

Disclosure Report Cover

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

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

1. Committee Information	
a. Full Name CHIPP BAILBY FOR SHERIFF	c. ID Number
b. Mailing Address (include City, State and Zip Code) 2325 HUNTERSBLUFF DRIVE MATTHEWS, NC 28105	d. Date Filed 01/24/2010
	e. Phone Number (704) 847-1644

Report Year	Period Start Date (mm/dd/yyyy)	Period End Date (mm/dd/yyyy)	Treasurer Full Name
2009	07/01/2009	12/31/2009	SHERBEE TOMPKINS

2. Type of Committee (Check One)		3. Type of Report		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

4. Account Information		5. Account Information	
a. Financial Institution Full Name BB&T	b. Purpose CHECKING ACCOUNT	a. Financial Institution Full Name	b. Purpose
c. Account Code A	d. Period Begin Balance \$ 973.29	c. Account Code	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.

Sheree Tompkins Sheree Tompkins 01/24/2010
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: JAN 27 2010 Employee: [Signature] Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: _____ Employee: _____ Hand Delivered

Date Data Entered: _____ Employee: _____ Electronically Filed

Signer has not received mandatory training

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

Detailed Summary

Amendment
<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	2009 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2009</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 973.29	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00	
6) Contributions from Individuals (CRO-1210)	\$ 15,504.95	\$ 17,404.95	
7) Contributions from Political Party Committees (CRO-1220)	\$ 250.00	\$ 250.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 500.00	\$ 500.00	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 16,254.95	\$ 18,154.95	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 9,058.47	\$ 9,985.18	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 475.00	\$ 475.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 0.00	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions (CRO-1510)	\$ 299.95	\$ 299.95	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 9,833.42	\$ 10,760.13	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 7,394.82	\$ 7,394.82	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 739.84		
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	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
FRED H ALEXANDER 2124 SUNSET ROAD CHARLOTTE, NC 28216				SERGEANT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		08/11/2009	\$ 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	
WANDA H ALI 2709 HUNTLYNN RD CHARLOTTE, NC 28214				ADM SUPPORT ASST II			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		09/04/2009	\$ 25.00		
<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	
CATHY C. ANDERSON 7300 MEADOWDALE LN CHARLOTTE, NC 28212				DETENTION OFFICER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		07/16/2009	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL BARNETT 2116 COURTSIDE LANE CHARLOTTE, NC 28270				DETENTION OFFICER			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						e. Election Sum to Date	
						\$ 10.00	
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		07/25/2009	\$ 10.00		
<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	
DENNIS R BATTLE 10514 SALANANDER COURT CHARLOTTE, NC 28215				DETENTION OFFICER			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						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"/>	A	Check		09/04/2009	\$ 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	
BARBARA D BEAMER 8718 WILLIAMSBURG CIRCLE HUNTERSVILLE, NC 28078				ADMIN SUPPORT ASSISTANT III			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						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"/>	A	Check		08/13/2009	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 110.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BARBARA A. BELL 4602 JAMESVILLE DR MATTHEWS, NC 28105				HR SPECIALIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 20.00	
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		07/17/2009	\$ 20.00		
<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	
GEORGE M BIGGERS 4215 WINEDALE LN CHARLOTTE, NC 28205				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		07/16/2009	\$ 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	
DOMENICO BILOTTA 1122 ALLEGIANCE DR CHARLOTTE, NC 28217				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		09/02/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 170.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 4 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM E BLACKWELDER JR 1015 EDGEWOOD CIR GASTONIA, NC 28052				HR SPECIALIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		09/25/2009	\$ 25.00		
<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	
