

# Disclosure Report Cover

Amendment  
 Yes  No

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

<b>I. Committee Information</b>				
a. Full Name			c. ID Number	
CHIPP BAILEY FOR SHERIFF			3-GXN-5-I	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
2325 HUNTERSBLUFF DRIVE MATTHEWS, NC 28105			01/10/2011	
			e. Phone Number	
			(704) 847-1644	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2010	10/17/2010	12/31/2010	SHEREE TOMPKINS	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
BB&T				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CHECKING ACCOUNT	A			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 6,795.67		\$	
<b>CERTIFICATION</b>				
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.				
_____ Sheree Tompkins Printed Name of Signer		_____ Sheree Tompkins Signature of Appointed Treasurer		_____ 01/10/2011 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	_____	Employee:	_____ <i>apf</i>	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
		<input type="checkbox"/> Signer has not received mandatory training		
<b>Please Note:</b> 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
CHIPP BAILEY FOR SHERIFF	2010 Fourth Quarter	3-GXN-5-I	
Start of Election Cycle: January 1, 2009		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 6,795.67	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 802.25	\$ 10,022.88	
6) Contributions from Individuals (CRO-1210)	\$ 3,808.00	\$ 58,600.60	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 500.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 4,900.00	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 5.24	\$ 30.24	
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)	\$ 4,615.49	\$ 74,053.72	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 10,861.02	\$ 69,400.46	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 325.00	\$ 1,170.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 156.07	\$ 954.34	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 25.00	\$ 25.00	
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 2,459.85	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 11,367.09	\$ 74,009.65	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 44.07	\$ 44.07	
<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	\$ 0.00	
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00	

# Aggregated Contributions from Individuals

Amendment	
<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> CHIPP BAILEY FOR SHERIFF	<b>2. ID Number</b> 3-GXN-5-1
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		12/01/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/29/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		10/18/2010	\$ 12.25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$ 10.00

<b>4. Total only this Page</b>	\$ 392.25
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<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 802.25
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# Aggregated Contributions from Individuals

Page 2 of 2

Amendment	
<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>	
CHIPP BAILEY FOR SHERIFF					3-GXN-5-I	
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Credit Card		10/29/2010	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		11/02/2010	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/18/2010	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/29/2010	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		11/19/2010	\$	10.00
<b>4. Total only this Page</b>					\$	\$410.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$802.25

# Contributions from Individuals

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

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> CHIPP BAILEY FOR SHERIFF	<b>2. ID Number</b> 3-GXN-5-I
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**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) AMANDEEP S. ARORA 8605 SOCIETY STREET CHARLOTTE, NC 28277	<b>b. Job Title/Profession</b> SR ENGINEER	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> VANGUARD	
		<b>e. Election Sum to Date</b> \$ 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"/>	A	Check		10/29/2010	\$ 100.00
<input type="checkbox"/>	A	Check		10/29/2010	\$ 100.00
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) AJAY P.S. BAJWA 3608 AUGUSTA CT GASTONIA, NC 28056	<b>b. Job Title/Profession</b> PHYSICIAN	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> CAROMONT	
		<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"/>	A	Check		10/29/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) G. MICHAEL BARNHILL 1415 CARMEL ROAD CHARLOTTE, NC 28226	<b>b. Job Title/Profession</b> ATTORNEY	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> WOMBLE CARLYLE SANDRIDGE & RICE, PLLC	
		<b>e. Election Sum to Date</b> \$ 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"/>	A	Check		11/02/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 550.00
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<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,808.00
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# 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

