Amendment ☐ Yes ☑ No

Disclosure Report Cover

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: WORTH L. HILL FOR SHERIFF

b. Mailing Address (include City, State and Zip Code):
4540 HOLLOMAN RD.
DURHAM N.C. 27703

c. ID Number:

d. Date Filed:

e. Phone Number: 919-596-5976

2. Report Year: 2010

3. Period Start Date (mm/dd/yy): 07-01-2010

4. Period End Date (mm/dd/yy): 10-16-2010

5. Treasurer Full Name: DONALD WAYNE BAKER

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County

- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☑ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ___ Special

Referendum

- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: SUNTRUST BANK

b. Purpose: CAMPAIGN ACCOUNT

c. Account Code:

d. Period Begin Balance: $7,410.41

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

RECEIVED
OCT 21 2010

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.

DONALD W. BAKER
Printed Name of Signer

Donald W. Baker
Signature of Appointed Treasurer

10/21/10
Date

FOR OFFICE USE ONLY

Date Received: 10/21/2010 Employee: mR

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.

Amendment ☐ Yes ☒ No

Detailed Summary

1. Committee Full Name (and Fund if applicable) Worth L. Hill for Sheriff	2. Type of Report 3Rd. Quarter		3. ID Number
Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 7,410.41	$ 1510.63
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 30.00	$ 3,360.00
6) Contributions from Individuals	(CRO-1210)	$ 2,050.00	$ 13,889.00
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	$	$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
12) "Goods and Services" Contributions	(CRO-1260)	$	$
13) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)*		$ 2,080.00	$ 17,249.00
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 5,305.59	$ 14,574.81
14b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 650.00	$ 650.00
14c) Coordinated Party Expenditures	(CRO-1310)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES *(Add lines 14a, 14b, 14c, 15, 16, and 17)*		$ 5,955.59	$ 15,224.81
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 3,534.82	$ 3,534.82
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum		$	$

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☑ No

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

1. Committee Full Name (and Fund if applicable) Worth L. Hill for Sheriff

2. ID Number

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove		Check		09-29-10	$ 30.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 30.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1200)*	$ 30.00

Contributions from Individuals

Pg 1 of 2

Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable): Worth L. Hill for Sheriff

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
Dr Charles Reckenwald
4017 Cheek Rd.
Durham N.C. 27704

b. Job Title/Profession: RETIRED

c. Employer's Name/Specific Field:

d. Comments:

e. Election Cycle 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
☐		Check		9-01-10	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
ROBERT J. MOULTON
619 FRANKLIN ST.
CHAPEL HILL 27514

b. Job Title/Profession: PRESIDENT

c. Employer's Name/Specific Field: NATIONAL PAWN

d. Comments:

e. Election Cycle 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
☐		Check		08-31-10	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
ROLAND W. LEARY
2618 INDIAN TRAIL
DURHAM N.C. 27705

b. Job Title/Profession: RETIRED

c. Employer's Name/Specific Field:

d. Comments:

e. Election Cycle Sum to Date: $ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		09-09-10	$ 500.00
☐		~~"~~		~~04-22-10~~	$ ~~500.00~~
☐					$

4. Total only this Page $ 1,100.00

5. Total of ALL CRO-1210 Pages $ 2,050.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment
Pg 2 of 2 ☐ Yes ☒ No

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)
WORTH L. HILL for Sheriff

2. ID Number

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
M.L. CHERRY JR
3434 MEDFORD Rd.
DURHAM N.C. 27705

b. Job Title/Profession: OWNER

c. Employer's Name/Specific Field: CHERRY REALTY

d. Comments:

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
☐		Check		09-10-10	$ 250.00
☐		"		01-27-10	$ 100.00
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PHILIP ANDREW
1017 WOLF LAUREL CT.
ROUGEMONT N.C. 27572

b. Job Title/Profession: OWNER

c. Employer's Name/Specific Field: TRIANGLE FARMS INC

d. Comments:

