

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information	
a. Full Name CHIPP BAILEY FOR SHERIFF	c. ID Number 3-GXN-5-I
b. Mailing Address (include City, State and Zip Code) 2325 HUNTERSBLUFF DRIVE MATTHEWS, NC 28105	d. Date Filed 07/11/2010
	e. Phone Number (704) 847-1644

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 04/18/2010	4. Period End Date (mm/dd/yy) 06/30/2010	5. Treasurer Full Name SHEREE TOMPKINS
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose CHECKING ACCOUNT	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 11,897.46		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 07/11/2010
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: app

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 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

Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
CHIPP BAILEY FOR SHERIFF	2010 Second Quarter	3-GXN-5-I
Start of Election Cycle: January 1, <u>2009</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 11,897.46	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 315.00	\$ 5,273.13
6) Contributions from Individuals (CRO-1210)	\$ 2,006.18	\$ 35,777.12
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 250.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 100.00	\$ 600.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 25.00
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)	\$ 2,421.18	\$ 41,925.25
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 11,050.49	\$ 37,109.64
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 250.00	\$ 845.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 133.72	\$ 429.31
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)	\$ 0.00	\$ 656.87
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 11,434.21	\$ 39,040.82
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2,884.43	\$ 2,884.43
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CHIPP BAILEY FOR SHERIFF					3-GXN-5-I	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		04/20/2010	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		04/20/2010	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		04/29/2010	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Credit Card		05/20/2010	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		05/11/2010	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Money Order		05/11/2010	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		04/20/2010	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Credit Card		04/28/2010	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		05/13/2010	\$	15.00
4. Total only this Page					\$	\$315.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$315.00

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) CHIPP BAILEY FOR SHERIFF					2. ID Number 3-GXN-5-I	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KENNETH R BEULEY 2232 RED FOX TRL CHARLOTTE, NC 28211-3763			b. Job Title/Profession DIRECTOR OF DEVELOPMENT/CFO		d. Comments	
			c. Employer's Name/Specific Field THE KEITH CORP		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		05/11/2010	\$ 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) HENRY H BOSTIC JR 201 MCALWAY RD CHARLOTTE, NC 28211-1403			b. Job Title/Profession COMMUNMICATION MGR		d. Comments	
			c. Employer's Name/Specific Field PREMIER		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		05/11/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JANICE N. BOZARDT 10910 MOORES CHAPEL RD. CHARLOTTE, NC 28214			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		04/22/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,006.18	

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-GXN-5-I	
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	
REX COCKERHAM 828 LONGBOW ROAD CHARLOTTE, NC 28211				DETENTION OFFICER			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						e. Election Sum to Date	
						\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	A	Cash		04/16/2010	\$ 10.00		
<input type="checkbox"/>	A	Check		04/29/2010	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT T DOOLEY JR 5100 SHARON ROAD UNIT 111C CHARLOTTE, NC 28210				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		05/13/2010	\$ 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	
JULIE EISELT 2511 FLINTGROVE ROAD CHARLOTTE, NC 28226				DIRECTOR			
				c. Employer's Name/Specific Field			
				NEIGHBORS FOR SAFER CHARLOTTE			
						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	Credit Card		04/29/2010	\$ 100.00		
<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)						\$ 2,006.18	

Contributions from Individuals

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Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CHIPP BAILEY FOR SHERIFF					3-GXN-5-I	
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	
KELVIN KNIGHT 5016 WICKLOW DRIVE GASTONIA, NC 28054			DEPUTY SHERIFF			
			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	Credit Card		05/20/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FELICIA HOWARD MCADOO 4825 BANFSHIRE ROAD CHARLOTTE, NC 28215			CHIEF DEPUTY			
			c. Employer's Name/Specific Field			
			MECKLENBURG COUNTY SHERIFF'S OFFICE			
					e. Election Sum to Date	
					\$ 443.12	
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		05/13/2010	\$ 28.12	
<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	
VANCE C MCGEE III 8472 HARVELL ROAD STANFIELD, NC 28163			CAPTAIN			
			c. Employer's Name/Specific Field			
			MECKLENBURG COUNTY SHERIFF'S OFFICE			
					e. Election Sum to Date	
					\$ 165.00	
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		05/20/2010	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 158.12	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,006.18	

