

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 Re-Elect Pendergrass for Sheriff	c. ID Number DHD4K3
b. Mailing Address (include City, State and Zip Code) 400 Severin Street, Chapel Hill, North Carolina	d. Date Filed 04/26/2010
	e. Phone Number 919-929-5535

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 02/22/2010	4. Period End Date (mm/dd/yy) 04/23/2010	5. Treasurer Full Name Carolyn Cates
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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 checked="" 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	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input 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		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<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				

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T	b. Purpose Checking	a. Financial Institution Full Name BB&T	b. Purpose Checking
c. Account Code ALP	d. Period Begin Balance \$	c. Account Code 35-2377148 EIN	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.

Carolyn L. Cates
Printed Name of Signer

Carolyn Cates
Signature of Appointed Treasurer

4/22/10
Date

FOR OFFICE USE ONLY

Date Received: 4/26/10 Employee: BB

Date Postmarked: _____ Employee: _____

Date Scanned: 4/27/10 Employee: BB

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Received

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.

APR 26 2010

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	
Re-Elect Pendergrass for Sheriff		Quarterly - First		DHD4K3	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1270.00	\$	\$ 1270.00	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1800.00	\$	\$ 1800.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 3,000.	\$	\$ 3,000.	\$
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)	\$	\$	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 6070.00	\$	\$ 6070.00	\$
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 1175.56	\$	\$ 1175.56	\$
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)	\$	\$	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4894.44	\$	\$ 4894.44	\$
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	(CRO-2200)	\$	\$	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$	\$	\$

Received

APR 26 2010

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) Re-Elect Pendergrass for Sheriff	2. ID Number DHD4K3
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 45.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/15/10	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/15/10	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CHECK		04/22/10	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/22/10	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/10/10	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	ALP	CASH		04/22/10	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$

4. Total only this Page	\$ 605.00
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5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	Received \$ 1270.00
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1/22/06 2010

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input 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	
Re-Elect Pendergrass for Sheriff					DHD4K3	
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	
W. G. Caruthers, Jr 4223 Efland Cedar Grove Road Hillsborough, N. C. 919-732-7070			Retired			
			c. Employer's Name/Specific Field			
			Dairy Farmer			
					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"/>	ALP	Check		04/13/10	\$ 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	
David Dickson 3803 Swathmore Road Durham, N. C. 919-489-8416			Manager			
			c. Employer's Name/Specific Field			
			Restaurants			
					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"/>	ALP	Check		04/13/10	\$ 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	
Benjamin McLawhorn 730-106 Washington Street Raleigh, N. C. 27605 919-829-8037						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ALP	Check		4/13/10	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					Received	

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	
Re-Elect Pendergrass for Sheriff				DHD4K3	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Marion Stone Harrison 3902 Stags Leap Circle Raleigh, North Carolina 27612		b. Job Title/Profession		d. Comments e. Election Sum to Date \$ 100.00	
		c. Employer's Name/Specific Field			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	ALP	CHECK		04/10/10	\$ 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) Lynn Hobgood P.O. Box 26 Cedar Grove, N.C. 27231 732-2295		b. Job Title/Profession		d. Comments e. Election Sum to Date \$ 100.00	
		c. Employer's Name/Specific Field			
		CPA			
		Home Office			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	ALP	CHECK		04/10/10	\$ 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) Roger D. Stephens 909 Box 38 Oakdale Drive Hillsborough, N. C.		b. Job Title/Profession		d. Comments e. Election Sum to Date \$	
		c. Employer's Name/Specific Field			
		Contractor			
		Self-Employed			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	ALP	CHECK		04/10/10	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 450.00
5. Total of ALL CRO-1210 Pages					Received \$
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

