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

Pg 15 of 61 Attachment ☐ Yes ☐ No

The Committee to Elect Sheriff John W Ingram

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Matthew Hayes 3040 Hardsmith St Shallotte NC 28470 910-253-2777	Deputy Employer's Name (Specific Firm)	Flounder Tourn
	BCSO	Election Source to Date: $ 30.00

Prior	Account Code	Form of Payment	Item/Event Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	Shirt & hats	8-22-15	$ 30.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Monique S Martin 421 W. West St Southport NC 28461 910-512-6450	Capt. Owner Employer's Name (Specific Firm) Fishin Charter Serv.	Flounder Tourn Election Source to Date: $ 225.00

Southern Shores Development

Prior	Account Code	Form of Payment	Item/Event Description	Date (mm/dd/yyyy)	Amount
☐	O	Credit	Fishin Team	8-21-15	$ 225.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Monica Kelly 6221 Ameleside Dr Wilmington NC 28409 910-471-7399	Hair Stylist Employer's Name (Specific Firm) Steven Ward Hair	Flounder Tourn Election Source to Date: $ 175.00

Prior	Account Code	Form of Payment	Item/Event Description	Date (mm/dd/yyyy)	Amount
☐	O	Credit	Fishin Team	8-21-15	$ 175.00
☐					$
☐					$

	$ 430.00
	$ 29,102.00

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

Pg 16 of 67 ☐ Yes ☐ No

The Committee to Elect Sheriff John W Iverson

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Tony Henson 5189 Lakewood Dr Shallotte NC 28470 910-253-2777	Det. Employer's Name/Specific Field BCSO	Flounder Tourn Election Source to Date $ 84.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	Credit	Shirts	8.21.15	$ 84.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Bart Loner 883 NE Appleton Way Leland NC 28451 910-253-2777	1st Sgt Employer's Name/Specific Field BCSO	Flounder Tourn Election Source to Date $ 100.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	Credit	Shirts	8.21.15	$ 100.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Tommy Tolley 360 Fox Squirrel Dr Southport NC 28461	Lt. Employer's Name/Specific Field BCSO	Flounder Tourn Election Source to Date $ 40.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	Tee Shirt	8.25.15	$ 40.00
☐					$
☐					$

	$ 224.00
	$ 29,102.00

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

Pg 17 of 67

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Postal Registration)

The Committee to Elect Sheriff John W Ingram

2. ID Number: 001-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William Ivey 2837 John T Holden Rd Supply NC 28462 910-274-2834	Service	ATMC	Flounder Tourn	$ 225.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Credit	Fishing Team	8-21-15	$225.00
☐					$
☐					$

4. Total only this Page: $ 525.00

5. Total of ALL CRO-1210 Pages: $29,102.00

(This Page Is Not Required for Personal Receipts/Fees CRO-1200)

CRO-1210

NC State Board of Elections

April 2007

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

Pg 18 of 67 Attachment ☐ Yes ☐ No

The Committee to Elect Sheriff John W Ivey

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title of Contributor	Comments
Robert Carr 8708 Pinkerton Dr Wilmington NC 28409 910-379-7115	Sourcing Mgr Employer's Name (Specific Field) DAV	Flounder Tourn Election Event to Date $ 175.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	Credit	Fishing Team	8.21.15	$ 175.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title of Contributor	Comments
Burwin Mercer 320 Green Bay Rd Ocean Isle Beach NC 28469 910-253-2777	APS Employer's Name (Specific Field) BCSO	Flounder Tourn Election Event to Date $ 60.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	Credit	Shirts	8.21.15	$ 60.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title of Contributor	Comments
Cynthia Stanley 486 Starboard Rd Shallotte NC 28470 910-617-7667	APS Employer's Name (Specific Field) BCSO	Flounder Tourn Election Event to Date $ 57.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	Credit	Shirts	8.21.15	$ 57.00
☐					$
☐					$

	$ 292.00
	$ 29,102.00

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

Pg 19 of 67 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Board Name)