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-GXN-5-I	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CRYSTAL D MOODY 5032 SUNBURST LANE CHARLOTTE, NC 28213			b. Job Title/Profession <i>Best Efforts</i>		d. Comments	
			c. Employer's Name/Specific Field		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		04/29/2010	\$ 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) 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	
					\$ 115.00	
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		05/20/2010	\$ 15.00	
<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) ADA NICOLAY 3912 AMYINGTON DRIVE CHARLOTTE, NC 28226			b. Job Title/Profession CONSULTANT		d. Comments	
			c. Employer's Name/Specific Field A CAPITAL IDEA		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		05/11/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 190.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,006.18	

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-GXN-5-I
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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
LORETTA H PAGAN 7316 ROCKWOOD FOREST LN CHARLOTTE, NC 28212-6464			MAJOR		
			c. Employer's Name/Specific Field MECKLENBURG COUNTY SHERIFF'S OFFICE		
e. Election Sum to Date					\$ 603.00
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		05/13/2010	\$ 72.00
<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
TIMOTHY W PATTERSON 5904 LEATHERWOOD LN HARRISBURG, NC 28075			CAPTAIN		
			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	Credit Card		05/25/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
SEAN F PERRIN 1514 MARYLAND AVE CHARLOTTE, NC 28209-1530			ATTORNEY		
			c. Employer's Name/Specific Field WOMBLE CARLYLE SANDRIDGE & RICE, PLLC		
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		04/27/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 272.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 2,006.18
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Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CHIPP BAILEY FOR SHERIFF					3-GXN-5-I	
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	
ROY J. RIVERS 9001 DOVER RD HARRISBURG, NC 28075-9651			MAJOR			
			c. Employer's Name/Specific Field			
			MECKLENBURG COUNTY SHERIFF'S OFFICE			
					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	Money Order		05/11/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRENDA RUBIANO 5224 AMITY SPRINGS DRIVE CHARLOTTE, NC 28212			ADM SUPPORT ASST III			
			c. Employer's Name/Specific Field			
			MECKLENBURG COUNTY SHERIFF'S OFFICE			
					e. Election Sum to Date	
					\$ 55.06	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	A	Check		08/03/2009	\$ 25.00	
<input checked="" type="checkbox"/>	A	Check		04/16/2010	\$ 14.06	
<input type="checkbox"/>	A	Check		05/13/2010	\$ 16.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN D SIMMONS 15620 CENTENNIAL FOREST DR HUNTERSVILLE, NC 28078			CAPTAIN			
			c. Employer's Name/Specific Field			
			MECKLENBURG COUNTY SHERIFF'S OFFICE			
					e. Election Sum to Date	
					\$ 115.06	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Cash		05/13/2010	\$ 15.06	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 81.06	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,006.18	

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-GXN-5-I	
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	
KAREN L SIMON 137 CREEK SIDE DR MOUNT HOLLY, NC 28120				PROGRAM DIRECTOR			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						e. Election Sum to Date	
						\$ 315.00	
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		05/13/2010	\$ 15.00		
<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	
E.A. TOD THORNE 6717 ALEXANDER HALL DR CHARLOTTE, NC 28270				MANAGEMENT			
				c. Employer's Name/Specific Field			
				TOD THORNE ASSOCIATES			
						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		05/13/2010	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM D. TRULL JR 201 WEST 10TH ST #1210 CHARLOTTE, NC 28202				SERGEANT			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY SHERIFF'S OFFICE			
						e. Election Sum to Date	
						\$ 95.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Credit Card		05/19/2010	\$ 20.00		
<input type="checkbox"/>	A	Credit Card		06/04/2010	\$ 20.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 155.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,006.18	