<b>1. Committee Full Name (and Fund if applicable)</b> CHIPP BAILEY FOR SHERIFF	<b>2. ID Number</b> 3-GXN-5-I
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<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)  JEWELL BARRY 520 NORTH POPLAR ST CHARLOTTE, NC 28202	<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>			
	<b>c. Employer's Name/Specific Field</b> RETIRED				
					<b>e. Election Sum to Date</b>
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Credit Card		10/25/2010	\$ 250.00
<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)  ALLEN BOZARDT 10496 MOORES CHAPEL RD CHARLOTTE, NC 28214	<b>b. Job Title/Profession</b> CAPTAIN	<b>d. Comments</b>			
	<b>c. Employer's Name/Specific Field</b> MECKLENBURG COUNTY SHERIFF'S OFFICE				
					<b>e. Election Sum to Date</b>
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 20.00
<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)  JAMES D. CAMP 1817 TURTLEWOOD DR WAXHAW, NC 28173-8190	<b>b. Job Title/Profession</b> BAIL BONDSMAN	<b>d. Comments</b>			
	<b>c. Employer's Name/Specific Field</b> US BONDING				
					<b>e. Election Sum to Date</b>
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 10.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 280.00
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<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 3,808.00
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# 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>	
CHIPP BAILEY FOR SHERIFF						3-GXN-5-I	
<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>	
IRWIN CARMICHAEL 1049 MT ZION ROAD IRON STATION, NC 28080				FIREMAN			
				<b>c. Employer's Name/Specific Field</b>			
				CITY OF CHARLOTTE			
						<b>e. Election Sum to Date</b>	
						\$ 1,000.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Check		10/18/2010	\$ 500.00		
<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>	
ALAN E. COBB 1509 MCCORKLE ROAD CHARLOTTE, NC 28214				CAPTAIN			
				<b>c. Employer's Name/Specific Field</b>			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						<b>e. Election Sum to Date</b>	
						\$ 685.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Check		10/29/2010	\$ 300.00		
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 20.00		
<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>	
REX COCKERHAM 828 LONGBOW ROAD CHARLOTTE, NC 28211				DETENTION OFFICER			
				<b>c. Employer's Name/Specific Field</b>			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 40.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 860.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,808.00	

# 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> CHIPP BAILEY FOR SHERIFF	<b>2. ID Number</b> 3-GXN-5-I
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<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) JAN COOK 126 SCOFIELD ROAD CHARLOTTE, NC 28209		<b>b. Job Title/Profession</b> DISPATCHER		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> MECKLENBURG COUNTY SHERIFF'S OFFICE		<b>e. Election Sum to Date</b> \$ 242.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Cash		10/18/2010	\$ 12.00
<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) KENNETH B COOPER 12016 CHANTRESS LANE CHARLOTTE, NC 28215		<b>b. Job Title/Profession</b> DEPUTY SHERIFF		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> MECKLENBURG COUNTY SHERIFF'S OFFICE		<b>e. Election Sum to Date</b> \$ 120.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input checked="" type="checkbox"/>	A	Cash		02/19/2010	\$ 10.00
<input checked="" type="checkbox"/>	A	Cash		09/23/2010	\$ 10.00
<input type="checkbox"/>	A	Check		10/29/2010	\$ 100.00

<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) JOHN ENGLAND 6260 MOUNTAIN VINE AVENUE KANNAPOLIS, NC 28081		<b>b. Job Title/Profession</b> SERGEANT		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> MECKLENBURG COUNTY SHERIFF'S OFFICE		<b>e. Election Sum to Date</b> \$ 320.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/18/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 212.00
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<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,808.00
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# 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> CHIPP BAILEY FOR SHERIFF	<b>2. ID Number</b> 3-GXN-5-I
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<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) MARY A. GRIFFIN 5515 DONCASTER DR CHARLOTTE, NC 28211		<b>b. Job Title/Profession</b> BEST EFFORT		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> BEST EFFORT		<b>e. Election Sum to Date</b> \$ 62.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input checked="" type="checkbox"/>	A	Check		03/26/2010	\$ 20.00
<input checked="" type="checkbox"/>	A	Cash		09/22/2010	\$ 2.00
<input type="checkbox"/>	A	Check		11/19/2010	\$ 20.00

<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) MARY A. GRIFFIN 5515 DONCASTER DR CHARLOTTE, NC 28211		<b>b. Job Title/Profession</b> BEST EFFORT		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> BEST EFFORT		<b>e. Election Sum to Date</b> \$ 62.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 20.00
<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) ERIK HAGESETH 484 WOODEND DR, SE CONCORD, NC 28025-2739		<b>b. Job Title/Profession</b> DETENTION OFFICER		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> MECKLENBURG COUNTY SHERIFF'S OFFICE		<b>e. Election Sum to Date</b> \$ 110.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/18/2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 90.00
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<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 3,808.00
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# 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> CHIPP BAILEY FOR SHERIFF	<b>2. ID Number</b> 3-GXN-5-I
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<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 A. HUNTER 7312 FALLOW LANE CHARLOTTE, NC 28273		LAW ENFORCEMENT			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
		MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 120.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input checked="" type="checkbox"/>	A	Cash		02/19/2010	\$ 10.00
<input checked="" type="checkbox"/>	A	Cash		03/11/2010	\$ 10.00
<input type="checkbox"/>	A	Credit Card		10/25/2010	\$ 100.00

