

# Disclosure Report Cover

COPY

Amendment  
 Yes     No

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

<b>1. Committee Information</b>	
a. Full Name <b>JERRY W. HEARON for Sheriff</b>	c. ID Number <b>JLQB 81</b>
b. Mailing Address (include City, State and Zip Code) <b>2060 SAPONI VILLAGE COURT WINSTON-SALEM, NC 27127</b>	d. Date Filed <b>10/25/2010</b>
	e. Phone Number <b>336-785-2522</b>

2. Report Year <b>2010</b>	3. Period Start Date (mm/dd/yy) <b>July 1, 2010</b>	4. Period End Date (mm/dd/yy) <b>October 16, 2010</b>	5. Treasurer Full Name <b>Bruce E. Gouge</b>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>7. Type of Fund (if applicable, check one)</b>
<input type="checkbox"/> Booster Fund
<input type="checkbox"/> Building Fund
<input checked="" type="checkbox"/> Other:

<b>8. Number of Fundraisers this Report</b>
<b>2</b>

<b>10. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <b>BB &amp; T</b>		a. Financial Institution Full Name	
b. Purpose <b>CAMPAIGN CHECKING ACCOUNT</b>	c. Account Code <b>JWH10</b>	b. Purpose	c. Account Code
	d. Period Begin Balance <b>\$ 1,010.16</b>		d. Period Begin Balance

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

**BRUCE E. GOUGE**                      *Bruce E. Gouge*                      **12/21/2010**  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: <b>12/21/2010</b>	Employee: <b>Judy Spears</b>	Delivery Method: <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

# Detailed Summary

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
HARRON FOR SHEPHERD	3rd Quarter	FLQB 81	
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1,010.16	\$	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 8,420.00	\$ 9,729.67	
6) Contributions from Individuals (CRO-1210)	\$ 11,116.24	\$ 11,828.33	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 1,200.00	\$ 1,200.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$ 200.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 20,736.24	\$ 27,958.00	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 10,507.90	\$ 15,740.32	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 1,500.00	\$ 1,500.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 147.61	\$ 259.70	
17) In-Kind Contributions (CRO-1510)	\$ 4,097.61	\$ 4,964.70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 16,253.12	\$ 23,464.72	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5,493.28	\$ 5,493.28	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HERPOND FOR STATE				JLQB881	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
GEORGE K. WALKER FOLKST 2017 S. BEARD ST W/5 NC 27127 723-2838			FOLKST		
			c. Employer's Name/Specific Field	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"/>	JWH10	CHECK		07/19/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
TERRY CROSSBY 1000 KEDERSVILLE RD KEDERSVILLE NC 27284 682-1790			SECRETARY		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			MAIN ST. Baptist Ch. KERNERSVILLE, NC 27284	\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JWH10	CHECK		07/1/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
JIM BURTON 4683 YACKINVILLE ROAD HARRINGTON NC 27040 922-6998			Retired		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			FORSYTH COUNTY SHERIFF'S OFFICE	\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JWH10	CHECK		07/01/2010	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 400.00	
5. Total of ALL CRO-1210 Pages				\$ 11,116.24	
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HERRON FOR SHERIFF					SLQB 81	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RUTH A. ROBINSON 4755 COUNTRY CLUB ROAD W/5 NC 27104			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JWA10	CHECK		08/18/2010		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PATRICIA H SAULER 2160 NETTIE BROOK DRIVE W/5 NC 27106			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JWA10	CHECK		08/17/2010		\$ 125.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BARBARA HAYES 3910 POMEROY DRIVE W/5 NC 27105  767-2172			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JWA10	CHECK		07/10/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 11,116.24	

# Contributions from Individuals

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

<b>1. Committee Full Name (and if applicable)</b>	<b>2. ID Number</b>
HERRON FOR SHERIFF	ILQB 81

Contributor Information		Add	Remove
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
ROBERT L. RUSS SR 101 CATTAIL LAKE WIS NC 27127	RETIRED		
	<b>c. Employer's Name/Specific Field</b>		
		<b>e. Election Sum to Date</b> \$ 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"/>	JWA10	CHECK		08/08/2010	\$ 100.00
<input type="checkbox"/>	JWA10	CHECK		08/28/2010	\$ 50.00
<input type="checkbox"/>					\$