The Committee to Elect Sheriff John W Ingram

2. ID Number: 001-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Brian Chism 910-253-2777 2 Nassau Rd Boling Springs Lake South Port NC 28461	Lt	BCSO	Flounder Tourn	$ 109.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Credit	Shirts	8-21-15	$ 109.00
☐					$
☐					$

4. Total only this Page $ 256.00

5. Total of ALL CRO-1210 Pages $29,102.00

(This Page is the Final Page of Contributor Information)

CRO-1210

NC State Board of Elections

April 2007

Pg 20 of 67

Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1206 is not used

1. Committee Full Name (Cont. Fund Name)
The Committee to Elect Sheriff John W Ingram

2. ID Number
COU-000000-C-00

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Pannullo 522 Preserve Point SW Ocean Isle Beach NC 28469 910-579-5533	retired		Flounder Tourn	$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Shirt Design	7-9-15	$ 250.00
☐					$
☐					$

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Barry Martin 6065 Sullivan Ridge Rd Southport NC 28461	owner	southern shores Dev.	Flounder Tourn	$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Shirt Design	7-1-15	$ 250.00
☐					$
☐					$

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page $ 500.00

5. Total of ALL CRO-1210 Pages $ 29,102.00

(This form must be continuous if Contributor's Sponsor's Pages CRO-1210)

Contributions from Individuals

Pg 21 of 67

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (Last Name Of Applicant)

The Committee to Elect Sheriff John W Inman

2. ID Number: C01000000 (-00)

3. Contributor Information ☐ Add ☐ Remove

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

William R Allen
728 Albemarle PL SE
Leland NC 28451
910-371-9225

b. Job Title/Profession: BCSO

c. Employer's Name/Specific Field: BCSO

d. Comments: donation Golf Tourn.

e. Election Sum to Date: $ 900.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	donation	7-22-15	$500.00
☐	0	CK	golf Tourn	8-18-15	$400.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

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

Henry Bennett
6205 Old Shallotte Rd
Ocean Isle Beach NC 28469
910-287-3081

b. Job Title/Profession: owner Crow Creek Golf Club

c. Employer's Name/Specific Field: self

d. Comments: golf Tourn

e. Election Sum to Date: $ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf Team	8-13-15	$300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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

Rhonda Patton Christeenbury
609 Hillside Dr. S U-C2
N. Myrtle Beach SC 29582
910-754-2811

b. Job Title/Profession: Sales

c. Employer's Name/Specific Field: Naber Dodge Shallotte

d. Comments: golf Tourn

e. Election Sum to Date: $ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team, hole span	8-8-15	$350.00
☐					$
☐					$

4. Total only this Page: $ 1550.00

5. Total of ALL CRO-1210 Pages (This line must be on first 6 of Detailed Summary Page CRO-1200): $29,102.00

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1206 is not used

Pg 22 of 67 ☐ Yes ☐ No

1. Committee Full Name (and Board of Elections)

The Committee to Elect Sheriff John W. Ingram

2. ID Number: Cou-000000-C001

3. Contributor Information ☐ Add ☐ Remove

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

Melissa Milliken
1455 Phelps St SW
Shallotte NC 28470
910-253-5901

b. Job Title/Profession: Shallotte Electric owner

c. Employer's Name/Specific Field:

d. Comments: Flounde Town Shirt Ad

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
☐	O	CK	Tee Shirt Ad	6-24-15	$250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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

Lloyd Milliken
1642 Village Pt Rd SW
Shallotte NC 28470
910-754-6958

b. Job Title/Profession: Lloyds Oyster House owner

c. Employer's Name/Specific Field:

d. Comments: Flounde Town Shirt Ad

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
☐	O	CK	Tee Shirt Ad	7-1-15	$500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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

Rick Puckett
1363 Grandiflora Dr
Leland NC 28451
910-383-1118

b. Job Title/Profession: owner

c. Employer's Name/Specific Field: Toner Exchange

d. Comments: golf Town

e. Election Sum to Date: $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	O	Cash	Hole Sponsor	8-19-15	$ 50.00
☐					$
☐					$

4. Total Only This Page: $ 800.00

5. Total of All CRO-1210 Pages: $29,102.00

(Add Page 1 of 1 and 2 of 2 of 3 of 4 of 5 of 6 of 7 of 8 of 9 of 10)

