

# Disclosure Report Cover

NC STATE BOARD OF ELECTIONS

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	c. ID Number
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
PO BOX 115 CARTHAGE, NC 28327-0115	10/19/2018
	e. Phone Number
	(910) 690-0645

RECEIVED

OCT 23 2018

OFFICE OF THE STATE BOE

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	07/01/2018	10/20/2018	TAMMY MOONEY

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"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (Applicable to candidates)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report				
1				

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FUND	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 13,909.54		\$

**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

Tammy Mooney Printed Name of Signer      Tammy Mooney Signature of Appointed Treasurer      10/19/2018 Date

**FOR OFFICE USE ONLY**

Date Received:	<u>10/23/18</u>	Employee:	<u>[Signature]</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input 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

NC State Board of Elections

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	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF	2018 Third Quarter		
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 13,909.54	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 70.00	\$ 1,977.18
6) Contributions from Individuals	(CRO-1210)	\$ 6,650.00	\$ 44,134.93
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500.00	\$ 500.00
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)		\$ 7,220.00	\$ 46,612.11
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 12,184.35	\$ 36,886.05
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		\$ 0.00	\$ 0.00
15) Loan Repayments		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee		\$ 0.00	\$ 0.00
17) In-Kind Contributions		\$ 0.00	\$ 780.87
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 12,184.35	\$ 37,666.92
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,945.19	\$ 8,945.19
<b>ADDITIONAL INFORMATION</b>			
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
26) Forgiven Loans		(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$ 0.00
28) Contributions to be Refunded		(CRO-1215)	\$ 0.00

# Aggregated Contributions from Individuals

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m-m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	01	Cash		09/27/2018	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/04/2018	\$	20.00
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	\$70.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$	\$70.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

WALTON COUNTY PUBLIC COPY

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
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
C DWIGHT AYERS PO BOX 246 CEDAR FALLS, NC 27230			RETIREMD			
			c. Employer's Name/Specific Field			
			DOCTOR		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		10/17/2018	\$ 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	
WILLIAM TOM BRADY PO BOX 1466 CARTHAGE, NC 28327-1466			RETIREMD			
			c. Employer's Name/Specific Field			
			NCDOT		e. Election Sum to Date	
					\$ 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"/>	01	Check		09/04/2018	\$ 300.00	
<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	
LEAH COLLINS 114 S LAKE SHORE WHISPERING PINES, NC 28327			CLERK			
			c. Employer's Name/Specific Field			
			FOOD LION		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 checked="" type="checkbox"/>	01	Check		03/17/2018	\$ 50.00	
<input type="checkbox"/>	01	Check		09/29/2018	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,650.00	

# Contributions from Individuals

WAKE COUNTY PUBLIC COPY

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
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
LAURA CREED PO BOX1055 SOUTHERN PINES, NC 28374			ATTORNEY			
			c. Employer's Name/Specific Field			
			CREED & LORENZ PLLC			
			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		08/29/2018	\$ 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		
DEBORAH DALY 1010 FIRE TOWER RD CARTHAGE, NC 28327			RETIRED			
			c. Employer's Name/Specific Field			
			MILITARY SPOUSE			
			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		09/21/2018	\$ 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		
RAYMOND F DALY 1010 FIRE TOWER RD CARTHAGE, NC 28327			RETIRED			
			c. Employer's Name/Specific Field			
			MILITARY			
			e. Election Sum to Date			
			\$		1,550.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/20/2018	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,000.00	
5. Total of ALL CRO 1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>					\$ 6,650.00	