Contributor Information		Add	Remove
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
ALBERT E. DILLON 2946 LAKAWANA DR WALKERTOWN NC 27651	RETIRED		
	<b>c. Employer's Name/Specific Field</b>		
		<b>e. Election Sum to Date</b> \$ 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"/>	JWA10	CHECK		08/05/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information		Add	Remove
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
BRUCE E. GOUGE 4945 WARNER ROAD FAARFORD, NC 27040	STATE OF N.C. PROBATION OFFICER		
	<b>c. Employer's Name/Specific Field</b>		
		<b>e. Election Sum to Date</b> \$ 750.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JWA10	CHECK		08/05/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 500.00
<b>5. Total of ALL CRO 1210 Pages</b>	\$ 11,116.24

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
HERREN FOR STATE				ILQB 81		
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JERRY W. HERREN 2060 SAPHO VILLAGE CT WIS NC 27127 414-0473			Retired			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
			\$ 1,103.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWH10	CHECK		07/25/2010	\$ 100.00	
<input type="checkbox"/>	JWH10	CHECK		09/15/2010	\$ 500.00	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
ARCESS M. POLITE 1983 EMERYWOOD ROAD RURAL HALL, NC 27045 969-9438			Retired			
			c. Employer's Name/Specific Field			
			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"/>	JWH10	CHECK		07/25/2010	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
THADDEUS McCORMY 1060 KELWYN LANE LOUISVILLE, NC 27023						
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
			\$ 50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWH10	CHECK		07/31/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page				\$ 950.00		
5. Total of ALL CRO 1210 Pages				\$ 11,116.24		

# Contributions from Individuals

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

Committee Full Name (and Fund if applicable)						ID Number				
HERRON FOR SENATE						ILQB 81				
Contributor Information										
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments					
EMMA C INGRAM 2701 WALLINGFORD ROAD WIS NC 27101			Retired							
			c. Employer's Name/Specific Field							
			R.J. Reynolds							
f. Prior						g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>						JWA 10	CHECK		07/27/2010	\$ 100.00
<input type="checkbox"/>										\$
<input type="checkbox"/>										\$
Contributor Information										
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments					
TOMMY HICKMAN 5908 TARLETON DRIVE OAK RIDGE NC			VP							
			c. Employer's Name/Specific Field							
			R.J. Reynolds							
f. Prior						g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>						JWA 10	CHECK		07/22/2010	\$ 250.00
<input type="checkbox"/>										\$
<input type="checkbox"/>										\$
Contributor Information										
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments					
MARY BLAKELY 290 BARRINGTON PARK LAKE KEOWA/SUICE NC 27284			Retired							
			c. Employer's Name/Specific Field							
f. Prior						g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>						JWA 10	CHECK		07/22/2010	\$ 95.00
<input type="checkbox"/>										\$
<input type="checkbox"/>										\$
4. Total Only this Page						\$ 445.00				
5. Total of ALL CRO 1210 Pages						\$ 11,116.24				

# Contributions from Individuals

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

Committee Full Name (and Fund if applicable)	ID Number
HERRON FOR SHERIFF	JLQB 81

Contributor Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
	c. Employer's Name/Specific Field		
JAMES D. BROUGH 224 FAWN RUN LAKE WINSTON-SALEM NC 27101	MEDICAL DOCTOR  PRIVATE PRACTICE	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"/>	JWA10	CHECK		09/29/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
	c. Employer's Name/Specific Field		
TRANS H. SIMPSON 2123 E. 23rd STREET WINSTON-SALEM NC 27105	ATTORNEY  PRIVATE PRACTICE	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"/>	JWA10	CHECK		09/27/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
	c. Employer's Name/Specific Field		
DEJUA C. ALLEN 1236 BRAWNIGAN VILLAGE DR. WLS NC 27127 926-3839	RETIRED	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"/>	JWA10	CHECK		09/10/2010	\$ 65.00
<input type="checkbox"/>	JWA10	CHECK		09/25/2010	\$ 185.00
<input type="checkbox"/>					\$

4. Total only this Page	\$ 450.00
5. Total of ALL CRO 1210 Pages (This line must be on the Copy Detailed Summary Page CRO 1210)	\$ 11,116.24



# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HERRON FOR SHERIFF /v					I CQB 81	
Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMIE D. DOUTHIT 317 CROWN COURT WLS NC 27106			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			DOUTHIT FUNERAL HOME			
			e. Election Sum to Date		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWA10	CHECK		09/14/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EARLINE PARSON 1225 EAST 5TH STREET WINSTON-SALEM, NC			STATE REPRESENTATIVE			
			c. Employer's Name/Specific Field			
			STATE OF NC			
			e. Election Sum to Date		\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWA10	CHECK		09/15/2010	\$ 350.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ALEX NIFORDS 4494 FIRESIDE CANE WLS NC 27101 417-5097			RETIRED			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWA10	CHECK		07/28/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages					\$ 11,116.24	
<small>(This information is also on line 6 of Detailed Summary Page CRO-1100)</small>						

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
HERON FOR SHERIFF	ILQB 81

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
WILLIAM F. CAERS P.O. Box 1005 WALKERTOWN NC 27057	RETIRED	
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b> \$ 568.33

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JWA10	CHECK		07/15/2010	\$ 200. <sup>00</sup>
<input type="checkbox"/>	JWA10	CHECK		7/29/2010	\$ 161.24
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
JAMES F. PAUGA 2874 REDWOOD ROAD WIS NC 27106	ATTORNEY	
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b> \$ 50. <sup>00</sup>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JWA10	CHECK		09/20/2010	\$ 50. <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
DERMAS E. MILLER 139 GAP CREEK DRIVE FLEETWOOD NC 28626	Retired	
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b> \$ 50. <sup>00</sup>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JWA10	CHECK		09/23/2010	\$ 50. <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 461.24
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 11,116.24

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HERRON FOR STATE					ILQB 81	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROGER D. HUGHES 4689 TABACCO RD W/S, NC 27106			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JWH16	CHECK		10/07/2010		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES L. MEUM JR 5526 OLD WALKERTOWN RD WALKERTOWN, NC 27051  345-4202			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 155.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JWH10	CHECK		10/07/2010		\$ 100.00
<input type="checkbox"/>	JWH10	CASH		09/10/2010		\$ 55.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES R. REAMS 1209 CAIRFILLY CT APEX, NC 27502			Retired			
			c. Employer's Name/Specific Field			
					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"/>	JWH10	CHECK		10/07/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 455.00	
5. Total of ALL CRO-1210 Pages					\$ 11,116.24	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HERREN FOR SHERIFF					ILQB 81	
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	
RALPH MASON 531 BENNETT RD SPANEVILLE NC 27048			Retired			
			c. Employer's Name/Specific Field			
					c. Election Sum to Date	
					\$ 1,300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWH10	CHECK	LOAN	10/06/2010	\$ 1,200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CATHERINE A. DAUS 6051 ROLLINGWOOD DRIVE WIS, NC 27103			Retired			
			c. Employer's Name/Specific Field			
					c. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWH10	CHECK		09/25/2010	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DR. J. PATRICK OUIVER 3961 POMEROY DRIVE WIS NC 27105			Doctor			
			c. Employer's Name/Specific Field			
			Private Practice			
					c. 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"/>	JWH10	CHECK		09/30/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 11,116.24	

# Contributions from Individuals

Pg 11 of 14  Amendment Yes

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	
HERION FOR SHERIFF					ICQB 91	
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	
CAREY RAUSE 2852 KONOAK DRIVE W/S NC 27127  771-2168			BED BATH + BEYOND MANAGER			
			c. Employer's Name/Specific Field		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"/>	JWA10	CHECK		07/28/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ALISA SANDERS 4664 KADES TRAIL W/S NC 27101			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWA10	CHECK		07/28/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONALD SOLES 700 RANKIN ST W/S NC  926-3795			JANITOR			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			W/S FC SCHOOLS		\$ 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"/>	JWA10	CHECK		07/28/2010	\$ 50.00	
<input type="checkbox"/>	JWA10	CHECK		07/30/2010	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 11,116.24	