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

 ☐ Yes ☐ No

1. Committee Full Name (Full Name of Registrant)

The Committee to Elect Sheriff John W. Ingram ✓

2. ID Number: Cou-000000-C001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Marna Puckett 1363 Grandiflora Dr Leland NC 28451 910-383-1118	owner	Toner exchange	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole Sponsor	8-19-15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Grace Puckett 1363 Grandiflora Dr Leland NC 28451 910.383.1118	owner	Toner Exchange	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	golf team	8.19-15	$ 50.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Marna Flynn 5020 Godfrey Way Wilmington NC 28409 910 538-3767	employee	Toner Exchange	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	golf team	8.19.15	$ 50.00
☐					$
☐					$

4. Total only this Page: $ 150.00

5. Total of ALL CRO-1210 Pages: $29,102.00

(Add Entered Pages to Previous Page Totals)

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1206 is not used

Pg 24 of 67 ☐ Yes ☐ No

1. Committee Full Name (Full Legal Name)

The Committee to Elect Sheriff John W. Ingram ✓

2. ID Number: Cou-000000-C001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sean Flynn 5020 Godfrey Way Wilmington NC 28409 910-538-3767	Sales	Toner Exchange	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	golf team	8.19.15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tim Flynn 5020 Godfrey Way Wilmington NC 28409 910-538-3767	Sales	Toner Exchange	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	golf team	8.19.15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Eric Flynn 5020 Godfrey Way Wilmington NC 28409 910-799-5353	Sales	Toner Exchange	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	golf team	8.19.15	$ 50.00
☐					$
☐					$

4. Total only this Page $ 150.00

5. Total of ALL CRO 1210 Pages $ 29,102.00

CRO-1210 NC State Board of Elections April 2007

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1206 is not used

Pg 25 of 67 ☐ Yes ☐ No

1. Committee Full Name (Legal Board Name)

The Committee to Elect Sheriff John W. Ingram

2. Committee Number: Cou-000000-C001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Rick Noyes 6620 Market St Wilmington NC 28405 910-791-9997	owner	Beachhouse Harley Davidson	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	cash	golf hole sponsor	8.19.15	$ 50.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Janice Noyes 6620 Market St Wilmington NC 28405 910-791-9997	owner	Beachhouse Harley Davidson	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	cash	golf team	8.19.15	$ 50.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ashley Knight 4919 Ocean Hwy W Shallotte NC 28470 910-575-9997	Mgr.	Beachhouse Harley Davidson	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	cash	golf team	9-19-15	$ 50.00
☐					$
☐					$

4. Total only this page $ 150.00

5. Total of ALL CRO-1210 Pages $29,102.00

CRO-1210

NC State Board of Elections

April 2007

Use this form to report individual contributions over $50 or contributions under $50 if form CBO 1205 is not used ☐ Yes ☐ No

The Committee to Elect Sheriff John W. Ingram ✓ Car-00000-C001

Full Name, Mailing Address & Phone	Job Title/Profession	Comments
Adam Ibrahim 4919 Ocean Hwy W Shallotte NC 28470 910-575-9997	Sales Employer's Name/Specific Field Beach house Harley Davidson	golf Tourn Election Same to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Detail Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	golf team	9-10-13	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone	Job Title/Profession	Comments
Chris Braun 4919 Ocean Hwy W Shallotte NC 28470 910-575-9997	Serv. mgr Employer's Name/Specific Field Beach house Harley Davidson	golf Tourn Election Same to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Detail Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	golf team	9-19-15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone	Job Title/Profession	Comments
Jeff Granato 6620 Market St Wilmington NC 28405 910-791-9997	Sales Employer's Name/Specific Field Carolina Coast Harley Davidson	golf Tourn Election Same to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Detail Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	golf team	8-19-15	$ 50.00
☐					$
☐					$