GERALD F BOYLE 3343 PERIMETER HILL DRIVE SUITE 200 NASHVILLE, TN 37211-4157				PRESIDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CORRECT CARE SOLUTIONS		\$ 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"/>	A	Check		08/18/2009	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ALLEN BOZARDT 10496 MOORES CHAPEL RD CHARLOTTE, NC 28214				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		10/02/2009	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,025.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 5 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) AVERY BRITTON 144 HUNTERS POINTE DR DALLAS, NC 28034			b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		07/20/2009	\$ 25.00	
<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) BYRON L BULLARD 339 WINGRAVE DR CHARLOTTE, NC 28270-5925			b. Job Title/Profession PRESIDENT EMERITUS		d. Comments	
			c. Employer's Name/Specific Field PRESBYTERIAN HOSPITAL		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"/>	A	Check		11/30/2009	\$ 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) IRWEN BURNS 10012 MOORES CHAPEL LOOP CHARLOTTE, NC 28214			b. Job Title/Profession OWNER		d. Comments	
			c. Employer's Name/Specific Field THE RIVERVIEW INN		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"/>	A	Money Order		08/27/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 225.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JERRY BUSBY PO BOX 17048 CHARLOTTE, NC 28227				OWNER			
				c. Employer's Name/Specific Field			
				SAFEGUARD			
						e. Election Sum to Date	
						\$ 138.58	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	In-Kind	CHECKS AND ENVELOPES	07/13/2009	\$ 90.23		
<input type="checkbox"/>	A	In-Kind	DEPOSIT TICKETS	07/27/2009	\$ 48.35		
<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	
TANA W CALLOWAY 4710 HANWELL LN CONCORD, NC 28027				ADMINISTRATION			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						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"/>	A	Check		12/03/2009	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TERRILL S CARRIKER P O BOX 1327 BELMONT, NC 28012				DETENTION OFFICER (COURTS)			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						e. Election Sum to Date	
						\$ 20.00	
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		08/17/2009	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 458.58	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 7 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) NORMAN CARTER 12300 EVA ST MATTHEWS, NC 28105				b. Job Title/Profession DEPUTY		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		07/27/2009	\$ 25.00		
<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) JAMES I CATHEY 10402 BEVIN CT HUNTERSVILLE, NC 28078				b. Job Title/Profession FISCAL ANALYST		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		09/02/2009	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALICE CHARLES 4307 CANTEY PL CHARLOTTE, NC 28211				b. Job Title/Profession ADM SUPPORT ASST III		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/20/2009	\$ 250.00		
<input type="checkbox"/>	A	Check		07/28/2009	\$ 100.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 625.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DUMONT CLARKE 2124 KENMORE AVE CHARLOTTE, NC 28204				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MOORE VAN ALLEN		\$ 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		12/18/2009	\$ 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	
ALAN E. COBB 1509 MCCORKLE ROAD CHARLOTTE, NC 28214				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		07/07/2009	\$ 125.00		
<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	
TRACEY H COLE 941 ASHWORTH DRIVE GASTONIA, NC 28054				SR IT BUSINESS ANALYST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 35.00	
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		09/18/2009	\$ 35.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RODNEY M COLLINS 3323 WRANGLER LANE CHARLOTE, NC 28213				MAJOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		07/30/2009	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DOROTHY COPLON 4316 BELL WOOD LN CHARLOTTE, NC 28270-0208				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 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"/>	A	Check		12/18/2009	\$ 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	
PATRICK J CUMMISKEY JR 2024 DAYLILY DRIVE FRANKLIN, TN 37067				EXECUTIVE VP			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CORRECT CARE SOLUTIONS		\$ 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"/>	A	Check		08/20/2009	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GREGORY D DAVES 98 THIRD STRETT MOUNT HOLLY, NC 28120				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		09/10/2009	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
FRANK DEATON II 3221 MONROE RD CHARLOTTE, NC 28205-7539				ACCOUNT REP			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				THE HOLIDAY GROUP		\$ 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"/>	A	Check		12/18/2009	\$ 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	
MICHAEL R DESANTIS 10422 PLANTERS VIEW DR CHARLOTTE, NC 28278-0042				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 30.00	
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		08/13/2009	\$ 30.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 105.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 11 of 42

