

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information

a. Full Name COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH		c. ID Number
b. Mailing Address (include City, State and Zip Code) 857 WEST FIFTH STREET WINSTON SALEM, NC 27101		d. Date Filed 07/25/2025
		e. Phone Number (336) 777-3480

REPORT FILED
ELECTRONICALLY
SEE STATE WEBSITE
FOR COMPLETE REPORT
WWW.NCSBE.GOV

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 04/30/2025	4. Period End Date (mm/dd/yy) 06/30/2025	5. Treasurer Full Name LYNNE HOLTON
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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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		10. Special Report Name		
7. Type of Fund (if applicable, check one)				
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		11. Type of Report (check only one type of report from one category)		
		12. Type of Report (check only one type of report from one category)		
8. Number of Fundraisers this Report 1				

3. Account Information		3. Account Information	
a. Financial Institution Full Name PINNACLE BANK		a. Financial Institution Full Name	
b. Purpose FOR CAMPAIGN RELATED ACTIVIT	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 40.00		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

Lynne R. Holton
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

07/25/2025
Date

FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:	Employee:	<input type="checkbox"/> Hand Delivered
		<input checked="" type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH		2025 Mid Year Semi-Annual			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 40.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 240.00		\$ 280.00	
6) Contributions from Individuals (CRO-1210)		\$ 8,657.14		\$ 8,657.14	
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)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
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)		\$ 8,897.14		\$ 8,937.14	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2,222.92		\$ 2,222.92	
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)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 2,942.14		\$ 2,942.14	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,165.06		\$ 5,165.06	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,772.08		\$ 3,772.08	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
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)		\$ 0.00		\$ 0.00	

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ 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 RE-ELECT SHERIFF KIMBROUGH					
3. 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	01	Electric Funds Tran		06/20/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Electric Funds Tran		05/29/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Electric Funds Tran		06/09/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		05/14/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		05/14/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Electric Funds Tran		06/03/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Electric Funds Tran		06/30/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Electric Funds Tran		05/29/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Electric Funds Tran		06/10/2025	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ \$240.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ \$240.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH							
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	
ANTHONY BRETT 2148 CHERRYWOOD DR CLEMMONS, NC 27012				ATTORNEY			
				c. Employer's Name/Specific Field			
				WOMBLE BOND DICKINSON			
				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"/>	01	Check		06/23/2025		\$ 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	
AL COLLINS 430 WEST MOUNTAIN STREET KERNERSVILLE, NC 27284				ATTORNEY			
				c. Employer's Name/Specific Field			
				COLLINS LAW FIRM			
				e. Election Sum to Date			
				\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		05/13/2025		\$ 250.00	
<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	
SUSAN FRYE 153 WARWICKE PLACE ADVANCE, NC 27006				CLERK OF COURT - RETIRED			
				c. Employer's Name/Specific Field			
				FORSYTH COUNTY			
				e. Election Sum to Date			
				\$		167.60	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	01	Cash		04/24/2025		\$ 40.00	
<input type="checkbox"/>	01	In-Kind	EVENT SUPPLIES	05/13/2025		\$ 127.60	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 477.60	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,657.14	

Contributions from Individuals

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Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH						
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 ANDREW GRACE 225 FOX LAKE COURT WINSTON SALEM, NC 27106			ATTORNEY			
			c. Employer's Name/Specific Field			
			GRACE TISDALE CLIFTON			
					e. Election Sum to Date	
					\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		05/14/2025	\$ 2,500.00	
<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	
LYNNE HOLTON 406 SWAN DRIVE WINSTON SALEM, NC 27106			ATTORNEY			
			c. Employer's Name/Specific Field			
			HOLTON LAW FIRM, PLLC			
					e. Election Sum to Date	
					\$ 420.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	EVENT FOOD AND BEVERAGES	06/28/2025	\$ 420.33	
<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	
MARY HOLTON 406 SWAN DRIVE WINSTON SALEM, NC 27106			FULL TIME STUDENT			
			c. Employer's Name/Specific Field			
			AUBURN UNIVERSITY			
					e. Election Sum to Date	
					\$ 163.26	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	STICKERS FOR FUND RAISER	06/26/2025	\$ 163.26	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,083.59	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,657.14	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH							
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	
WALTER C HOLTON 406 SWAN DRIVE WINSTON SALEM, NC 27106				ATTORNEY			
				c. Employer's Name/Specific Field			
				HOLTON LAW FIRM PLLC			
				e. Election Sum to Date			
				\$		2,730.95	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		06/13/2025		\$ 500.00	
<input type="checkbox"/>	01	In-Kind	EVENT SUPPLIES	06/25/2025		\$ 2,230.95	
<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	
NAN JANEWAY 1941 GEORGIA AVENUE WINSTON SALEM, NC 27104				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				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"/>	01	Electric Funds Tran		05/20/2025		\$ 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	
SAM METZLER 905 GOODWOOD ROAD WINSTON SALEM, NC 27106				CONSULTANT			
				c. Employer's Name/Specific Field			
				SAM METZLER			
				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"/>	01	Electric Funds Tran		06/20/2025		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,930.95	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,657.14	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) GRIFF MORGAN 121 CASCADE AVENUE WINSTON SALEM, NC 27127				b. Job Title/Profession ATTORNEY		d. Comments	
				c. Employer's Name/Specific Field ELLIOT MORGAN PARSONAGE PLLC		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Electric Funds Tran		06/25/2025	\$ 250.00		
<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) MARY ELLEN MURPHY 1729 VIRGINIA ROAD WINSTON SALEM, NC 27104				b. Job Title/Profession LAW PROFESSOR		d. Comments	
				c. Employer's Name/Specific Field WAKE FOREST UNIVERSITY		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Electric Funds Tran		06/24/2025	\$ 250.00		
<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) LOU ANN PACULA 4121 DRESDEN DRIVE WINSTON SALEM, NC 27104				b. Job Title/Profession EVENT DIRECTOR		d. Comments	
				c. Employer's Name/Specific Field FLOW COMPANIES		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"/>	01	Electric Funds Tran		06/17/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1100)						\$ 8,657.14	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)

COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH

2. ID Number

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

JAMES QUANDER
940 CRAFTON CREEK DRIVE
LEWISVILLE, NC 27023

b. Job Title/Profession

ATTORNEY

c. Employer's Name/Specific Field

WOMBLE BOND
DICKENSON

d. Comments

e. Election Sum to Date

\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Electric Funds Tran		06/18/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

CAROLYN ROSS
612 AMANDA LEIGH COURT
LOGANVILLE, GA 30052

b. Job Title/Profession

HUMAN RESOURCES

c. Employer's Name/Specific Field

PJ

d. Comments

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"/>	01	Electric Funds Tran		06/27/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

HERMAN SCHMID
5032 MEADOW HILL COURT
WINSTON SALEM, NC 27106

b. Job Title/Profession

OFFICE MANAGER

c. Employer's Name/Specific Field

TRIAD
NEUROPSYCHOLOGICAL
SERVICES PLLC

d. Comments

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"/>	01	Electric Funds Tran		06/17/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 450.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 8,657.14

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH							
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	
QUAMEKIA SHAVERS 3850 HEATHER VIEW LANE WINSTON SALEM, NC 27127				REALTOR			
				c. Employer's Name/Specific Field			
				SHAVERS LEWIS REALTY			
				e. Election Sum to Date			
				\$		65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		06/28/2025		\$ 65.00	
<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	
PHILLIP SKIPPER 619 SUMMIT STREET WINSTON SALEM, NC 27101				DIRECTOR OF CATEGORY MANAGEMENT			
				c. Employer's Name/Specific Field			
				KONTOOR BRANDS INC			
				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"/>	01	Electric Funds Tran		06/26/2025		\$ 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	
JOHN STONE 117 OAKMONT DRIVE KERNERSVILLE, NC 27284				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				e. Election Sum to Date			
				\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		06/25/2025		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 415.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,657.14	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 7 of 7

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 RE-ELECT SHERIFF KIMBROUGH							
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	
DANIEL TAYLOR 700 ARBOR ROAD WINSTON SALEM, NC 27104				ATTORNEY			
				c. Employer's Name/Specific Field			
				TAYLOR & TAYLOR ATTORNEYS AT LAW			
						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"/>	01	Electric Funds Tran		06/25/2025		\$ 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	
GARRY WHITAKER 1524 BOXTHORNE LANE WINSTON SALEM, NC 27106				ATTORNEY			
				c. Employer's Name/Specific Field			
				GARRY WHITAKER, ESQ			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		06/30/2025		\$ 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	
ANGELA WHITMIRE 1602 WEATHEREND DRIVE RURAL HALL, NC 27045				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						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"/>	01	Electric Funds Tran		06/20/2025		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,657.14	

Disbursements

Pg 1 of 1

Amendment
☐ Yes ☒ 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) COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH						2. ID Number	
3. Type of Disbursement <i>Please use separate CRO-1310 forms for each type of Disbursement.</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACT BLUE 366 SUMMER ST SOMERVILLE, MA 02144				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 \$ 162.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Electric Funds Tran	C	06/30/2025	\$ 162.47	PAYMENT PROCESSING		
				\$	FEE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHAT POTS 1315 JOYCE ST GREENSBORO, NC 27405-5822				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 \$ 1,797.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	06/12/2025	\$ 1,797.60	EVENT FOOD AND		
				\$	BEVERAGES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SIR SPEEDY 1011 BURKE ST 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 \$ 262.85	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	06/27/2025	\$ 262.85	OFFICE SUPPLIES		
				\$			
5. Total only this Page						\$ 2,222.92	
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)						\$ 2,222.92	
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)							

In-Kind Contributions

Pg 1 of 2

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 RE-ELECT SHERIFF KIMBROUGH			
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	
SUSAN FRYE 153 WARWICKE PLACE ADVANCE, NC 27006		<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	
		c. Comments	
		d. Election Sum to Date \$ 167.60	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT SUPPLIES		05/13/2025	\$ 127.60
			\$
			\$
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	
LYNNE HOLTON 406 SWAN DRIVE WINSTON SALEM, NC 27106		<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	
		c. Comments	
		d. Election Sum to Date \$ 420.33	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT FOOD AND BEVERAGES		06/28/2025	\$ 420.33
			\$
			\$
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	
MARY HOLTON 406 SWAN DRIVE WINSTON SALEM, NC 27106		<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	
		c. Comments	
		d. Election Sum to Date \$ 163.26	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
STICKERS FOR FUND RAISER		06/26/2025	\$ 163.26
			\$
			\$
4. Total only this Page		\$ 711.19	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,942.14	

In-Kind Contributions

Pg 2 of 2

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 RE-ELECT SHERIFF KIMBROUGH			
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	
WALTER C HOLTON 406 SWAN DRIVE WINSTON SALEM, NC 27106		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 2,730.95	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT SUPPLIES		06/25/2025	\$ 2,230.95
			\$
			\$
4. Total only this Page		\$ 2,230.95	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,942.14	

CRO-1510

NC State Board of Elections

December 2007