	$ 150.00
	$29,102.00

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1206 is not used

 ☐ Yes ☐ No

1. Committee Full Name (Full Name of Registrant)

The Committee to Elect Sheriff John W. Ingram

2. ID Number: Cou-000000-C001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Angelia Pigott 4919 Ocean Hwy W Shallotte NC 28470 910-575-9997	Parts Mgr	Beach house Harley Davidson	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	golf team	9-19-15	$ 50.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Samantha Hughes 1750 Shallotte Point loop Rd Shallotte NC 28470 910-754-6233	owne	Inlet View Bar & Grill	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	golf team	9-19-15	$ 50.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Timmy Milliken 1642 Village Pt. Rd Shallotte NC 28470 321-508-1877	owner	Inlet View Bar & Grill	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	golf team	9-19-15	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages (this Page and Pages Previous to Last Page of Page CRO-1210)	$ 29,102.00

Contributions from Individuals

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

Pg 28 of 67

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Board if applicable)

The Committee to Elect Sheriff John W. Ingram

2. ID Number: C01-000000-C001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sydney Lewis 1750 Shallotte Point Loop Rd Shallotte NC 28470 910-754-6233	owner	Inlet View Bar & Grill	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (month/yyyy)	k. Amount
☐	0	Cash	golf team	9-19-15	$ 50.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mindy Milliken 1750 Shallotte Point Loop Rd Shallotte NC 28470 910-754-6233	owner	Inlet View Bar & Grill	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (month/yyyy)	k. Amount
☐	0	Cash	golf team	9-19-15	$ 50.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jane Evans Evans Circle Shallotte NC 28470 910-253-2760	Captian	BCSO	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (month/yyyy)	k. Amount
☐	0	Cash	golf team	9-19-15	$ 50.00
☐					$
☐					$

4. Total only this Page $ 150.00

5. Total of ALL CRO-1210 Pages $29,102.00

(This form must be on first page of Contributor Reports/Pages CRO-1210)

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

The Committee to Elect Sheriff John W Ingram — C04-000000C001

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Occupation	Comments
Brian Milliken 1642 Shallotte Pt. Loop Rd Shallotte NC 28470 910-754-6233	owner Employer's Name/Specific Field Inlet View Bar & Grill	golf tourn Election Cycle to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Detail Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	golf team	9-9-15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Occupation	Comments
Cynthia Edens 701 Southern Charm Dr Wilmington NC 28412 910-616-1151	owner Employer's Name/Specific Field TK Edens Photography	golf tourn Election Cycle to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Detail Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	Hole Sponsor	8-15-15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Occupation	Comments
Ed Thomas 229 Thomas Dr Shallotte NC 28470 910-579-3200	owner Employer's Name/Specific Field Sea Share Drugs	golf tourn Election Cycle to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Detail Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	Hole Sponsor	9-19-15	$ 50.00
☐					$
☐					$

	$ 150.00
	$29,102.00

Contributions from Individuals

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

Pg 32 of 60 Amendment ☐ Yes ☐ No

The Committee to Elect Sheriff John W Jordan

Monique Stenquist
4186 Shearwater Way
Southport NC 28461
910-540-3147

retired

golf tourn

$ 628.00 628.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	CK	golf Team	8.19.15	$ 300.00
☐					$
☐					$

Ed Carter
2811 Harris St
Supply NC 28462
910-279-4469

Detective

BCSO

golf tourn

$ 300.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	CK	golf team	8.21.15	$ 300.00
☐					$
☐					$

Mark Trull
291 old Brunswick Rd SE
Bolivia NC 28422
910-880-4925

Captain

BCSO

golf tourn

$ 300.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	CK	golf team	8.29.15	$ 300.00
☐					$
☐					$

$ 000.00

$ 29,102.00

[illegible] FROM INDIVIDUALS

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

Pg 31 of 67 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Part II applicable)

The Committee to Elect Sheriff John W Ingram

2. ID Number: CO-000000-C001

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jamie Milliken 4900 S. Main Shallotte NC 28470 910-754-6000	owner	Shallotte Electric	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole Sponsor	8.19.15	$ 50.00
☐					$
☐					$

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jason Disbrow 801 N. Howe St Suite 7 Southport NC 28461 910-457-5076	Lawyer	Self	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole Sponsor	9.19.15	$ 50.00
☐					$
☐					$