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL F DETOMMASO 4107 CITATION OAK COURT WAXHAW, NC 28173				b. Job Title/Profession MAJOR		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/18/2009	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CATHLEEN DUGAN 601 MANHASSET RD CHARLOTTE, NC 28209				b. Job Title/Profession ADMINISTRATIVE SUPPORT ASST III		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		07/16/2009	\$ 25.00		
<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) JEFFREY S EASON 4723 HENDRIX CT CONCORD, NC 28025				b. Job Title/Profession CAPTAIN		d. Comments	
				c. Employer's Name/Specific Field MECKENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		10/16/2009	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 525.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BOBBY R ELLIS 161 REBEKAH LN TROUTMAN, NC 28166			b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		08/21/2009	\$ 25.00	
<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) JOHN ENGLAND 6260 MOUNTAIN VINE AVENUE KANNSPOLIS, NC 28081			b. Job Title/Profession SERGEANT		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		10/19/2009	\$ 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) EDWARD ERNYEY 156 DAIRY FARM RD MOORESVILLE, NC 28115			b. Job Title/Profession ARREST PROCESSING ANALYST		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		07/15/2009	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGO FESPERMAN 595 W WILSON AVENUE MOORESVILLE, NC 28115			b. Job Title/Profession LIBRARIAN		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/28/2009	\$ 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) DEAN M FISHER 6015 ABERGELE LANE MATTHEWS, NC 28104			b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		12/12/2009	\$ 25.00	
<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) CYNTHIA GILBERT 7565 BLUFF POINT LANE DENVER, NC 28037			b. Job Title/Profession SR FISCAL ANALYST		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		09/10/2009	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SABRINA M GLENN 1003 MAGNA LN INDIAN TRAIL, NC 28079-4222			b. Job Title/Profession INMATE PROGRAM SPECIALIST		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		10/27/2009	\$ 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) NORMAN H GOODE JR 8915 CINDER LANE HUNTERSVILLE, NC 28078			b. Job Title/Profession CAPTAIN		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 75.00	
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		09/04/2009	\$ 75.00	
<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) ANDREW GRAVELY 1017 MAGNA LANE INDIAN TRAIL, NC 28079			b. Job Title/Profession DETENTION OFFICER		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		07/16/2009	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

