Disclosure Report Cover Use this form for general report and committee is Do not use this form to update information	information, must b	e signed and sub	omitted along with	Amendment Yes No other detailed forms.
1. Committee Information				
a. Full Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c. ID Number
Committee to Elect Buchanan Sheriff				46-4401259
b. Mailing Address (include City, State and Zip Code)				d. Date Filed
1189 Cash Road				07/07/14
Creedmoor, NC 27522				e. Phone Number
2. Report Year 3. Period Start Date (mm/	4. Period	End Date	5. Treasurer Fu	919-345-1766
2. Report 1 car 3. reriod Start Date (mm/	(mm/dd/yy)	Frankie Dillard	
2014 04/20/14	0′	7/07/14	Frankle Dillaid	W IISOII
6. Type of Committee (Check One)	9. Type of Repor	t (check or	nly one type of repo	rt from one category)
Candidate Campaign Party	Municipal	State/C	County	Referendum
PAC Referendum	Organization	al _	Organizational	Organizational
Independent Joint Fundraiser Expenditure Joint Fundraiser Legal Expense Fund	Thirty-five d	ay	Quarterly	Pre-referendum
7. Type of Fund (if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	Pre-election		Second	Supplemental Final
Building Fund	Pre-runoff		Third	Annual
	Semi-annual	IĦ	Fourth	Special
	Mid Ye	ar	Semi-annual	
Other:	Year Er	nd 📗	Mid Year	10. Special Report Name
	Final	١Ħ	Year End	
8. Number of Fundraisers this Report	Special		Final	
0			Special	
11. Account Information		11. Account	Information	
a. Financial Institution Full Name		a. Financial Ins	titution Full Name	
First Citizens Bank				
b. Purpose c. Account Code		b. Purpose		c. Account Code
all campaign expenses				
d. Period Begin Balanc	e			d. Period Begin Balance
\$ 945.00				\$
CERTIFICATION				·····
I certify that the Committee or Fund is in complete NC General Statutes and that no funds are consistent is complete, true and correct and that I have bee Frankie D. Wilson Printed Name of Signer	ommingled with pro n trained by the NC	hibited or other	non-disclosed fund Elections.	
FOR OFFICE USE ONLY IN-PERSO	• 4	- FF		
Date Received:	Employee	:	5	Delivery Method Normal Mail
Date Postmarked:	Employee	•		Registered Mail Hand Delivered
Date Scanned: DURHAM BO	DE Employee			Electronically Filed Signer has not received
Date Data Entered:	Employee	•		mandatory training

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report 3.	ID Number
COMMITTEE TO EDGT BUCKAMA She	TR FIN	mh .	
Start of Election Cycle: January 1,	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 945.00	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 145.00
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$5,947,94
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	······································		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 1045.00	\$ 6112.96
EXPENDITURES	ua (Kiliat la	7.5	477 Ann 1860 a
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 959, 29	\$ 959, 29
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 85.71	\$ 85.01
17) In-Kind Contributions	(CRO-1510)	\$	\$ 5047,96
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1045.00	\$ 6118.96
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$'-0-	<u>\$'÷o-</u>
ADDITIONAL INFORMATION		A SERVICE ASSOCIATION OF THE CONTRACT OF THE C	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Use this f	form to report indi	vidual contributions of	over \$50	or contributions und	ei \$30 ii ioiiii (XO 1203 IS	not used
1. Comm	ittee Full Name (and Fund if applical	ble)			2. ID Nu	ımber
Committe	ee to Elect Buchan	nan Sheriff					46-4401259
3. Contri	butor Informatio	n	\boxtimes	Add 🔲 Rei	move		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comme	nts
(include	city, state, & zip)			Security		CONT	et anoitua is
Bert Whit							
	s Chapel Road			c. Employer's Name/Sp	ecific Field	_ cowi	N 1200
Bahama				De Estica			
NC				RTETTE)	e. Election	Sum to Date
27503	-			IBW		\$	100.00
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							\$
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	ne, Mailing Address &		<u> </u>	b. Job Title/Profession	11010	d. Comme	nts
	city, state, & zip)	- 1 110114		or oop Times Totession		us comme	1100
	, , , , , , , , , , , , , , , , , , , ,			1			
				c. Employer's Name/Sp	ecific Field		
						e. Election	Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd		k. Amount
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd		\$
	g. Account Code g. Account Code		i. In-k		j. Date (mm/dd		\$
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3. Contri a. Full Nam (include	butor Informatio ne, Mailing Address & city, state, & zip)	Phone		Add Rer	nove	d. Comme e. Election	\$ \$ \$ sum to Date
3. Contri a. Full Nam (include	butor Informatio ne, Mailing Address & city, state, & zip)	Phone		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove secific Field	d. Comme e. Election	\$ \$ \$ sum to Date
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3. Contri a. Full Nam (include of	butor Informatione, Mailing Address & city, state, & zip) g. Account Code only this Page	h. Form of Payment		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove secific Field	d. Comme e. Election	\$ \$ \$ shade
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Contributions from Individuals

Amendment

Yes 🔀

No

			Amendment
Disbursements	Pg	1 of 2	☐ Yes ☐ I
** ** * * * * * * * * * * * * * * * * *	6		

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees	and	coordinated	nartv	expenditures.
COMMITTECCS	and	coordinated	puit	expenditures.

