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
The Committee to Elect Sheriff John W. Ingram V

c. ID Number
[redacted]-C-001

b. Mailing Address (include City, State and Zip Code)
PO Box 6712
Ocean Isle Beach NC 28469

d. Date Filed
7-7-15

e. Phone Number
704-562-9447

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	1-1-2015	6-30-2015	Debora S Wilson

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
0

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☒ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name
BB&T

b. Purpose
Checking Acct

c. Account Code
0

d. Period Begin Balance
$23,414.83

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance
$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Debora S Wilson	Debora S Wilson	7-7-15

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

RECEIVED JUL - 7 2015 BRUNSWICK COUNTY BOARD OF ELECTIONS

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

Use 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
The Committee to Elect Sheriff John W. Ingram V	mid year 2015	Cay. 000000-C-001

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$23 414.83	$23 414.83
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$	$
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)	$ 100.00	$ 100.00
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)		$ 100.00	$ 100.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 3416.43	$ 3416.43
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 24.00	$ 24.00
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)		$ 3440.43	$ 3440.43
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 20,074.40	$ 20,074.40
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-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)	2. ID Number
The Committee to Elect Sheriff John W Ingram	C04-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Debbie Lewis 454 Governor's Rd SE Winnabow, NC 28479 910-253-6827	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	Flounder town. Lady Angler h. Original Expenditure Date 8-10-2013 i. Original Expenditure Amt $ 100.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
0	CK 1230	Flounder town Lady Angle CK not cashed	8-10-2013	$ 100.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date i. Original Expenditure Amt $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date i. Original Expenditure Amt $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 100.00

Aggregated Non-Media Expenditures

Page ____ of ____

Amendment ☐ Yes ☑ 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
The Committee to Elect Sheriff Jon W Ingram V	Can-000000-C-001

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
☐ Add ☐ Remove	0	Auto Debit	0	1-21-15	$ 4.00	Service Charge
☐ Add ☐ Remove	0	Auto Debit	0	2-21-15	$ 4.00	Service Charge
☐ Add ☐ Remove	0	Auto Debit	0	3-21-15	$ 4.00	Service Charge
☐ Add ☐ Remove	0	Auto Debit	0	4-21-15	$ 4.00	Service Charge
☐ Add ☐ Remove	0	Auto Debit	0	5-21-15	$ 4.00	Service Charge
☐ Add ☐ Remove	0	Auto Debit	0	6-21-15	$ 4.00	Service Charge
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	

4. Total only this Page	$ 24.00
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 24.00

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)**

Disbursements

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

Pg 1 of 6

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)
Committee to Elect Sheriff John W Ingram V

2. ID Number
Cou-000000-C-001

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SBHS Athletic Boosters 280 Cougar Dr. Southport. NC 28461 910-269-0247		☐ Federal ☒ County: ☐ State ☐ Municipality:	Sign	$ 400.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK # 1328	H	1-15-15	$400.00	Sign 2014
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Honalee Stables 367 Danford Rd SE Bolivia NC		☐ Federal ☒ County: ☐ State ☐ Municipality:	Sign	$ 175.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1330	H	2-9-15	$175.00	Sign & Tee Shirts
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Michelle Ingram 6815 Myrtle Head Rd Ash NC 28420		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food.	$ 75.69

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1329	H	2-10-15	$75.69	Food
				$	

5. Total only this Page $ 650.69

6. Total of ALL CRO-1310 Pages $ 3416.43

(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

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

Pg 2 of 6 | Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)
Committee to Elect Sheriff John W Ingram V

2. ID Number
Ben-000000-C001

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BPOE #2679 Calabash Elks 937 Cane Dr Calabash NC 28467 910-287-5381		☐ Federal ☒ County: ☐ State ☐ Municipality:	golf Tourn	$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1331	H	2-10-15	$ 50.00	hole sponsor
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Marlins Swim Team PO Box 10041 Southport NC 28461		☐ Federal ☒ County: ☐ State ☐ Municipality:	Sign	$ 155.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1332	H	2-10-15	$ 155.00	banner
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Shallotte Dixie Youth PO Box 2907 Shallotte NC 28459		☐ Federal ☒ County: ☐ State ☐ Municipality:	Sign.	$ 125.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK #1333	H	2-10-15	$ 125.00	Sign
				$	