# Contributions from Individuals

WORLD COURT FINAL COPY

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
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
BILLY DAVIS PO BOX 406 LEMON SPRINGS, NC 28355				TRUCK DRIVER		
				c. Employer's Name/Specific Field		
				FRYE GRADING AND HAULING		
				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 checked="" type="checkbox"/>	01	Cash		04/18/2018	\$ 50.00	
<input type="checkbox"/>	01	Cash		08/03/2018	\$ 50.00	
<input type="checkbox"/>	01	Cash		08/06/2018	\$ 50.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
BILLY DAVIS PO BOX 406 LEMON SPRINGS, NC 28355				TRUCK DRIVER		
				c. Employer's Name/Specific Field		
				FRYE GRADING AND HAULING		
				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	Cash		09/29/2018	\$ 50.00	
<input type="checkbox"/>	01	Cash		10/04/2018	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
JOYCE FRYE 488 HERBIE RD CARTHAGE, NC 28327				RETIRED		
				c. Employer's Name/Specific Field		
				CAROLINA FARM CREDIT LO		
				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	Check		09/29/2018	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 6,650.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ALFRED A GRAHAM PO BOX 1262 CARTHAGE, NC 28327-1262			RETIRE			
			c. Employer's Name/Specific Field			
			RAIL ROAD CRX		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"/>	01	Check		09/29/2018	\$ 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	
LARRY HART 512 WOODS DR ABERDEEN, NC 28315			RETIRE			
			c. Employer's Name/Specific Field			
			MOORE COUNTY SHERIFF CAPT.		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		09/11/2018	\$ 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	
MICHAEL KANTOROWSKI 180 LINDENHURST FARMS RD ABERDEEN, NC 28315			RETIRE			
			c. Employer's Name/Specific Field			
			MOORE COUNTY SHERIFF		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	Check		09/06/2018	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages					\$ 6,650.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Amendment  Yes  No

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

1. Committee Full Name (and Fund if applicable) THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						2. ID Number
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	
DONNIE MANESS 1536 DAN ROAD ROBBINS, NC 27325 (910) 464-2221			c. Employer's Name/Specific Field		e. Election Sum to Date	
			DRYWALL  COMMERCIAL ACOUSTICAL AND DRYWALL INC			
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		10/09/2018	\$ 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	
DEBBIE RILEY 3237 SEVEN LAKES W WEST END, NC 27376 (910) 638-5357			c. Employer's Name/Specific Field		e. Election Sum to Date	
			VICE PRESIDENT  RILEY PAVING			
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		10/04/2018	\$ 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	
JEAN RILEY PO BOX 10 CARTHAGE, NC 28327-0010			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED  RILEY PAVING			
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		10/04/2018	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,650.00	

# Contributions from Individuals

MOORE COUNTY PUBLIC COPY

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
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
WILLIAM E SCHOLTES 5072 SEVEN LAKES WEST WEST END, NC 27376				RETIRE LAYWER		
				c. Employer's Name/Specific Field		
				SAUL EWING LLP		
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		10/17/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
WILLIAM J SEAWELL 2385 NC 22 HWY ROBBINS, NC 27325				RETIRE		
				c. Employer's Name/Specific Field		
				MOORE COUNTY SHERIFF		
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	Check		09/21/2018	\$ 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	
FRANK THIGPEN 40 SHAW RD SW PINEHURST, NC 28374				ATTORNEY		
				c. Employer's Name/Specific Field		
				THIGPEN AND JENKINS, PLLC		
e. Election Sum to Date						
						\$ 1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/04/2018	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1,350.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on the 6 of Detailed Summary Page CRO-1100)</i>						\$ 6,650.00

Contributions from Political Party Committees Pg 1 of 1

Amendment  Yes  No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)			2. ID Number	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
MOORE COUNTY REPUBLICAN MEN'S CLUB PO BOX 1812 SOUTHERN PINES, NC 28387				
			c. Election Sum to Date	
			\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
01	Check		10/04/2018	\$ 500.00
				\$
				\$
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 500.00

# Disbursements

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)						2. ID Number
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
AGIO SPECIALTIES 250 VASS-CARTHAGE RD CARTHAGE, NC 28327 (919) 356-8522						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 845.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B	07/20/2018	\$ 204.96	CAPS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
ARIANA MANESS BENEFIT GOLF TOURNAMENT 2 CLUB HOUSE BLVD WHISPERING PINES, NC 28387						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	09/11/2018	\$ 100.00	GOLF HOLE SPONSORSHIP	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CCFCA-BTC 161 DAWKINS ST ABERDEEN, NC 28374						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	08/30/2018	\$ 200.00	HUMANITARIAN DINNER EVENT	
				\$		
5. Total only this Page					\$ 504.96	
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)					\$ 12,184.35	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
Codes require detailed explanation in required remarks field (k)						