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	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ERIK HAGESETH 484 WOODEND DR, SE CONCORD, NC 28025-2739				DETENTION OFFICER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		10/16/2009	\$ 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	
JASON S. HAHN 6431 HARRISBURG RD P.O. BOX 690537 CHARLOTTE, NC 28221-7009				OPERATIONS MANAGER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				KEITH & KEITH CORRECTIONS		\$ 400.00	
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		07/16/2009	\$ 400.00		
<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	
JUDY HARRISON-BARRY 520 N POPLAR ST CHARLOTTE, NC 28202				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 161.37	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	In-Kind	MEET & GREET FOR SHERIFF BAILEY @ LUCE	12/14/2009	\$ 161.37		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 611.37	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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) CHIPP BAILEY FOR SHERIFF						2. ID Number:	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARILYN B HENSON 7422 SUMMIT DR DENVER, NC 28037				b. Job Title/Profession SERGEANT		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/17/2009	\$ 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) ROY LARRY HENSON JR 7422 SUMMIT DENVER, NC 28037				b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/19/2009	\$ 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) RONALD L HILL 4103 WANAMASSA DR CHARLOTTE, NC 28269-1204				b. Job Title/Profession CAPTAIN		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		11/25/2009	\$ 125.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM M HOBBS 2049 SUNSET VILLAGE DRIVE CHARLOTTE, NC 28216				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		09/22/2009	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL T HOLDER 8224 BRISBIN DR WAXHAW, NC 28173				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		10/07/2009	\$ 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	
PHILIP HUFFMAN 7199 TADPOLE COURT SUMMERFIELD, NC 27358				CPA			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				ROBERTS S SEGAL, CPA PA		\$ 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		08/10/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 225.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 18 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOSEPH L HUGHES 1527 HOLLOW MAPLE DRIVE CHARLOTTE, NC 28216				b. Job Title/Profession SERGEANT		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		09/15/2009	\$ 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) MAY F HUNTER 2731 PARHAM PLACE CHARLOTTE, NC 28270				b. Job Title/Profession DETENTION OFFICER		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		10/27/2009	\$ 25.00		
<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) DANIEL E JOHNSON 1516 BRADLEY DR MONROE, NC 28112				b. Job Title/Profession CAPTAIN		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		09/04/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 225.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DORIAN JOHNSON 1926 DECATUR COURT CHARLOTTE, NC 28213				WRRC UNIT MGR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		09/04/2009	\$ 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	
WASHINGTON JOHNSON III 1432 MONTANA DRIVE CHARLOTTE, NC 28216				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		09/18/2009	\$ 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	
CAROLYN JONES 8301 GERA EMMA DRIVE CHARLOTTE, NC 28215				DETENTION OFFICER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Money Order		07/26/2009	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 20 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NANCY S JONES 847 LINDA LANE CHARLOTTE, NC 28211				IT PROGRAMMER/ANALYST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		07/26/2009	\$ 25.00		
<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	
TERESA B JORDAN 1520 DENDY LN PINEVILLE, NC 28134				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		08/13/2009	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN T KERPSIE 5524 OLD FARM RD GASTONIA, NC 28056				DETENTION OFFICER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 20.00	
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		08/20/2009	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 345.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMES R. KESSLER 1429 TRAPLINE CT. VIENNA, VA 22182-1731				ARCHITECT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				LITTLE & ASSOC		\$ 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"/>	A	Check		07/16/2009		\$ 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 M KINNE 101 REMALLY LANE HUNTERSVILLE, NC 28078				DETENTION OFFICER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 20.00	
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		07/22/2009		\$ 20.00	
<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	
HARRY S KIRK JR 114 ONSLOW CT MOORESVILLE, NC 28117				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG 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"/>	A	Check		10/29/2009		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 270.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 22 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM C KUMEROW 3017 PARK ROAD CHARLOTTE, NC 28209				SERGEANT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		07/27/2009	\$ 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	
DANIEL KYDD 701 WINTERWOOD DRIVE MATTHEWS, NC 28105				SHERIFF'S SERGEANT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		08/05/2009	\$ 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	
ROBERT W LAWING 3641 PROVIDENDE ROAD CHARLOTTE, NC 28211				REALTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				TR LAWING REALTY, INC		\$ 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"/>	A	Check		08/03/2009	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARK LEECH 7216 COLLEY FORD LN CHARLOTTE, NC 28273				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		09/22/2009	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RAY W LEGRANDE SR 708 WINBORNE AVE SW CONCORD, NC 28025				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		07/29/2009	\$ 25.00		
<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 H LENOIR JR 6752 LINDA LAKE DR CHARLOTTE, NC 28215				DETENTION OFFICER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 10.00	
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		09/15/2009	\$ 10.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 535.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CHIPP BAILEY FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM A. LOWE 7047 TALLENT COURT SHERRILLS FORD, NC 28673			DEPUTY SHERIFF - P/T			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		07/20/2009	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN MANESS JR 1816 FALCONHURST DRIVE CHARLOTTE, NC 28216			SERGEANT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		07/20/2009	\$ 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	
STEPHANIE L MARSHALL 9536 OLD GATE DR MATTHEWS, NC 28105			DEPUTY SHERIFF			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		07/22/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

Contributions from Individuals

Pg 25 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL J MATYS 1930 LIGHT BRIGADE DRIVE MATTHEWS, NC 28105				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		08/28/2009	\$ 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	
FELICIA HOWARD MCADOO 4825 BANFSHIRE ROAD CHARLOTTE, NC 28215				CHIEF DEPUTY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		12/18/2009	\$ 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	
JOHN E MCCARTHY JR 3201 WINDING TRAIL MATTHEWS, NC 28105				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		07/27/2009	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 26 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROGER L MCCOY 7760 ORCHARD PARK CR HARRISBURG, NC 28075			b. Job Title/Profession CAPTAIN		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/29/2009	\$ 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) CHRISTOPHER D MCDANIEL 1300 EARNHARDT SHOP RD MOUNT PLEASANT, NC 28124			b. Job Title/Profession SERGEANT		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		12/18/2009	\$ 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) WILLIE L MCFADDEN 4637 MAPLECREST PLACE HARRISBURG, NC 28075-6514			b. Job Title/Profession CAPTAIN		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/17/2009	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