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jonathan Lewis 6369 Ocean Hwy W Ocean Isle Beach NC 28469 910-575-9280	Owner	L & A South Tire & Auto	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole Sponsor	9.19.15	$ 50.00
☐					$
☐					$

4. Total only this Page: $ 150.00

5. Total of ALL CRO-1210 Pages (this line must be on the end of the last Summary Page CRO-1210): $ 29,102.00

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

Attachment ☐ Yes ☐ No

The Committee to Elect Sheriff John W. Ivey

Cal-00000-C001

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Jerry McDaniel 1275 E. Cherry St Jesup GA 31546 912-530-6801	owner	golf tourn
	Employer's Name/Specific Field McDaniel Supply Co	Election Cycle to Date $400.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	Hole Sponsor	8.17.15	$ 100.00
☐	O	CK	Golf Team	9.3.15	$ 300.00
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Steven Riggs 5715 Quail Malton Trl. Gainsville GA 30506 757-373-4634	owner	golf tourn
	Employer's Name/Specific Field Trinity Service Group	Election Cycle to Date $ 300.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	Golf team	8.17.15	$ 300.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Paula Smith 62 Nickman Rd Calabash NC 28467 910-287-3273	owner	golf tourn
	Employer's Name/Specific Field J. Mac Construction	Election Cycle to Date $300.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	golf team	9-2-15	$ 300.00
☐					$
☐					$

	$ 1000.00
	$ 29,102.00

Contributions from Individuals

Pg 33 of 67

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 Email if applicable): The Committee to Elect Sheriff John W Ingram ✓

2. CO Number: Cou-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mariah Brazil 112 SE 14th St Oak Island NC 28465	owner	A Clean Break LLC	golf Tourn	$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Hole Sponsor	9-2-15	$ 50.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mike Cavalluzzi 616 Barksdale Rd Wilmington NC 28409	Sales	Wireless Comm Motorola	golf Tourn	$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Hole Sponsor	9-2-15	$ 50.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
James Branson 417 Sherow Dr Shallotte NC 28470 910-880-0735	Retired		golf Tourn	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Hole Sponsor	9-9-15	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages (This line must be an Exact Copy of Previous Page CRO-1210)	$29,102.00

Contributions from Individuals

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

Pg 34 of 67

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

The Committee to Elect Sheriff John W Ingram ✓

2. ID Number: C04-000000-C001

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tammy Branson 417 Sherow Dr Shallotte NC 28470 910-880-4833	deputy	BCSO	golf Tourn	$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Crash	Hole Sponsor	9-10-15	$ 30.00
☐					$
☐					$

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Cindy Hilz 1816 Pharview Dr Ocean Isle Beach NC 28469 910-508-8207	admin	BCSO	golf Tourn	$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Crash	Hole Sponsor	9-10-15	$ 30.00
☐					$
☐					$

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Barrett 445 Holden Beach Rd Shallotte NC 28470 910-745-8207	owner	Barrett's Service Station	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Crash	Hole Sponsor	9-9-15	$ 50.00
☐					$
☐					$

4. Total only this Page $ 110.00

5. Total of ALL CRO-1210 Pages $ 29,102.00

(This line must be on first page of Required Summary Page CRO-1210)

Contributions from Individuals

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

Pg 35 of 67

Amendment ☐ Yes ☐ No

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

2. CO Specific: Cou-000000C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Dean Spatholt 9929 Peakwood Dr Calabash NC 28467 910-579-8888	owner	Boundry House Rest.	golf Tourn	$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team 2 Hole sp.	9-10-15	$ 400.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Clark Callahan 9973 Beach Dr Calabash NC 28467 910-443-1793	owne	Clarks Chop House Rest.	golf Tourn	$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team, 2 Hole Spon	9-10-15	$ 400.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Carol Cini 3710 Wingfoot Dr Southport NC 28461 910-253-9966	retired		golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole Sponsor	9-10-15	$ 50.00
☐					$
☐					$

4. Total only this Page: $ 850.00

5. Total of ALL CRO-1210 Pages: $29,102.00

(This line must be on the first page of the Total Receipts/Page CRO-1210)

Contributions from Individuals

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

Pg 34 of 67

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Board if applicable): The Committee to Elect Sheriff John W Ingram