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Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input 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	
Re-Elect Pendergrass for Sheriff					DHD4K3	
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	
Susan Halkiotis 2930 Franklin Road Hillsborough, N.C. 27278 919-732-4813			Admin.			
			c. Employer's Name/Specific Field			
			Duke Univ.		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"/>	ALP	Check		04/11/10		\$ 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	
G. Kenneth Morgan 2720 Buckboard Dr. Hillsborough, N. C.						
			c. Employer's Name/Specific Field			
					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"/>	ALP	Check		03/26/10		\$ 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	
Florence Long 9 Mount Bolus Road Chapel Hill, N. C.						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	ALP	Check		03/24/10		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					Received	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input 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	
Re-Elect Pendergrass for Sheriff					DHD4K3	
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	
Frances H. Griffin 3600 Highland Farm Road Hillsborough, N. C. 27278 919-732-4815			Home Maker			
			c. Employer's Name/Specific Field			
			Home			
					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"/>	ALP	Check		03/10/10		\$ 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	
J. Delos O'Daniel 3335 Jones Ferry Road Chapel Hill, N. C. 27516 919-967-1666			Retired			
			c. Employer's Name/Specific Field			
			Hokey Salesperson			
					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"/>	ALP	Check		03/17/10		\$ 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	
Joseph E. Griffin 101 Flamingo Road Durham, N. C. 27705 919-382-8937			Retired			
			c. Employer's Name/Specific Field			
			Chef			
					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"/>	ALP	Check		04/14/10		\$ 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)					Received	

APR 26 2010

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input 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	
Re-Elect Pendergrass for Sheriff					DHD4K3	
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	
Larry Flannery 6029 Cole Mill Road Durham, N. C. 27705			Private Investigator			
			c. Employer's Name/Specific Field Self			
					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"/>	ALP	Check		04/14/10	\$ 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	
Robert B. Huffines 16544 Highland Summit Dr. Wildwood, Mo. 63011						
			c. Employer's Name/Specific Field			
					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"/>	ALP	Check		04/03/10	\$ 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	
Edward J. Shaughnessy, Jr. 31 Southampton Durham, N. C. 919-383-6976						
			c. Employer's Name/Specific Field			
					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"/>	ALP	Check		04/06/10	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ Received 1800.00	

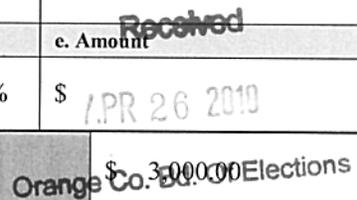
Loan Proceeds

Pg 1 of 1

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Re-Elect Pendergrass for Sheriff				DHD4K3	
3. Lender 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	
Lindy Pendergrass 400 Severin Street Chapel Hill, N. C. 27516		Sheriff		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %				\$ 3,000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				e. Amount	
		d. Percentage		%	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				e. Amount	
		d. Percentage		%	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				e. Amount	
		d. Percentage		%	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				e. Amount	
		d. Percentage		%	
				\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					
				\$ 3,000.00	



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)					2. ID Number
Re-Elect Pendergrass for Sheriff					DHD4K3
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>		b. Coordinated Committee Name		d. Comments	
Kurtz Integration 6125 Morning Glory Lane Efland, N. C.				Set-Up Web Page	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ALP	Check	A	03/26/10	\$102.06	Set-Up Web page
				\$	
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	
Womack Publishing News of Orange W. King Street Hillsborough, N. C.					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ALP	CHECK	A	04/01/10	\$422.00	Ads
				\$	
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	
Triangle Advertising 4107 Kettering Drive Durham, N. C. 919-493-3663					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ALP	CHECK	B	03/30/10	\$359.13	Campaign signs
				\$	
5. Total only this Page					\$ 883.19
6. Total of ALL CRO-1310 Pages					\$ Received
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					APR 26 2010 Orange Co. Bd. Of Elections
<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)					

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)					2. ID Number	
Re-Elect Pendergrass for Sheriff					DHD4K3	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input 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	
Saffell Inc. 345 Elizabeth Brady Road Hillsborough, N. C. 800-672-4525						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 292.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ALP	CHECK	C	04/06/10	\$292.37	PAPER SUPPLIES	
				\$		
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	
			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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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	
			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:		\$	
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					\$ 292.37	
6. Total of ALL CRO-1310 Pages					\$ 1175.56	
<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)						