Contributions from Individuals

Pg 27 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) C STAN MCGEE 6844 SILVERWOOD LANE CHARLOTTE, NC 28215			b. Job Title/Profession CAPTAIN		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/05/2009	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) VANCE C MCGEE III 8472 HARVELL ROAD STANFIELD, NC 28163			b. Job Title/Profession CAPTAIN		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/28/2009	\$ 100.00	
<input type="checkbox"/>	A	Check		11/25/2009	\$ 25.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LUKEISHA MCHWAINE 602 WINBORNE AVE CONCORD, NC 28025			b. Job Title/Profession DETENTION CAPTAIN		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Money Order		09/02/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 475.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALICE MCKENZIE 8125 S TEVENS MILL ROAD MATTHEWS, NC 28104			b. Job Title/Profession ADM SUPPORT ASST II		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		07/18/2009	\$ 25.00	
<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) BRUCE C MCLAURY 1405 HILL RIVER ROAD HIDDENITE, NC 28636			b. Job Title/Profession SERGEANT		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/17/2009	\$ 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) W EDWIN MCMAHAN 5815 WESTPARK DRIVE CHARLOTTE, NC 28217			b. Job Title/Profession BUSINESSMAN		d. Comments	
			c. Employer's Name/Specific Field LITTLE & ASSOC		e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		07/16/2009	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 225.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CHIPP BAILEY FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERIC W. MCMILLIAN 6708 CORD WOOD CIRCLE CHARLOTTE, NC 28227			DEPUTY SHERIFF			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		08/28/2009	\$ 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	
GERALD F MEEK 107 SARDIS GROVE LN MATTHEWS, NC 28105-2602			ATTORNEY			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			POYNER SPRUILL		\$ 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		12/18/2009	\$ 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	
JAMES L. METZE 3521 WINSLOW GREEN DRIVE CHARLOTTE, NC 28210			ARCHITECT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			LITTLE & ASSOC		\$ 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"/>	A	Check		07/16/2009	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) R.A. MIDKIFF P O BOX 908 CONCORD, NC 28026				b. Job Title/Profession RETIRED		d. Comments	
				c. Employer's Name/Specific Field RETIRED		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"/>	A	Check		10/19/2009	\$ 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) JOSEPH ALLEN MILEM JR 1080 SELLERS CT CHINA GROVE, NC 28023				b. Job Title/Profession SERGEANT		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		08/01/2009	\$ 25.00		
<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) KARTRINA MILLER 8242 CEDAR GLEN DR CHARLOTTE, NC 28212				b. Job Title/Profession DETENTION OFFICE R		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 15.00	
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		08/09/2009	\$ 15.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 140.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Pg 31 of 42