2. ID Number: Cou-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ryan Smithwick 5060 M.H. Rourk Dr Shallotte NC 28470 910-754-6582	Attorney	Baxley/Smithwick PLLC	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole sponsor	9.9.15	$ 50.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Allen Brittain 5010 Robert Ruark Dr Southport NC 28461 910-457-6549	Security	Duke Power	golf Tourn	$ 225.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Golf team	9.9.15	$ 225.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Edward Conway 118 Country Club Dr Shallotte NC 28470 910-457-3592	employee	Duke Power	golf Tourn	$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team	8.28.15	$ 75.00
☐					$
☐					$

4. Total only this Page: $ 350.00

5. Total of ALL CRO-1210 Pages: $29,102.00

(This line must be entered if required for any Form CRO-1210)

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Board of Appointment)

The Committee to Elect Sheriff John W Ingram ✓

2. ID Number: C04-000000-C001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robert Dameron 106 Combine Lane SE Leland NC 28451 910-253-8340	employee	Tri-Tech Forensic	golf Tourn	$205.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team	9-11-15	$165.00
☐	0	Cash	golf team	9-11-15	$40.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Joseph Lefebvre 9632 Sunset Grove Dr Huntersville NC 28078 910-253-8340	employee	Tri-Tech Forensic	golf Tourn	$95.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team	9-10-15	$75.00
☐	0	Cash	golf team	9-10-15	$20.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tim Madison 4924-1 Main St Shallotte NC 28470 910-754-7229	owner	Duffers Pub and Deli	golf Tourn	$340.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team 4 bombs 4 Mulligans	9-11-15	$340.00
☐					$
☐					$

4. Total only this Page: $640.00

5. Total of ALL CRO-1210 Pages: $29,102.00

CRO-1210 NC State Board of Elections April 2007

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (Last Report Registration)

The Committee to Elect Sheriff John W. Ingram V

2. ID Number: C04-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Allison Judge 1221 Merchants Way Suite 302 Statesboro, GA 30458 1-800-529-2218	owner	Transform Health Rx	golf Tourn	$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team	9-3-15	$ 300.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tony Cummings 117 Sunset Dr Cedar Point NC 28584 910-520-8634	retired		golf Tourn	$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team	9-11-15	$ 300.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John M. Manning 55 Carolina Shores Dr Carolina Shores NC 28467 910-575-4099	retired		golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Hole Sponsor	9-11-15	$ 50.00
☐					$
☐					$

4. Total entry this Page: $ 650.00

5. Total of ALL CRO-1210 Pages: $29,102.00

(This line must be set forth at all Pages of Receipts/Sheet CRO-1210)

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

The Committee to Elect Sheriff John W. Ingram V

2. ID Number: C04-000000-C001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Henry Lepore 1320 Harbor Watch Ct Calabash NC 28467 910-575-5750	owner	Southeastern Medical	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Hole Sponsor	9-14-15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kevin Richard 4182 Main St Shallotte NC 28470 843-446-4536	owner	Grillin Crab Rest	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole Sponsor	9-14-15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Keith Smith 40 Hickman Rd Calabash NC 28467 910-547-7129	major	BCSO	golf Tourn	$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	golf team	9-14-15	$ 300.00
☐					$
☐					$

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-1209): $ 29,102.00

Contributions from Individuals

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

Pg 40 of 67

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if Applicable)

The Committee to Elect Sheriff John W Ingram ✓

2. ID Number: Cou-000000-C-001

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Charles Osborne 8920 Shady Forest Dr Sunset Beach NC 28468	retired		golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Hole Sponsor	8.29.15	$ 50.00
☐					$
☐					$

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Theodorakis 129 McQuillan Dr Wilmington NC 28412 910-233-1471	Sales	St James Plantation	Flounder Tourn	$ 225.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Credit	Fishing Team	8.21.15	$ 225.00
☐					$
☐					$

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Cidey Hickman 3117 Tenten Rd Apex, NC 27539 919-478-3493	CPA	Self	Flounder Tourn	$ 265.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Credit	Fishing Team	8.21.15	$ 265.00
☐					$
☐					$