<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>	
MICHAEL S. HUNTER 1924 CORTELYOU ROAD CHARLOTTE, NC 28211		ATTORNEY			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
		HORACK, TALLEY, PHARR AND LOWNDES		\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/18/2010	\$ 200.00
<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>	
G. PATRICK HUNTER JR 3123 CLOVERFIELD RD CHARLOTTE, NC 28211		ATTORNEY			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
		SELF EMPLOYED		\$ 1,750.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/18/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 550.00
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<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,808.00
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# Contributions from Individuals

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

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>	
CHIPP BAILEY FOR SHERIFF						3-GXN-5-I	
<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>	
PATRICK JOLES 9622 STONEBRIDGE WAY MINT HILL, NC 28227				DEPUTY SHERIFF			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 60.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input checked="" type="checkbox"/>	A	Cash		09/23/2010	\$ 50.00		
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 10.00		
<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>	
JEFFREY P. MANER 6922 LINDA LAKE DR CHARLOTTE, NC 28215				IT DIRECTOR			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 120.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 20.00		
<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>	
LUKEISHA MCIWANE 602 WINBORNE AVE CONCORD, NC 28025				DETENTION CAPTAIN			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 213.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Cash		10/18/2010	\$ 13.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 43.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,808.00	

# Contributions from Individuals

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

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> CHIPP BAILEY FOR SHERIFF	<b>2. ID Number</b> 3-GXN-5-I
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<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>	
CHARLES G MONNETT III 6014 LAKE VIEW DRIVE CHARLOTTE, NC 28270		ATTORNEY			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
		CHARLES G. MONNETT III & ASSOCIATES		\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		11/08/2010	\$ 100.00
<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>	
GENA G. MORRIS 3943 RHODES AVENUE CHARLOTTE, NC 28210		ATTORNEY			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
		HORAC, TALLEY, PHARR AND LOWNDES		\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/18/2010	\$ 100.00
<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>	
WALTER S MULL 1431 HONEYSUCKLE RIDGE DR MATTHEWS, NC 28105		CAPTAIN			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
		MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 450.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/18/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 450.00
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<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,808.00
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# Contributions from Individuals

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

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>	
CHIPP BAILEY FOR SHERIFF						3-GXN-5-I	
<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>	
DONALD B. PENIX 14217 CLEARVALE DRIVE MINT HILL, NC 28105				BEST EFFORT			
				<b>c. Employer's Name/Specific Field</b>			
				BEST EFFORT			
						<b>e. Election Sum to Date</b>	
						\$ 60.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 30.00		
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 30.00		
<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>	
PAWANJIT SINGH 9529 LINDEN TREE LN CHARLOTTE, NC 28277-8158				IT			
				<b>c. Employer's Name/Specific Field</b>			
				FAMILY DOLLAR			
						<b>e. Election Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Check		10/29/2010	\$ 200.00		
<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>	
BRENDA SUDDRETH 7219 ROCKLAND DR CHARLOTTE, NC 28213-5711				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				RETIRED			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Check		10/29/2010	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 360.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 3,808.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Contributions from Individuals

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

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> CHIPP BAILEY FOR SHERIFF	<b>2. ID Number</b> 3-GXN-5-1
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<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) GEORGE F. SUDDRETH 4611 CHUCKWOOD DR CHARLOTTE, NC 28227-9318		<b>b. Job Title/Profession</b> MANAGER		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> CHARLOTTE REGIONAL FARMER'S MARKET		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/29/2010	\$ 100.00
<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) JUNE SUDDRETH 981 ADKIN ROAD YORK, SC 29745-8489		<b>b. Job Title/Profession</b> HOUSEWIFE		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> HOUSEWIFE		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/29/2010	\$ 100.00
<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) GUY E. SUDDRETH JR 3030 MARK WORTH RD CHARLOTTE, NC 28210		<b>b. Job Title/Profession</b> RETIRED		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> RETIRED		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/29/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 300.00
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<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,808.00
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# 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> CHIPP BAILEY FOR SHERIFF						<b>2. ID Number</b> 3-GXN-5-I	
<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) LAURENCE D THOMAS 10313 BON MEADE LANE CORNELIUS, NC 28031				<b>b. Job Title/Profession</b> DEPUTY SHERIFF		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> MECKLENBURG COUNTY SHERIFF'S OFFICE		<b>e. Election Sum to Date</b> \$ 205.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Check		10/18/2010	\$ 100.00		
<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) RACHEL VANHOY 9523 CEDAR RIVER ROAD HUNTERSVILLE, NC 28078				<b>b. Job Title/Profession</b> SR FISCAL ADMINISTRATOR		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> MECKLENBURG COUNTY SHERIFF'S OFFICE		<b>e. Election Sum to Date</b> \$ 522.17	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 3.00		
<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) JANE WHITLEY 3144 EAST FORD ROAD CHARLOTTE, NC 28205				<b>b. Job Title/Profession</b> BEST EFFORT		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> BEST EFFORT		<b>e. Election Sum to Date</b> \$ 60.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input checked="" type="checkbox"/>	A	Check		04/07/2010	\$ 50.00		
<input type="checkbox"/>	A	Cash		11/19/2010	\$ 10.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 113.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,808.00	