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARCELLE MOODY 1104 WHITEWATER CIRCLE BELMONT, NC 28012			b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		12/18/2009	\$ 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) JOHN MOORE JR 12810 GLASSONBY CT. HUNTERSVILLE, NC 28078-7724			b. Job Title/Profession DETENTION SERGEANT		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/16/2009	\$ 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) STEPHEN MORIN 9312 WINTER ELM LANE CHARLOTTE, NC 28227			b. Job Title/Profession SERGEANT		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Money Order		12/28/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CALVIN J MORRISON 9120 CROSSTIMBERS DRIVE CHARLOTTE, NC 28215			b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/28/2009	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NATANYA W NESBITT 6517 WILD ORCHID CT CHARLOTTE, NC 28262			b. Job Title/Profession DETENTION SERGEANT		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/28/2009	\$ 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) GARY A PANZA 8931 GLADE CT HUNTERSVILLE, NC 28078			b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/28/2009	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAVID S PEARSON 8727 WOODCOCK LN CHARLOTTE, NC 28216-9737				DETENTION OFFICER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		09/04/2009	\$ 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	
JAMES PLOGER P O BOX 1048 DAVIDSON, NC 28036				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		10/07/2009	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
THOMAS MICHAEL PLUMMER 5505 HICKORY LEAF COURT MOUNT HOLLY, NC 28120				MAJOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 600.00	
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		08/03/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARILYN PORTER 771 KING FREDRICK LN CONCORD, NC 28027				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		11/13/2009	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WALTER W. PUMMELL 8041 PENMAN SPRINGS DRIVE WAXHAW, NC 28173				MAJOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		07/20/2009	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KRIS RAHE 2456 CHERRY LN DENVER, NC 28037				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Money Order		09/11/2009	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHANTAY RICH 12610 SITKA CT CHARLOTTE, NC 28227				b. Job Title/Profession SERGEANT		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		11/06/2009	\$ 25.00		
<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) ROY J. RIVERS 9001 DOVER RD HARRISBURG, NC 28075-9651				b. Job Title/Profession MAJOR		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/20/2009	\$ 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) BRENDA RUBIANO 5224 AMITY SPRINGS DRIVE CHARLOTTE, NC 28212				b. Job Title/Profession ADM SUPPORT ASST III		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		08/03/2009	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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) CHIPP BAILEY FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) JULIA RUSH 139 ROYAL OAKS LANE GASTONIA, NC 28056				b. Job Title/Profession DEPUTY DIVISION DIRECTOR II		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/04/2009	\$ 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) KEVIN T RUSSELL 5292 HIGHWAY 73 IRON STATION, NC 28080				b. Job Title/Profession DETENTION OFFICER		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 25.00	
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		10/19/2009	\$ 25.00		
<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) KEITH S SHANNON 9911-E ROSE COMMONS DR HUNTERSVILLE, NC 28078				b. Job Title/Profession CFE/ CPP		d. Comments	
				c. Employer's Name/Specific Field DUKE ENERGY		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"/>	A	Check		09/22/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 225.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TINA SHERRILL 6002 VILLAGE DRIVE CONCORD, NC 28027				FACILITY MANAGER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				THE KEITH CORPORATION		\$ 400.00	
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		07/14/2009	\$ 400.00		
<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	
THOMAS L SHIELDS III 7703 BRIDLE CT CHARLOTTE, NC 28216-8730				SERGEANT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		08/17/2009	\$ 25.00		
<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	
WAYNE H. SHIRLEY 13701 SEATON DR CHARLOTTE, NC 28227-9524				CONSULTANT/FORMER CHIEF DEPUTY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$ 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		07/16/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 525.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS J SILLS 12706 VININGS CREEK DR #1038 MATTHEWS, NC 28105				b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/27/2009	\$ 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) MICHAEL R. SMITH 10610 SOUTH HAMPTON DR CHARLOTTE, NC 28227				b. Job Title/Profession CAPTAIN		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/20/2009	\$ 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) MICHAEL B STONE 6920 CURLEE CT CHARLOTTE, NC 28277				b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
				c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		09/22/2009	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LAURENCE D THOMAS 10313 BON MEADE LANE CORNELIUS, NC 28031				DEPUTY SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Check		08/09/2009	\$ 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	
TERRY G THOMAS 8726 EAGLE WIND DR CHARLOTTE, NC 28212				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG 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"/>	A	Check		09/10/2009	\$ 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	
JAN THOMPSON 2621 CROYDON RD CHARLOTTE, NC 28209				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		09/11/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALFRED L WALKER 5934 HANNA CT CHARLOTTW, NC 28212			b. Job Title/Profession CAPTAIN		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURY COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/06/2009	\$ 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) ROBERT D. WATSON 863 WIGGINS ROAD MOORESVILLE, NC 28115			b. Job Title/Profession SHERIFF Deputy Sheriff		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		08/17/2009	\$ 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) KENNETH D WHITE 1421 HIGHFIELD CT CHARLOTTE, NC 28216			b. Job Title/Profession DEPUTY SHERIFF		d. Comments	
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		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"/>	A	Check		07/23/2009	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
CHIPP BAILEY FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TELISA E WHITE 1919 WEDDINGTON RD MATTHEWS, NC 28105			DETENTION CAPTAIN			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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"/>	A	Money Order		11/25/2009	\$ 125.00	
<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	
CHARLES A. WILLIAMS 2134 SAGAMORE RD CHARLOTTE, NC 28209-3344			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED STATE EMPLOYEE		\$ 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"/>	A	Check		12/18/2009	\$ 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	
DORIS WILSON 3700 MIRANDA ROAD CHARLOTTE, NC 28216			ADMIN SUPPORT ASST. III			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		07/20/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,504.95	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF	2. ID Number
--	---------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
VENITA WILSON 3600 SIPES LN CHARLOTTE, NC 28269		DEPUTY SHERIFF			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 25.00	
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		07/20/2009	\$ 25.00
<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	
ROBIN E. WRIGHT 11604 SHIMMERING LAKE DR CHARLOTTE, NC 28214		EXEC ASST/PARALEGAL			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 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		07/20/2009	\$ 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	
CHARLES J YONGUE 8433 REAMES ROAD CHARLOTTE, NC 28216		SERGEANT			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		MECKLENBURG COUNTY SHERIFF'S OFFICE		\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		07/26/2009	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1,125.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 15,504.95