	ull Name (and Fun		The state of the s		2. ID Number
	BY TO ELECT				
3. Type of Disb			RO-1310 forms for each t		
Operating E			didates/Political Committees		ordinated Party Expenditures
4. Payee Inform		L	Add	Remove	d. Comments
	ing Address & Phone		b. Coordinated Committee is	ame	•
(include city, state,					Shirts
FIREHERD			c. Level Registered (Specify)		
3911 N.	Puke ST	ļ	Federal	County:	
DURHAM, 1	he sunor		State	Municipality:	e. Election Sum to Date
,	•	Ţ.			\$
					3
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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				\$	
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(include city, state,					
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GOLMAN F	RUATION Chi)B	Federal	County:	
8304 E. O	ML ST		State	Municipality:	e. Election Sum to Date
8307 -	NC QUYON	ı		474	
BOKHAM,	N. Carre	·			\$
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\	c Neck	0	5-15-14	\$ 250,00	FACILITE
		O		\$	FACILITE
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a. Full Name, Maili (include city, state,	ing Address & Phone & zip)		Add	\$ Remove	d. Comments FOOD FOR
a. Full Name, Maili (include city, state,	ing Address & Phone & zip)		Add b. Coordinated Committee Notes c. Level Registered (Specify)	\$ Remove ame	d. Comments
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Disbursements		Pg	2		of 2
		-		_	

Amendment

Yes No

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

	ull Name (and Fun			<u> </u>			2. ID Number
COMMITTE		- Buchar		Shear Pe		CD!obsesses	and the second s
3. Type of Disb		se use separate C Contributions to Car					ordinated Party Expenditures
A. Payee Inform			Add	anners and the same of the same	П	Remove	
	ng Address & Phone		1	dinated Comm	ittee Na		d. Comments
(include city, state,	. T o the control of the control o						Handling Fee
	G. Zip)						SOL CONTRIBUTIONS
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on Line				Federal		County:	TO COMPANITUD UIN
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						\$	
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(include city, state,	& zip)						
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(include city, state,	& Zip)	<u> </u>					
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	ring regulation (Company)	h Birman Calla	1		74,47		
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CONTRACTOR CONTRACTOR AND CONTRACTOR CONTRAC	CRO-1310 Pages						
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	line 13b of Detailed Sun line 13c of Detailed Sun						959.89
	es (List detailed ex				фепани	<i>(C3)</i>	! • • • • • • • • • • • • • • • • • • •
A* - Media	B* - Printing	C* - Fund				D - To Anothe	er Candidate
E - Salaries	F* - Equipment						Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expens	ses		Q* - Donatio	n to Legal Expense Fund
O* - Other * Codes requir	e detailed explanat	ion in required r	emarks 1	field (k)			

	oursements From the Con			Amenament Yes No
	refunds/reimbursements, including come (and Fund if applicable)	ontributions retur	ned to the contrib	2. ID Number
	-	• 7 < 1- • .	60	
	To ELET Buchan		emove	1
3. Payee Information a. Full Name, Mailing Add	Pass & Phone	d. Type of Comm		h. Original Receipt Date
i. Full Name, Mailing Aud (include city, state, & zip		Candidate	□ PAC	
	Buchanah	Referendum	Party	1-0-14
		e. Level Registere Federal	red County:	i. Original Receipt Amount
	in School Ro	State	Municipality:	\$100.00
DURHAM NO	c anno4	f. Purpose Code		j. Election Sum to Date
				\ \$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
^ · ^		PARTIAL	Krimboream	
1921 LOS		Let alon	ing CK race	
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chek	REIMBUKERNUT FOR C			\$ 85,01
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a. Full Name, Mailing Add		d. Type of Comm	nittee PAC	h. Original Receipt Date
(include city, state, & zip		Candidate Referendum	=	
		e. Level Registere		i. Original Receipt Amount
		Federal	County:	
		State	Municipality:	\$
		f. Purpose Code	The state of the s	j. Election Sum to Date
			İ	\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
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l. Form of Payment m.	. Required Remarks		n. Date (mm/dd/yy)	vvv) o. Amount
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L			S. A. Carlos	Ψ
3. Payee Information a. Full Name, Mailing Add		Add Re	emove oittee	h. Original Receipt Date
a. Full Name, Mailing Addi (include city, state, & zip		Candidate	PAC	n. Original Accept Daw
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		e. Level Registere	ed	i. Original Receipt Amount
ı		Federal	County:	\ \$
		State	Municipality:	
		f. Purpose Code		j. Election Sum to Date
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b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
I. Form of Payment m.	. Required Remarks		n. Date (mm/dd/yy)	yy) o. Amount
		4		\$\$
4. Total only this Page			1	\$ 85.0)
5. Total of ALL CRO		100000		
	: 16 of Detailed Summary Page CRO-1100)		***	\$ 85.71
6. Purpose Codes (Lis	st detailed disbursement code in (f) abo	ove)		
L - Returned to Contr		r Service	N - Excee	eded Contribution Limit
P* - Reimbursement			and and	
* Codes remaire det	ailed explanation in required reman	rks field (m)		



North Carolina State Board of Elections

441 N Harrington Street Raleigh, NC 27603 IN-PERSON

JUL 0 8 2014

DURHAM BOE

Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:	
Committee Name:	Committee to Elect Buchannan Sheriff
Treasurer Name:	Frankie Wilson
Treasurer Address:	1189 Cash Rd
(include city, state, & zip)	Creedmoor NC 27522
Treasurer Phone:	(919) 345-1766

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

July 7 2014

Date Signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.