5. Total only this Page $ 330.00

6. Total of ALL CRO-1310 Pages $ 3416.43
(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)

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)
Committee to Elect Sheriff John W Ingram V

2. ID Number
Com-000000-C001

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Lockwood Folly Dixie Youth
1256 Prospect Rd NW
Supply NC 28462
910-754-3248

b. Coordinated Committee Name:

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

d. Comments: Sign

e. Election Sum to Date: $ 125.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK #1334	H	2-10-15	$1250.00	Sign renewal
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Little Pray Baptist Church
4501 Little Pray Rd NW
Ash NC 28420

b. Coordinated Committee Name:

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

d. Comments: donation

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
O	CK 1335	H	2-16-15	$ 100.00	Tea
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Brunswick Sheriff Charity Fund
PO BOX 10820
Southport NC 28461

b. Coordinated Committee Name:

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

d. Comments: Tickets

e. Election Sum to Date: $ 640.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1336	H	3-2-15	$ 640.00	Ball tickets
				$	

5. Total only this Page $ 865.00

6. Total of ALL CRO-1310 Pages $ 3416.43
(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

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

Pg 11 of 16 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)
Committee to Elect Sheriff John W Ingram V

2. ID Number
Com-000000-C001

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Southport | Oak Island Youth Sports
PO Box 10503
Southport NC 28461

b. Coordinated Committee Name

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

d. Comments: Sign

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
O	CK 1338	H	3-4-15	$100.00	sign
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
South Brunswick High Booster
280 Cougar Dr
Southport NC 28461
910-269-0247

b. Coordinated Committee Name

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

d. Comments: Sign

e. Election Sum to Date: $ 360.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1339	H	3-23-15	$360.00	sign 2015
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Virginia Williamson Elem.
1020 Zion Hill Rd SE
Bolivia NC 28422
910-754-8660

b. Coordinated Committee Name

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

d. Comments: Shirt sponsor

e. Election Sum to Date: $ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK# 1340	H	4-13-15	$200.00	Tee shirt sponsor
				$	

5. Total only this Page $ 660.00

6. Total of ALL CRO-1310 Pages $ 3416.43
(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)

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

Pg 6 of 6 — Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)
Committee to Elect Sheriff John W Ingram V

2. ID Number
New-000000-C001

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Brandall PO Box 10427 Southport NC 28461 910-457-5117		☐ Federal ☒ County: ☐ State ☐ Municipality:	sign	$ 90.74

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK #1341	H	4-17-15	$ 90.74	new sign at Billsmith Park
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Brunswick Co GOP PO Box 7199 Ocean Isle Beach NC 28469 910-754-4011		☐ Federal ☒ County: ☐ State ☐ Municipality:	sponsor ; 2 tickets	$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1342	H	4-17-15	$ 150.00	sponsor ; 2 tickets
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
S Brunswick Islands Shrine Club 218 Mt. Pisgah Rd SW Supply NC 28462		☐ Federal ☒ County: ☐ State ☐ Municipality:	golf Tourn	$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1343	H	4-23-15	$ 100.00	hole sponsor
				$	

5. Total only this Page $ 370.74

6. Total of ALL CRO-1310 Pages $ 3416.43
(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)

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

Pg 4 of 6 | Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)
Committee to Elect Sheriff John W Ingram V

2. ID Number
Rpt-000000-C-001

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
American Cancer Society Relay for Life, Bruns Co 2132 Arnold Palmer Dr Shallotte NC 28470		☐ Federal ☒ County: ☐ State ☐ Municipality:	golf Tourn	$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1344	H	4-28-15	$ 50.00	hole sponsor
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
John Ingram 6815 Myrtle Head Rd Ash NC 28420		☐ Federal ☒ County: ☐ State ☐ Municipality:	reimburse ball tickets	$ 270.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1337	H	5-26-15	$ 270.00	Ball tickets
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Brunswick Co. GOP PO Box 8199 Ocean Isle Beach 910-754-4011		☐ Federal ☒ County: ☐ State ☐ Municipality:	Schlarship	$ 400.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CK 1345	H	6-12-15	$ 250.00	June teen Schlarship
				$	

5. Total only this Page $ 570.00

6. Total of ALL CRO-1310 Pages $ 3416.43
(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)