Contributions from Political Party Committees Pg 1 of 1

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

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CHIPP BAILEY FOR SHERIFF					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
CLODFELTER CAMPAIGN FUND P.O. BOX 35068 CHARLOTTE, NC 28235					
				c. Election Sum to Date	
				\$ 250.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
A	Check		08/20/2009	\$ 250.00	
				\$	
				\$	
4. Total only this Page				\$ 250.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 250.00	

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
CHIPP BAILEY FOR SHERIFF				
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
LITTLE & ASSOC. ARCHITECTS INC P.A.C. 5815 WESTPARK DRIVE CHARLOTTE, NC 28217		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
				\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
A	Check		07/16/2009	\$ 500.00
				\$
				\$
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 500.00

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
CHIPP BAILEY FOR SHERIFF	

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. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments	
DWMC FUNDRAISER P.O. BOX 470712 CHARLOTTE, NC 28247			
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:		\$ 250.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	G	07/23/2009	\$ 250.00	
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments	
THE BLACK POLITICAL CAUCUS P. O. BOX 16550 CHARLOTTE, NC 28297			
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:		\$ 50.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	G	08/14/2009	\$ 50.00	
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments	
THE TRISA COTHAM COMMITTEE 9104-C NOLLEY COURT CHARLOTTE, NC 28270			
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:		\$ 100.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	12/08/2009	\$ 100.00	UNKNOWN
				\$	

5. Total only this Page	\$ 400.00
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6. Total of ALL CRO-1310 Pages	\$ 475.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	

7. Purpose Codes <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	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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CHIPP BAILEY FOR SHERIFF					
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. 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
UPTOWN DEMOCRATIC FORUM 170 N CANTERBURY RD CHARLOTTE, NC 28211					
			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:		
\$ 75.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	B	07/22/2009	\$ 75.00	CONTRIBUTION
				\$	
5. Total only this Page					\$ 75.00
6. Total of ALL CRO-1310 Pages					\$ 475.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DANIEL E BAILEY JR 2325 HUNTERS BLUFF MATTHEWS, NC 28105-8804							
				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:		\$ 112.85	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	IO	11/06/2009	\$ 44.00	POSTAGE		
A	Check	K	11/06/2009	\$ 68.85	THANK YOU CARDS		
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	
BB&T PO BOX 819 WILSON, NC 27894							
				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:		\$ 5.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Cash	O	08/21/2009	\$ 5.00	BANK CHARGE		
				\$			
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	
DAN MCCORKLE/DATA CONSULTANT 3144 EAST FORD ROAD CHARLOTTE, NC 28205							
				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:		\$ 6,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	07/22/2009	\$ 1,000.00	CONSULTANT		
A	Check	O	11/16/2009	\$ 2,200.00	CAMPAIGN MGMT FEE		
5. Total only this Page						\$ 3,317.85	
6. Total of ALL CRO-1310 Pages						\$ 9,058.47	
(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		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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF							
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	
DAN MCCORKLE/DATA CONSULTANT 3144 EAST FORD ROAD CHARLOTTE, NC 28205							
				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:		\$ 6,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	12/03/2009	\$ 3,000.00	CAMPAIGN MGMT FEE		
				\$			
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	
HIDDEN VALLEY PARADE AND FESTIVAL COMMITTEE 5209 SPRINGVIEW RD CHARLOTTE, NC 28213-6766							
				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:		\$ 30.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	10/28/2009	\$ 30.00	DONATION FOR FISH DINNER		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
IKON OFFICE SOLUTION 600 EAST 4TH STREET CHARLOTTE, NC 28202							
				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:		\$ 1,477.77	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	B	07/22/2009	\$ 732.22	PRINTING MATERIALS		
A	Check	B	09/30/2009	\$ 718.84	NOTE/CONTRIBUTION CARDS-ENV		
5. Total only this Page						\$ 4,481.06	
6. Total of ALL CRO-1310 Pages						\$ 9,058.47	
<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 Coordinatsd Party Expsnditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
CHIPP BAILEY FOR SHERIFF						
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	
JEFF MANER 6922 LINDA LAKE DRIVE CHARLOTTE, NC 28215						
			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:			
					\$ 51.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	A	12/28/2009	\$ 51.68	WEBSITE HOSTING	
				\$		
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	
MARJORIE STORCH 519 MEADOWBROOK ROAD CHARLOTTE, NC 28211						
			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:			
					\$ 350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	A	12/15/2009	\$ 350.00	PHOTO AND POSTCARD DESIGN	
				\$		
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	
UNITED STATES POSTAL SERVICE CHARLOTTE (NC) STC CHARLOTTE, NC 28214-9998						
			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:			
					\$ 220.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	I	12/04/2009	\$ 220.00		
				\$		
5. Total only this Page						\$ 621.68
6. Total of ALL CRO-1310 Pages						\$ 9,058.47
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <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		O* - Other
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 4 of 4