# Refunds/Reimbursements To the Committee

Page 1 of 1

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b> CHIPP BAILEY FOR SHERIFF			<b>2. ID Number</b> 3-GXN-5-I	
<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>d. Type of Committee</b>		<b>g. Comments</b>
DUKE ENERGY P O BOX 1090 CHARLOTTE, NC 28201-1090		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b> 08/12/2010
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>i. Original Expenditure Amt</b> \$ 65.00
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose</b> REFUND OF UTILITY DEPOSIT		<b>j. Election Sum to Date</b> \$ 262.58
<b>k. Account Code</b> A	<b>l. Form of Payment</b> Check	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b> 12/20/2010	<b>o. Amount</b> \$ 5.24
<b>4. Total only this Page</b>				\$ 5.24
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 5.24



# Disbursements

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

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

<b>1. Committee Full Name (and Fund if applicable)</b> CHIPP BAILEY FOR SHERIFF						<b>2. ID Number</b> 3-GXN-5-I	
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> DEMOCRATIC WOMEN OF MECKLENBURG COUNTY FUNDRAISER P O BOX 470712 CHARLOTTE, NC 28247-0712				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Mecklenburg		<b>e. Election Sum to Date</b> \$ 780.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	12/04/2010	\$ 250.00	CONTRIBUTION		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> UPTOWN DEMOCRATIC FORUM 170 N CANTERBURY ROAD CHARLOTTE, NC 28211				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 75.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	12/04/2010	\$ 75.00	CONTRIBUTION		
				\$			
<b>5. Total only this Page</b>						\$ 325.00	
<b>6. Total of ALL CRO-1310 Pages</b> <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>						\$ 325.00	
<b>7. Purpose Codes</b> <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)							

# Disbursements

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

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

<b>1. Committee Full Name (and Fund if applicable)</b> CHIPP BAILEY FOR SHERIFF						<b>2. ID Number</b> 3-GXN-5-1	
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) BILL MONEY 53RD ST. SUITE #6 WEST PALM BEACH, FL 33407				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 2,115.03	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	A	10/25/2010	\$ 927.28	BROADCAST		
A	Check	A	11/08/2010	\$ 478.25	BROADCAST		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FREAKINWEAR P.O. BOX 2993 HUNTERSVILLE, NC 28070				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1,852.91	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	B	10/20/2010	\$ 175.67	PENCILS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GOOD FELLOWS 700 PARKWOOD AVENUE CHARLOTTE, NC 28205				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 250.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	12/04/2010	\$ 250.00	CONTRIBUTION		
				\$			
<b>5. Total only this Page</b>						\$ 1,831.20	
<b>6. Total of ALL CRO-1310 Pages</b> <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>						\$ 10,861.02	
<b>7. Purpose Codes</b> (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

<b>1. Committee Full Name (and Fund if applicable)</b> CHIPP BAILEY FOR SHERIFF						<b>2. ID Number</b> 3-GXN-5-1	
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> IKON OFFICE SOLUTION 600 EAST 4TH STREET CHARLOTTE, NC 28202				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 2,380.90	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	B	11/08/2010	\$ 70.36	CARDS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> INTERNATIONAL MINUTE PRESS 525 N POLK STREET PINEVILLE, NC 28134				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 6,730.23	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	B	10/29/2010	\$ 1,150.43	POSTCARDS		
A	Check	B	11/01/2010	\$ 2,130.36	POSTCARDS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> BUCKY OATES 1032 GUM BRANCH CHARLOTTE, NC 28214				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 3,279.95	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	11/02/2010	\$ 398.76	MEAT, VEGGIES, WINGS		
				\$	TRAY		
<b>5. Total only this Page</b>						\$ 3,749.91	
<b>6. Total of ALL CRO-1310 Pages</b> <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>						\$ 10,861.02	
<b>7. Purpose Codes</b> <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)							