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
RONALD A FIELDS PO BOX 1331 CARTHAGE, NC 28327-1331 (910) 690-0645							
				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	
						\$ 133.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m/m/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	09/24/2018	\$ 133.38	BUSINESS CARDS -		
				\$	STAPLES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FRIENDS OF THE NRA ELKS LODGE 280 COUNTRY CLUB CIRCLE SOUTHERN PINES, NC 28387							
				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	
						\$ 120.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m/m/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	C	10/03/2018	\$ 120.00	EVENT DINNER		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
GRUMPKINS HOT DOGGIES & CATERING PO BOX 3634 PINEHURST, NC 28374-3634 (910) 420-1275							
				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	
						\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m/m/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	09/26/2018	\$ 300.00	EVENT - OLD CARTHAGE		
				\$	TOWN HALL		
5. Total only this Page						\$ 553.38	
6. Total of ALL CRO-1310 Pages						\$ 12,184.35	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (k) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
Codes require detailed explanation in required remarks field (k)							

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and fund if applicable) <b>THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF</b>						2. ID Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
LITTLE RIVER / FILLY AND COLT'S 500 LITTLE RIVER FARM BLVD CARTHAGE, NC 28327			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 3,600.21	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m/m/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	10/17/2018	\$ 2,112.58	ELECTION RESULTS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WILLIAM RICHARD MANESS 185 DUBLIN COURT CARTHAGE, NC 28327			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 290.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m/m/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B	09/11/2018	\$ 290.60	DISCOUNT MUGS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
ROBBINS FARMERS DAY PO BOX 1466 ROBBINS, NC 27325-1466			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m/m/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	07/23/2018	\$ 75.00	BOOTHSPACE FOR FARMERS DAY EVENT	
				\$		
5. Total only this Page					\$ 2,478.18	
6. Total of ALL CRO-1310 Pages					\$ 12,184.35	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (k) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE PILOT NEWSPAPER 145 W PENNSYLVANIA AVE SOUTHERN PINES, NC 28327				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 7,110.00	
5. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks							
01	Check	A	09/07/2018	\$ 449.00	NEWSPAPER AD		
01	Check	A	10/03/2018	\$ 2,838.00	ADS FOR NEWSPAPER		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TOP DOG EMBROIDERY 1165 LEXINGTON COMMONS DR ASHEBORO, NC 27205 (336) 953-5782				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 710.48	
5. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks							
01	Check	B	09/11/2018	\$ 256.80	CAPS		
						\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TOWN OF CARTHAGE 4396 HWY 15/501 CARTHAGE, NC 28327 (910) 947-2231				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 200.00	
5. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks							
01	Check	O	09/29/2018	\$ 200.00	RENTAL OF OLD TOWN HALL		
						\$	
5. Total only this Page						\$ 3,743.80	
6. Total of ALL CRO-1310 Pages						\$ 12,184.35	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Sub Name (and Fund) (applicable)						2. ID Number					
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF											
3. Type of Disbursement - (Please use separate CRO-1310 forms for each type of Disbursement)											
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures											
4. Payee Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>											
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments					
WIOZ FM STAR 102.5FM 200 SHORT RD SOUTHERN PINES, NC 28387 (910) 692-2107				c. Level Registered (Specify)		e. Election Sum to Date					
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
						\$ 7,663.20					
5. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks											
01		Check		A		09/21/2018		\$ 2,947.00		RADIO SPOTS 102.5	
								\$			
4. Payee Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>											
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments					
WOOTEN GRAPHICS, INC PO BOX 819 WELCOME, NC 27374 (336) 731-4650				c. Level Registered (Specify)		e. Election Sum to Date					
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
						\$ 6,825.14					
5. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks											
01		Check		B		07/20/2018		\$ 1,957.03		SIGNS & LAPEL STICKERS	
								\$			
5. Total only this Page						\$ 4,904.03					
6. Total of ALL CRO-1310 Pages						\$ 12,184.35					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)											
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)											
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)											
7. Purpose Codes (List detailed expenditure code in (k) 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)											