**Contributions from Individuals**

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
HARRON FOR STATE						ELQB 81
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	
LEON MILLER P.O. Box 4261 W/S, NC 27115 970-0325			CITY OF W/S			
			c. Employer's Name/Specific Field			
					c. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWA10	CHECK		07/28/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CLEVE ROSEBORO P.O. Box 1432 COMMONS, NC 27012 671-1259			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
					c. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWA10	CHECK		08/19/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERIC SAUNDERS 466A KATES TRAIL W/S NC 27101			RETIRED			
			c. Employer's Name/Specific Field			
					c. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JWA10	CHECK		07/28/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 150.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 11,116.24	

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HERLON FOR SHERIFF						ILQB 81	
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	
PATRICIA THOMAS 5030 QUEENSWAY ROAD WIS NC 27127				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JWH10	CHECK		10/15/2010	\$ 60.00		
<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 L. HAYS SR. 5600 NOVACK STREET WIS NC 27105				Coach			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Winston-Salem State University		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JWH10	CHECK		10/15/2010	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIE MAE GADDOY 2307 MULLINS DRIVE WINSTON-SALEM, NC 27107 781-2178				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JWH10	CASH		09/25/2010	\$ 70.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 180.00	
5. Total of ALL CRO-1210 Pages						\$ 11,116.24	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# Contributions from Individuals

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

Contributor Information						ID Number
Hereon for Sheriff						ILQB 81
Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Brenda L. Manley 3324 Bearcuffe Road WIS NC 27124			Retired			
			c. Employer's Name/Specific Field			
			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"/>	EWK10	CHECK		07/01/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
MAC WEATHERMAN 4306 OLD BELMONT CREEK RD WIS NC 27104			OWNER SAFETY TECH CONSULTANT			
			c. Employer's Name/Specific Field			
			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"/>	JWA10	CHECK		06/27/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
James P. Beatty 125 Commelle Drive, Suite J, Fayetteville, Georgia 30214			OWNER			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date		\$ 3,950.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Video Production	10/01/2010	\$ 3,950.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 4,550.00	
5. Total of ALL CRO-1210 Pages					\$ 11,116.24	



# Disbursements

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

Committee Full Name and Fund (if applicable)						ID Number
HARRON FOR SHERIFF						FLOB 81
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						
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	
Office Depot 7224 N. Point Blvd WINSTON-SALEM, NC 27104			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:			
				\$ 726.44		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	Check	K	01/02/2010	\$ 111.81	Supplies	
JWH10	Check	K	07/08/2010	\$ 33.62	Supplies	
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	
Office Depot 1235 BILAS CKE PKWY WINSTON-SALEM, NC 27127			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:			
				\$ 819.98		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	Check	K	07/17/2010	\$ 78.00	Supplies	
JWH10	Check	K	07/27/2010	\$ 65.54	Supplies	
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	
Office Depot 7774 N. Point Blvd WINSTON-SALEM, NC 27104			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:			
				\$ 960.99		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	Check	K	07/30/2010	\$ 67.88	Supplies	
JWH10	Check	K	09/24/2010	\$ 23.13	Supplies	
5. Total only this Page					\$ 1379.98	
6. Total of ALL CRO-1310 Pages					\$ 10,507.90	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
Codes require detailed explanation in required remarks field (k)						