4. Total only this Page $ 540.00

5. Total of ALL CRO-1210 Pages $29,102.00

(This line must be the sum of the total of all pages of the CRO-1210)

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

☐ Yes ☐ No

The Committee to Elect Sheriff John W Ingram

1. Full Name, Mailing Address & Phone (include city, state, & zip)	2. Job Title/Profession	3. Comments
Charles Miller 1004 Fairley St Southport NC 28461 910-880-4901	Chief 4. Employer's Name/Specific Field BCSO	golf Tourn 5. Election Name to Date $ 300.00

1. Prior	2. Account Code	3. Form of Payment	4. In-Kind Description	5. Date (mm/dd/yyyy)	6. Amount
☐	O	CK	golf team	9-14-15	$ 300.00
☐					$
☐					$

1. Full Name, Mailing Address & Phone (include city, state, & zip)	2. Job Title/Profession	3. Comments
Lee Michael Grant 2024 Montrose Ln Wilmington NC 28405 910-343-1086	owner 4. Employer's Name/Specific Field Coastal Chemical	golf Tourn 5. Election Name to Date $ 300.00

1. Prior	2. Account Code	3. Form of Payment	4. In-Kind Description	5. Date (mm/dd/yyyy)	6. Amount
☐	O	CK	golf team	9-15-15	$ 300.00
☐					$
☐					$

1. Full Name, Mailing Address & Phone (include city, state, & zip)	2. Job Title/Profession	3. Comments
David Crocker 101 Pine Bur Circle Calabash NC 28467 910-579-3280	retired 4. Employer's Name/Specific Field	golf Tourn 5. Election Name to Date $ 50.00

1. Prior	2. Account Code	3. Form of Payment	4. In-Kind Description	5. Date (mm/dd/yyyy)	6. Amount
☐	O	Cash	hole sponsor	9-10-15	$ 50.00
☐					$
☐					$

	$ 650.00
	$29,102.00

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

The Committee to Elect Sheriff John W Ingram

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Emily Tax 338 R.L. Nancy Cutt Dr Wilmington NC 28412 910-520-8484	admin Employer's Name/Specific Field BCSO	golf Tourn Election Cycle to Date $ 50.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	Cash	Hole Sponsor	9.14.15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Ed Thomas 10227 Beach Dr SW Calabash NC 28467 910-579-3200	owner Employer's Name/Specific Field Seashare Drugs	golf Tourn Election Cycle to Date $

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	Cash	Hole Sponsor	9.15.15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Rick Kirincich 10140-7 Beach Dr Calabash NC 28467 910-579-9434	Sales Employer's Name/Specific Field Starheel Realty	golf Tourn Election Cycle to Date $ 50.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	Cash	Hole Sponsor	9-10-15	$ 50.00
☐					$
☐					$

	$ 150.00
	$ 29,102.00

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

The Committee to Elect Sheriff John W Ingram

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Dennis Walsh 2265 Azalea Pointe Ct Leland NC 28451 910-561-436-7295	owner Employer's Name/Specific Field Charlie MacGroders Rest	golf Tourn Election Same to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Real Description	Date	Amount
☐	O	Cash	Hole Sponsor	9-7-015	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Ricky Clemmons 1146 Galloway Rd Bolivia NC 28422 910-279-1972	owner Employer's Name/Specific Field Clemmons and Son Farm	golf Tourn Election Same to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Real Description	Date	Amount
☐	O	Cash	Hole Sponsor	9-10-15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Barbara Lemons 2617 St James Dr SE Southport NC 28461 910-200-8448	retired Employer's Name/Specific Field	golf Tourn Election Same to Date $ 50.00

Prior	Account Code	Form of Payment	Item/Real Description	Date	Amount
☐	O	Cash	hole sponsor	9-16-15	$ 50.00
☐					$
☐					$