# Disbursements

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

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

<b>1. Committee Full Name (and Fund if applicable)</b> CHIPP BAILEY FOR SHERIFF						<b>2. ID Number</b> 3-CXN-5-1	
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) JAN THOMPSON 2621 CROYDON RD CHARLOTTE, NC 28209				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 326.15	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	11/10/2010	\$ 94.03	REFRESHMENTS FOR HEADQUARTERS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TOLER, BLY & ASSOCIATES, CPA, PLLC 212 W. MATTHEWS STREET SUITE 102 MATTHEWS, NC 28105				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1,025.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	12/07/2010	\$ 525.00	2010 TAX RETURN		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SHEREE TOMPKINS P. O. BOX 618 HUNTERVILLE, NC 28070				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 2,100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	11/29/2010	\$ 1,500.00	BOOKKEEPING		
A	Check	O	12/07/2010	\$ 300.00	GIFT CARD FOR DORIS WILSON		

**5. Total only this Page**    \$ 2,419.03

**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)*  
 \$ 10,861.02

**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

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

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

<b>1. Committee Full Name (and Fund if applicable)</b> CHIPP BAILEY FOR SHERIFF						<b>2. ID Number</b> 3-GXN-5-1	
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SHEREE TOMPKINS P. O. BOX 618 HUNTERVILLE, NC 28070				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 2,100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	12/07/2010	\$ 300.00	GIFT CARD FOR JAN THOMPSON		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) UNITED MAILING SERVICE, INC. PO BOX 19708 CHARLOTTE, NC 28219-9708				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 13,084.53	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	B	10/26/2010	\$ 2,324.25	MAILING		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) RACHEL VANHOY 9523 CEDAR RIVER ROAD HUNTERVILLE, NC 28078				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1,374.31	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	O	11/01/2010	\$ 92.31	HOUSE OF PRAYER SNACKS		
				\$			
<b>5. Total only this Page</b>						\$ 2,716.56	
<b>6. Total of ALL CRO-1310 Pages</b> <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>						\$ 10,861.02	
<b>7. Purpose Codes</b> (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

<b>1. Committee Full Name (and Fund if applicable)</b> CHIPP BAILEY FOR SHERIFF						<b>2. ID Number</b> 3-GXN-5-1	
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DORIS WILSON 3700 MIRANDA ROAD CHARLOTTE, NC 28216				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 28.21	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	I	11/10/2010	\$ 14.90			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) WINDSTREAM P.O. BOX 9001908 LOUISVILLE, KY 40290-1908				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 259.02	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
A	Check	K	11/02/2010	\$ 129.42	TELEPHONE		
				\$			
<b>5. Total only this Page</b>						\$ 144.32	
<b>6. Total of ALL CRO-1310 Pages</b> <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>						\$ 10,861.02	
<b>7. Purpose Codes</b> <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)							

# Aggregated Non-Media Expenditures

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

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
CHIPP BAILEY FOR SHERIFF					3-GXN-5-I	
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check	O	11/10/2010	\$ 18.35	CAMPAIGN LUNCH
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check	O	11/29/2010	\$ 46.26	UTILITIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	O	11/10/2010	\$ 31.49	ACH SERVICE CHARGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	O	12/10/2010	\$ 6.02	ACH SERVICE CHARGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check	O	11/10/2010	\$ 40.64	CAMPAIGN REFRESHMENTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check	O	11/10/2010	\$ 13.31	REFRESHMENTS
<b>4. Total only this Page</b>					\$	156.07
<b>5. Total of ALL CRO-1315 Pages</b>					\$	156.07
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>			
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>			
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
CHIPP BAILEY FOR SHERIFF		3-GXN-5-I	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
MARY A POSEY 5419 HOLLIROSE DRIVE CHARLOTTE, NC 28227		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>e. Level Registered (Specify)</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>g. Comments</b>	
		<b>h. Original Receipt Date</b>	
		04/16/2010	
		<b>i. Original Receipt Amount</b>	
		\$ 25.00	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>	<b>j. Election Sum to Date</b>
RETIRED	RETIRED	o	\$ 65.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>
A	Cash	CORRECT NSF CHECK	12/31/2010
			<b>o. Amount</b>
			\$ 25.00
<b>4. Total only this Page</b>			\$ 25.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)			\$ 25.00
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>			
L - Returned to Contributor    M - Overpayment for Service    N - Exceeded Contribution Limit P* - Reimbursement of In-Kin    O* Other			
* Codes require detailed explanation in required remarks field (m)			