**Disbursements**

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

1. Committee Full Name (and if applicable)						2. ID Number
HERRON FOR Sheriff						JCQB 81
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	
Office Depot 592 HAMES MAIL BLVD WINSTON-SALEM, NC 27103						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,062.18	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWK10	Check	K	09/07/2010	\$ 63.57	Supplies	
JWK10	Check	K	07/12/2010	\$ 37.62	Supplies	
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	
Office Depot 1235 Silas Creek Pkwy WINSTON-SALEM, NC 27127						
			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:		\$ 6,182.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWK10	Check	K	09/17/2010	\$ 36.07	Supplies	
JWK10	Check	K	07/14/2010	\$ 84.05	Supplies	
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	
Office Depot 1235 Silas Creek Pkwy W/S, NC 27127						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,423.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWK10	Check	B	09/30/2010	\$ 179.52	Flyers	
JWK10	Check	K	09/23/2010	\$ 61.22	Supplies	
5. Total only this Page						\$ 462.05
6. Total of ALL CRO-1310 Pages						\$ 10,507.90
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) <b>HERRON FOR SHERIFF</b>						2. ID Number <b>ICQB 81</b>	
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>Office Depot 1235 Sulas Creek Pkwy Wps, NC 27127</b>				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 <b>\$ 1,454.83</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>JWH10</b>	<b>Check</b>	<b>K</b>	<b>08/24/2010</b>	<b>\$ 31.79</b>	<b>Supplies</b>		
5. 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>Vista Printing ON Line Purchase</b>				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 <b>\$ 335.59</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>JWH10</b>	<b>Check</b>	<b>B</b>	<b>07/09/2010</b>	<b>\$ 86.98</b>	<b>BUSINESS CARDS</b>		
<b>JWH10</b>	<b>Check</b>	<b>B</b>	<b>08/19/2010</b>	<b>\$ 130.46</b>	<b>BUSINESS CARDS</b>		
6. 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>Vista Printing ON Line Purchase</b>				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 <b>\$ 644.87</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>JWH-10</b>	<b>Check</b>	<b>B</b>	<b>09/20/2010</b>	<b>\$ 145.70</b>	<b>BUSINESS CARDS</b>		
<b>JWH10</b>	<b>Check</b>	<b>B</b>	<b>09/15/2010</b>	<b>\$ 100.58</b>	<b>BUSINESS CARDS</b>		
5. Total only this Page						<b>\$ 495.51</b>	
6. Total of ALL CRO-1310 Pages						<b>\$ 10,507.90</b>	
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>HERBON FOR Sheriff</b>						2. ID Number <b>JLAB 81</b>	
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)				b. Coordinated Committee Name		d. Comments	
Best Buy 1980 BRIGHAM ROAD W/S NC 27103							
				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:		\$ 549.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	Check	C	08/13/2010	\$ 172.39	SURROUND- SOUND		
JWH10	Check	C	08/16/2010	\$ 377.11	SURROUND- SOUND		
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	
Best Buy 1980 BRIGHAM ROAD W/S, NC 27103							
				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:		\$ 2812.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	Check	C	08/25/2010	\$ 2,262.74	55" FLAT SCREEN TV		
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 Chronicle 617 N. LIBERTY ST. W/S, NC 27101							
				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:		\$ 4.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	Check	K	07/08/2010	\$ 4.00	NEWSPAPERS		
5. Total only this Page						\$ 2,816.24	
6. Total ALL CRO-1310 Pages						\$ 10,507.90	
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