Contributions from Individuals

Pg 8 of 8

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-GXN-5-I	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARVIN WILSON 8133 INDIAN TRAIL RD CHARLOTTE, NC 28105			b. Job Title/Profession SMALL BUSINESS OWNER		d. Comments
			c. Employer's Name/Specific Field SUNBELT GRAPHICS		
					e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	A	Credit Card		03/30/2010	\$ 50.00
<input type="checkbox"/>	A	Credit Card		05/18/2010	\$ 50.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 50.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,006.18

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) CHIPP BAILEY FOR SHERIFF			2. ID Number 3-GXN-5-I	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) MECKLENBURG G & L PAC 301 W 10TH ST. UNIT #208 CHARLOTTE, NC 28202		b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Mecklenburg		
				e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
A	Check		04/29/2010	\$ 100.00
				\$
				\$
4. Total only this Page				\$ 100.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 100.00

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) CHIPP BAILEY FOR SHERIFF		2. ID Number 3-GXN-5-1	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <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) DEMOCRATIC WOMEN OF MECKLENBURG COUNTY FUNDRAISER P O BOX 470712 CHARLOTTE, NC 28247-0712		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Mecklenburg	e. Election Sum to Date \$ 530.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	Check	G	05/27/2010
			\$ 250.00
5. Total only this Page			\$ 250.00
6. Total of ALL CRO-1310 Pages <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>			\$ 250.00
7. Purpose Codes (List detailed expenditure code in (h) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (lc)			

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) CHIPP BAILEY FOR SHERIFF						2. ID Number 3-GXN-5-1	
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) DANIEL E BAILEY 2325 HUNTERSBLUFF DRIVE MATTHEWS, NC 28105				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 436.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	I	04/30/2010	\$ 26.25			
A	Check	O	05/05/2010	\$ 51.37	MEAL EXPENSE REIMBURSEMENT		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DANIEL E BAILEY JR 2325 HUNTERS BLUFF MATTHEWS, NC 28105-8804				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 291.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	04/20/2010	\$ 71.72	CAMPAIGN MEETING		
				\$	MEAL		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BILL MONEY 53RD ST. SUITE #6 WEST PALM BEACH, FL 33407				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 709.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	A	05/03/2010	\$ 709.50	VOICE BROADCAST		
				\$			

5. Total only this Page						\$ 858.84	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 11,050.49	

7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate				
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses				
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund				
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

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

1. Committee Full Name (and Fund if applicable) CHIPP BAILEY FOR SHERIFF						2. ID Number 3-GXN-5-1	
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) DAN MCCORKLE/DATA CONSULTANT 3144 EAST FORD ROAD CHARLOTTE, NC 28205				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 15,900.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	04/18/2010	\$ 800.00	CONSULTANT		
A	Check	O	06/04/2010	\$ 250.00	CONSULTING FEE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAN MCCORKLE/DATA CONSULTANT 3144 EAST FORD ROAD CHARLOTTE, NC 28205				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 15,900.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	06/30/2010	\$ 250.00	CONSULTING FEE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) FREAKINWEAR P.O. BOX 2993 HUNTERSVILLE, NC 28070				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,093.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	05/12/2010	\$ 237.85	T-SHIRTS		
				\$			
5. Total only this Page						\$ 1,537.85	
6. Total of ALL CRO-1310 Pages <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>						\$ 11,050.49	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
 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) CHIPP BAILEY FOR SHERIFF						2. ID Number 3-GXN-5-1
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) INTERNATIONAL MINUTE PRESS 525 N POLK STREET PINEVILLE, NC 28134				b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date \$ 2,786.38		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	B	04/18/2010	\$ 700.38	POST CARDS, PLEDGE	
A	Check	B	06/04/2010	\$ 303.10	CARDS POLL PLACE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) INTERNATIONAL MINUTE PRESS 525 N POLK STREET PINEVILLE, NC 28134				b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date \$ 2,786.38		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	B	06/30/2010	\$ 750.00	PORTION OF UNITY MAILING	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KING INTERNATIONAL 275 S. MAIN STREET KING, NC 27021				b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date \$ 1,330.17		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	B	04/18/2010	\$ 508.58	SIGNS	
5. Total only this Page						\$ 2,262.06
6. Total of ALL CRO-1310 Pages <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>						\$ 11,050.49
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment
 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) CHIPP BAILEY FOR SHERIFF						2. ID Number 3-GXN-5-1	
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) FELICIA HOWARD MCADOO 4825 BANFSHIRE ROAD CHARLOTTE, NC 28215				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 840.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	04/20/2010	\$ 124.71	DRINKS AND SNACKS		
A	Check	B	04/20/2010	\$ 715.51	FOR UNITED HOUSE OF HANDOUTS FOR UNITED HOUSE OF PRAYER		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BUCKY OATES 1032 GUM BRANCH CHARLOTTE, NC 28214				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 2,748.85	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	05/03/2010	\$ 313.93	LUNCH FOR PHONE BANK CALLERS		
				\$			