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
CHIPP BAILEY FOR SHERIFF			
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
RACHEL VANHOY 9523 CEDAR RIVER ROAD HUNTERVILLE, NC 28078			
		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
			\$ 637.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	Check	I	07/07/2009
			j. Amount
			\$ 370.00
			k. Required Remarks
			POSTAL REIMBURSEMENT
A	Check	I	07/08/2009
			\$ 267.88
			BULK MAIL POSTAGE REIMBURSEMENT
5. Total only this Page			\$ 637.88
6. Total of ALL CRO-1310 Pages			\$ 9,058.47
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			
7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (k)			

In-Kind Contributions

Pg 1 of 1

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) CHIPP BAILEY FOR SHERIFF		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JERRY BUSBY PO BOX 17048 CHARLOTTE, NC 28227		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 138.58	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CHECKS AND ENVELOPES		07/13/2009	\$ 90.23
DEPOSIT TICKETS		07/27/2009	\$ 48.35
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDY HARRISON-BARRY 520 N POPLAR ST CHARLOTTE, NC 28202		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 161.37	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEET & GREET FOR SHERIFF BAILEY @ LUCE RISTORANTE		12/14/2009	\$ 161.37
			\$
			\$
4. Total only this Page		\$ 299.95	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 299.95	

Debts and Obligations Owed By the Committee

Pg 1 of 2

Amendment
 Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF	2. ID Number
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3. Creditor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ADVANCED LANGUAGE AND MEDIA SERVICES 8102 HUNLEY RIDGE RD MATTHEWS, NC 28104		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor PHOTO SERVICES			
c. Beginning Balance \$ 0.00	d. Total Amount Paid \$ 0.00	e. Total Amount Incurred \$ 50.00	f. Remaining Balance \$ 50.00

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
12/14/2009	\$ 50.00		\$
g3. Item Description PHOTO SERVICES		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) ADVANCED LANGUAGE AND MEDIA SERVICES 8102 HUNLEY RIDGE RD MATTHEWS, NC 28104		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	

3. Creditor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) INTERNATIONAL MINUTE PRESS 525 N POLK STREET PINEVILLE, NC 28134		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor CHRISTMAS CARD AND LABELS			
c. Beginning Balance \$ 0.00	d. Total Amount Paid \$ 0.00	e. Total Amount Incurred \$ 628.16	f. Remaining Balance \$ 628.16

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
12/04/2009	\$ 628.16		\$
g3. Item Description CHRISTMAS CARDS AND LABELS		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) INTERNATIONAL MINUTE PRESS 525 N POLK STREET PINEVILLE, NC 28134		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	

4. Total only this Page (This should be the sum of all item '3f' from this page)	\$ 678.16
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5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)	\$ 739.84
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Debts and Obligations Owed By the Committee

Pg 2 of 2

Amendment

Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF		2. ID Number	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JANE WHITLEY 3144 EAST FORD RD CHARLOTTE, NC 28205		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
		b. Description of Creditor FOOD FOR NEW OUTREACH EVENT	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 0.00	\$ 61.68	\$ 61.68
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
12/19/2009	\$ 61.68		\$
g3. Item Description FOOD FOR NEW OUTREACH EVENT		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) JANE WHITLEY 3144 EAST FORD RD CHARLOTTE, NC 28205		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page (This should be the sum of all item '3f' from this page)			\$ 61.68
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)			\$ 739.84