Committee Full Name (and Fund if applicable)						CRO ID Number
HERRON for Sheriff						ILQB 81
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						
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	
IRC Merita Bakery 151 Polo Road WIS, NC						
			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:		\$ 38.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	Check	C	07/31/2010	\$ 38.45	BREAD	
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	
Surplus Unlimited 941 Brenner St. WIS, NC 27101						
			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:		\$ 80.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	Check	K	09/27/2010	\$ 53.88	Office Chairs	
JWH10	Check	K	10/01/2010	\$ 26.94	Office Chairs	
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	
KASER & BLAIR Inc. 4236 Crissom Drive BARAVIA, OHIO 45103						
			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:		\$ 170.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	Check	C	08/29/2010	\$ 170.67	BALLOONS	
5. Total only this Page						\$ 289.94
6. Total of ALL CRO-1310 Pages						\$ 10,507.90
(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 (Use 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) <b>HERRON FOR Sheriff</b>						2. ID Number <b>ICQB 81</b>	
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	
Dr. Don's Buttons 3906 W. MORRISON DRIVE LELANDALE, ARIZONA 85368				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 109.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	Check	B	08/02/2010	\$ 109.99	Bumper Stickers		
				\$			
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	
Sam's Club 936 HANES MALL BLVD WINSTON-SALEM, NC 27103				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 44.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	Check	C	07/31/2010	\$ 44.50	Paper Supplies		
				\$			
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	
JIT Chef SMART #301 557 S. STRATFORD ROAD W/S, NC 27103				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 367.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	Check	C	07/30/2010	\$ 43.83	Supplies		
				\$			
5. Total only this Page						\$ 198.32	
6. Total of ALL CRO-1310 Pages						\$ 10,507.90	
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>HARRON FOR 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
<b>SUNRISE #2 CLEANERS 1249 W. CHEMMONVILLE RD W/S, NC 27127</b>				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:		
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA10	Check	O	10/16/2010	\$ 20.63	DRY CLEANING	
				\$		
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
<b>TRUTH BROADCASTING 4405 PROVIDENCE LANE W/S, NC 27106</b>				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:		
						\$ 300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA1B	Check	A	07/30/2010	\$ 300.00	Radio Slots	
				\$		
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
<b>Tabernacle of Faith 1410 Attuk Street W/S NC 27105</b>				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:		
						\$ 105.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA10	Check	B	10/28/2010	\$ 105.00	AD in Booklet	
				\$		
5. Total on this Page						\$ 425.63
6. Total of ALL CRO-1310 Pages						\$ 10,507.90
7. Purpose Codes (List detailed expenditure code in the 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	
HERBON FOR SHERIFF						ECOB 81	
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	
5 STAR Campaigns 19 W. Hargett Street Raleigh, NC 27601							
				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:		\$ 450.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	Check	B	09/19/2010	\$216.15	PALM CARDS		
JWA10	Check	B	09/19/2010	\$184.60	Websters		
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	
Tony's Help.com LLC 1470 SOMMERSET CROSSING LANE KERNERSVILLE, NC 27284							
				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:		\$ 332.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	Check	A	08/26/2010	210.00	Website		
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	
FARWAY Advertising 1920 W. Lee Street GREENSBORO, NC 27903							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,045.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	Check	A	09/28/2010	\$1,045.00	Bill Boards		
5. Total only this Page						\$ 1,695.75	
6. Total of All CRO-1310 Pages						\$ 10,507.90	
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 Email (if applicable) <b>HERRON for Sheriff</b>						2. ID Number <b>ILQB 81</b>
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	
<b>M &amp; M ENGRAVING 2116 S. MAIN STREET W/S, NC 27127</b>			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:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA10		Check	B	07/30/2010	\$ 16.16	NAME STAMP
					\$	
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	
<b>M &amp; M ENGRAVING 2116 S. MAIN STREET W/S, NC 27127</b>			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:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA10		Check	B	09/22/2010	\$ 1,346.88	YARD SIGNS
JWA10		Check	B	10/13/2010	\$ 1,697.00	YARD SIGNS
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	
<b>KINKO'S 232 S. STRAFFORD ROAD W/S NC 27103</b>			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:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JWA10		Check	B	09/09/2010	\$ 159.36	PALM CARDS
					\$	
5. Total only this Page					\$ 3,219.46	
6. Total of ALL CRO-1310 Pages					\$ 10,507.90	
7. Purpose Codes (Use 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)						ID Number
HERBON FOR SHERIFF						ICQB 81
2. 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						
3. Payer 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
Jim BURTON RAINBOW CATERING 4683 YADKINVILLE ROAD PRAFFTOWN, NC 27040				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:		\$ 160.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA10	check	C	10/07/2010	\$ 160.00	Chicken stew	
				\$		
4. Payer 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
West Central Com. Center YADKINVILLE ROAD VIENNA, NC 27040				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:		\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA10	check	C	09/13/2010	\$ 150.00	Rental fee	
				\$		
5. Payer 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
Staples, INC CLEMMONS, NC 27012				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 40.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA10	check	K	10/12/2010	\$ 40.93	Supplies	
				\$		
5. Total only this Page						\$ 350.93
6. Total of ALL CRO-1310 Pages						\$ 10,567.90
7. Purpose Codes (Use 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 Email if applicable)						2. ID Number
HERBON FOR SHERIFF						ICQB 81
3. Type of Disbursement (Please use separate CRO-1100 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
Quality Mart # 1401 W/S, NC						
				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:		\$ 31.09
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA10	check	0	09/25/2010	\$ 31.09	CAS	
				\$		
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
Streets WAKEFORD, NC						
				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:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA10	check	0	10/14/2010	\$ 30.50	CAS	
				\$		
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
MLK BP WINSTON-SALEM, NC 27105						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 39.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWA10	check	0	10/08/2010	\$ 39.00	CAS	
				\$		
5. Total only this Page						\$ 100.59
6. Total of ABL CRO-1100 Pages						\$ 16,507.90
(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 the 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	
HERBON FOR SHERIFF						ICOB 81	
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	
Clemmons BF Clemmons, NC 27012							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 38.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	Check	8	10/14/2010	\$ 38.50	COPS		
				\$			
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	
EAS MARK 610 SALISBURY ROAD W/S, NC 27127							
				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:		\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWA10	Check	0	08/24/2010	\$ 35.00	COPS		
				\$			
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	
				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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 73.50	
6. Total of ALL CRO-1310 Pages						\$ 10,507.90	
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 Email if applicable)		2. ID Number	
HERRON FOR SHERIFF		ICQB 81	
3. Type of Disbursement <i>(PLEASE USE SEPARATE CRO-1310 FORMS FOR EACH TYPE OF DISBURSEMENT)</i>			
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments
CITIZENS PAC 1225 EAST 5th Street WINSTON-SALEM, NC 27105			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
JWH ID	Check	H	08/26/2010
JWH ID	Check	H	09/15/2010
j. Amount		k. Required Remarks	
\$ 500.00		Campaign Expenses	
\$ 500.00		Campaign Expenses	
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments
CITIZENS PAC 1225 EAST 5th Street WINSTON-SALEM, NC 27105			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
JWH ID	Check	H	10-07-2010
j. Amount		k. Required Remarks	
\$ 500.00		Campaign Expenses	
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments
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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
j. Amount		k. Required Remarks	
\$			
\$			
5. Total only this Page			\$ 1,500.00
6. Total of ALL CRO-1310 Pages			\$ 1,500.00
(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 <i>(List detailed expenditure code in (h) above)</i>			
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)			

# Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable) <b>HERRON FOR SHERIFF</b>			2. ID Number <b>JLQB 81</b>	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>JERRY HERRON 2060 SAGONI VILLAGE CT W/S, NC 27127</b>		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <b>07/16/2010</b>
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount <b>\$ 37.62</b>
		f. Purpose Code <b>\$</b>		j. Election Sum to Date <b>\$ 37.62</b>
b. Job Title/Profession <b>Retired</b>	c. Employer's Name/Specific Field <b>FORSYTH CO -</b>	g. Comments	k. Account Code <b>DWH10</b>	
l. Form of Payment <b>Check</b>	m. Required Remarks	n. Date (mm/dd/yyyy) <b>07/15/2010</b>	o. Amount <b>\$ 37.62</b>	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>JERRY HERRON 2060 SAGONI VILLAGE CT WINSTON-SALEM, NC 27127</b>		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <b>07/26/2010</b>
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount <b>\$ 109.99</b>
		f. Purpose Code <b>\$</b>		j. Election Sum to Date <b>\$ 147.61</b>
b. Job Title/Profession <b>Retired</b>	c. Employer's Name/Specific Field <b>FORSYTH CO.</b>	g. Comments	k. Account Code <b>JWH10</b>	
l. Form of Payment <b>Check</b>	m. Required Remarks	n. Date (mm/dd/yyyy) <b>08/03/2010</b>	o. Amount <b>\$ 109.99</b>	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount <b>\$</b>
		f. Purpose Code		j. Election Sum to Date <b>\$</b>
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount <b>\$</b>	
4. Total only this Page			<b>\$ 147.61</b>	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			<b>\$ 147.61</b>	
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor	M - Overpayment for Service	N - Exceeded Contribution Limit		
P* - Reimbursement of In-Kind	O* - Other			
* Codes require detailed explanation in required remarks field (m)				

# In-Kind Contributions

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
HERRON for Sheriff		ILQB 81
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JERRY HERRON 2060 Saponi Village WIS, NC 27127	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 147.61
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Office Supplies	07/10/2010	\$ 37.62
Bumper stickers	07/26/2010	\$ 109.99
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
James P. Beaty 125 Commerce DR, suite J. Fayetteville, Georgia 30214	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 3,950.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Video Production for TV.	10/01/2010	\$ 3,950.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 4,097.61
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 4,097.61

## Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

HERRON for Sheriff

- Person lending money to committee (Lender):

RALPH ALLEN MASON

- Date of loan to committee: 10-6-10

- Name of lending institution and account number (source):

RALPH ALLEN MASON CK 3846

- Amount of loan: 1200.<sup>00</sup>

- Names of all parties responsible for payment of loan (guarantors):

HERRON for Sheriff

- Period of loan: Campaign Period

- Rate of interest of loan: NONE

- Security pledged for loan: NONE

I, RALPH ALLEN MASON, (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Ralph Allen Mason  
Signature of Lender

Bruce Eugene Jr  
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.