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) OFFICE DEPOT 9530 BIRKDALE CROSSING DR HUNTERVILLE, NC 28078				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 162.36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	06/19/2010	\$ 162.36	QUICKBOOKS PRO 2010		
				\$			

5. Total only this Page	\$ 1,316.51
6. Total of ALL CRO-1310 Pages <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>	\$ 11,050.49

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment
 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) CHIPP BAILEY FOR SHERIFF						2. ID Number 3-GXN-5-1	
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 <i>(include city, state, & zip)</i> THE CHARLOTTE OBSERVER 600 S TRYON STREET CHARLOTTE, NC 28202				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 463.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	A	04/29/2010	\$ 222.00	AD		
A	Check	O	05/04/2010	\$ 241.29	ELECTION/PRIMARY CELEBRATION		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> THE MEDIA CORPORATION 65 TOWN MOUNTAIN RD ASHEVILLE, NC 28804				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 850.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	B	04/18/2010	\$ 550.00	MAILING		
A	Check	O	04/26/2010	\$ 300.00	PHONE APPEND SERVICE		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> UNITED MAILING SERVICE, INC. PO BOX 19708 CHARLOTTE, NC 28219-9708				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 3,755.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	I	04/21/2010	\$ 3,755.28			
				\$			

5. Total only this Page \$ 5,068.57

6. Total of ALL CRO-1310 Pages \$ 11,050.49
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 7. Purpose Codes** *(List detailed expenditure code in (h.) above)*
- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |
- * Codes require detailed explanation in required remarks field (k)

Disbursements

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) CHIPP BAILEY FOR SHERIFF						2. ID Number 3-GXN-5-1	
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) RACHEL VANHOY 9523 CEDAR RIVER ROAD HUNTERSVILLE, NC 28078				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 732.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	I	04/20/2010	\$ 6.66			
				\$			
5. Total only this Page						\$ 6.66	
6. Total of ALL CRO-1310 Pages						\$ 11,050.49	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHIPP BAILEY FOR SHERIFF						3-GXN-5-I	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check	O	04/26/2010	\$ 39.22	MEAL EXPENSE REIMBURSEMENT	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check	O	06/28/2010	\$ 30.84	REIMBURSEMENT CAMPAIGN MEALS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check	O	05/19/2010	\$ 15.98	MEAL REIMBURSEMENT	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	O	05/10/2010	\$ 17.73	ACH SERVICE CHARGES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	O	05/28/2010	\$ 9.00	ACH SERVICE CHARGES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	O	06/10/2010	\$ 20.95	ACH SERVICE CHARGES	
4. Total only this Page					\$	133.72	
5. Total of ALL CRO-1315 Pages					\$	133.72	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>							
6. Purpose Codes (List detailed expenditure code in (d) above)							
	B* - Printing	C* - Fundraising	D - To Another Candidate				
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses				
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund				
O* - Other							
* Codes require detailed explanation in required remarks field (g)							