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
☐		CHECK		10-4-10	$ 500.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
LUCY A. HOWARD
3003 HARRIMAN AVE
DURHAM N.C. 27705

b. Job Title/Profession: RETIRED

c. Employer's Name/Specific Field:

d. Comments:

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
☐		Check		10-6-10	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 950.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2050.00

Amendment ☐ Yes ☑ No

Pg 1 of 4

Disbursements

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

1. Committee Full Name (and Fund if applicable)
WORTH L. HILL FOR SHERIFF

2. ID Number

3. Type of Disbursement (*Please use separate CRO-1310 forms for each type of Disbursement.*)
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
DCABP
Durham N. C.

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date
$ 400.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		07-28-10	$ 400.00	CONTRIBUTION
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
ELAINE MARSHALL FOR CONGRESS

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date
$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		08-10-10	$ 100.00	DONATION
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PRICE FOR CONGRESS CAMP.

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date
$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		08/30/10	$ 100.00	DONATION
				$	

5. Total only this Page $ 600.00

6. Total of ALL CRO-1310 Pages $ 5,955.59
(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
- E - Salaries
- I - Postage
- O* Other
- B* - Printing
- F* - Equipment
- J - Penalties
- C* - Fundraising
- G - Political Party
- K* - Office Expenses
- D - To Another Candidate
- H* - Holding Public Office Expenses
- Q* - Donation to Legal Expense Fund

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

Amendment
Pg 2 of 4 ☐ Yes ☑ No

Disbursements

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

1. Committee Full Name (and Fund if applicable) WORTH L. Hill FOR SHERIFF	2. ID Number

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip) HOWARD CLEMENTS SCHOLARSHIP DURHAM N.C.	b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	d. Comments e. Election Sum to Date $ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		08/30/10	$ 50.00	DONATION
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip) PAUL LUEBKE DURHAM N.C.	b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	d. Comments e. Election Sum to Date $ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		09-20-10	$ 50.00	DONATION
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip) SPECTACULAR MAGAZINE 331 W. MAIN ST. DURHAM N.C.	b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	d. Comments e. Election Sum to Date $ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		09-27-10	$500.00	ADVERTISING
				$	

5. Total only this Page	$ 600.00
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)*	$ 5,955.59

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)

Amendment ☐ Yes ☑ No

Pg 3 of 4

Disbursements

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

1. Committee Full Name (and Fund if applicable)
WORTH L. HILL for Sheriff

2. ID Number

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
TRIANGLE TRIBUNE
115 MARKET ST.
DURHAM N.C. 27701

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments

e. Election Sum to Date $ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		09-27-10	$ 180.00	ADVERTIZING
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
The INDEPENDANT WEEKLY
302 E. PETTIGREW ST.
DURHAM N.C.

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments

e. Election Sum to Date $ 1,004.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		09/27/10	$ 502.00	ADVERTIZING
	Check		04/20/10	$ 502.00	"

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)
The Herald SUN
Durham N.C.

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments

e. Election Sum to Date $ 5,141.70

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		09.20.10	$ 3513.37	Advertizing
	Check		04-20-10	$ 1628.34	"

5. Total only this Page $ 4,195.37

6. Total of ALL CRO-1310 Pages $ 5,955.59
(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)**

Pg 4 of 4 Amendment ☐ Yes ☒ No

Disbursements

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

1. Committee Full Name (and Fund if applicable) WORTH L. HILL FOR Sherift	**2. ID Number**

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)

QUALITY IMPRESSIONS
303 EAST ALSTON AVE
DURHAM N.C. 27707

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments

e. Election Sum to Date $ 2,147.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		07-29-10	$ 510.22	ADVERTIZING
	"		04-01-10	$ 1637.63	"

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)

BETHESDA RURITAN
MIAMI BLVD
DURHAM N.C. 27703

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments

e. Election Sum to Date $ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		07/07/10	$ 50.00	DONATION
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments

e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page $ 560.22

6. Total of ALL CRO-1310 Pages $ 5,955.59

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

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