
| David H. Griffith  |   | Enforcement/Farm                              |  |                            |
| 4991 Bostic Acres Farm Road  |   | Owner   |  | e. Start Date (mm/dd/yyyy) |
| Germanton, NC 27019  |   | c. Employer's Name/Specific Field FCSO        |  | 2/12/2010                  |
|  |   |   |  | f. End Date (mm/dd/yyyy)   |
|  |   |   |  |                            |
| g. Rate  | h. Security Pledged                                 |   | i. Original Loan Amount  | j. Remaining Loan Balance  |
| 0.00 %   | Personal Loa  |   | \$ 25,000.00   | \$ 25,000.00               |
| k. Full Name of Lending Institution                                |   |   |  | l. Loan Number             |
|  |   |   |  |                            |
| 3. Lender Information Add Remove                                   |   |   |  |                            |
| a. Full Name, Mailing Address & Phone                              |   |   |  | Lag                        |
| (include city, state, & zip)                                       |   | b. Job Title/Profession  Retired Sheriff/Farm |  | d. Comments                |
| David H. Griffith  |   | Owner Owner                                   |  | ·                          |
| 4991 Bostic Acres Farm Road  |   |   |  | e. Start Date (mm/dd/yyyy) |
| Germanton, NC 27019  |   | c. Employer's Name/Specific Field             |  |                            |
|  |   | FCSO  |  | 4/23/2010                  |
|  |   |   |  | f. End Date (mm/dd/yyyy)   |
|  |   |   |  |                            |
| g. Rate h. Security Pledged  |   |   | i. Original Loan Amount  | j. Remaining Loan Balance  |
| 0.00 % None  |   |   | \$ 12,000.00   | \$ 12,000.00               |
| k. Full Name of Lending Institution                                |   |   |  | I. Loan Number             |
|  |   |   |  |                            |
| 7 7 7 7 7 7  | CA CARACTER AND | ( <b>3</b> % % % % % %                        | The state of the s |                            |
| 3. L'ender Information Add   |   |   |  |                            |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) |   | b. Job Title/Profession  Retired Sheriff/Farm |  | d. Comments                |
| David H. Griffith  | <u></u>   | Owner   |  |                            |
| 4991 Bostic Acres Farm Road  |   |   | e. Start Date (mm/dd/yyyy)   |                            |
| Germanton, NC 27019  |   | c. Employer's Name/Specific Field             |  |                            |
|  |   | FCSO  |  | 5/11/2010                  |
|  |   |   |  | f. End Date (mm/dd/yyyy)   |
|  |   |   |  | · ·                        |
| g. Rate  | h. Security Pledged                                 |   | i. Original Loan Amount  | j. Remaining Loan Balance  |
| 0.00 %   | None  |   | \$ 2,000.00  | \$ 1,985.03                |
| k. Full Name of Lending Institution                                |   |   |  | l. Loan Number             |
|  |   |   |  |                            |
| 4. Total only this Page  |   |   |  | \$ 38,985.03               |
| 5. Total of ALL CRO-1430 Pages                                     |   |   |  |                            |
| (This line must be on line 21 of Detailed Summary Page CRO-1100)   |   |   |  | \$ 38,985.03               |