	$ 150.00
	$29,102.00

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

The Committee to Elect Sheriff John W Ingram

Cou-000000-C-001

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Cindy Stanley 486 Starboard Rd Shallotte NC 28470 910-617-7667	APS	BCSO	golf Tourn	$ 107.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	hole sponsor	9-11-15	$ 50.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tom Larosa 6456 Ocean Hwy W. Ocean Isle Beach NC 28469 910-579-1999	owner	OIB Collision	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole sponsor	9-10-15	$ 50.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jan Beaty 835 Eagles Nest Rd Waynesville NC 28786 828-421-0737	owner	Sheriff's Journal	golf Tourn	$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Team	9-14-15	$ 300.00
☐					$
☐					$

	$ 480.00
	$ 29,102.00

[illegible] INDIVIDUALS

Pg 45 of 67 ☐ Yes ☐ No

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

1. [illegible]

The Committee to Elect Sheriff John W Ingram | [illegible]-000000-C-001

2. [illegible] ☐ [illegible] ☐ [illegible]

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Edward Wittkofsky 110 James St Bolivia NC 28422 910-755-3314	owner c. Employer's Name/Specific Field: Skips Tire	golf Tourn e. Election Sum to Date: $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	hole Sponsor	9-12-15	$ 50.00
☐					$
☐					$

3. [illegible] ☐ [illegible] ☐ [illegible]

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jodon Jamison 250-2 Scrow Creek Dr Calabash NC 28467 910-443-4901	owner c. Employer's Name/Specific Field: Geese Control	golf Tourn e. Election Sum to Date: $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Hole Sponsor	9-17-15	$ 50.00
☐					$
☐					$

4. [illegible] ☐ [illegible] ☐ [illegible]

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Mark Jarman Beach Dr SW Calabash NC 28467 910-880-4949	Det c. Employer's Name/Specific Field: BCSO	golf Tourn e. Election Sum to Date: $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	Hole Sponsor	9-10-15	$ 50.00
☐					$
☐					$

4. [illegible] $ 150.00

5. [illegible] $29,102.00

[illegible]

Use this form to report individual contributions over $50 or contributions under $50 if form C90 1205 is not used

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☐ Yes ☐ No

The Committee to Elect Sheriff John W Ingram III

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Occupation	Employer's Name/Specific Field	Comments	Election Name to Date
Comm. to Keep Sheriff Ed McMahon 8705 Abbey Glen Way Wilmington NC 28411 910-232-5787		Law Enforcement NH County	golf Tourn	$ 300.00

Prior	Account Code	Form of Payment	Item/Event Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	golf team	9-18-15	$ 300.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Occupation	Employer's Name/Specific Field	Comments	Election Name to Date
Gene Marshburn 4092 Meadow Dr. SW Shallotte NC 28470 910-754-4341	owner	Jones Ford	golf Tourn	$ 150.00

Prior	Account Code	Form of Payment	Item/Event Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	3 Hole Sponsor	9-10-15	$ 150.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Occupation	Employer's Name/Specific Field	Comments	Election Name to Date
Gary Younts 2366 Ocean Hwy W. Shallotte NC 28470 910-754-7117	owner	Ocean City Chevrolet	golf Tourn	$ 50.00

Prior	Account Code	Form of Payment	Item/Event Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	Hole Sponsor	9-18-15	$ 50.00
☐					$
☐					$

	$ 500.00
	$ 29,102.00

Contributions from Individuals

Pg 47 of 67 Attachment ☐ 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 Email if applicable)

The Committee to Elect Sheriff John W Ingram

2. ID Number: 001-000000-C-001

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sam Britt 1947 W. Sea Aire Canal SW Supply NC 28462 910-274-8605	deputy	BCSO	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash		9-18-15	$ 50.00
☐			Hole Sponsor		$
☐					$

4. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Adam Lockner 70 Stamp Act Dr Bolivia NC 28422 910-754-7117	Deputy	BCSO	golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	hole sponsor	9-10-15	$ 50.00
☐					$
☐					$

5. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jim Branson 417 Sherrow River Dr Shallotte NC 28470 910-880-8735	Deputy	BCSO	golf Tourn	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	hole Sponsor	9-10-15	$ 50.00
☐					$
☐					$

4. Total only this Page $ 150.00

5. Total of ALL CRO-1210 Pages $ 29,102.00

(This line must be [illegible])

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

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Attachment ☐ Yes ☐ No

The Committee to Elect Sheriff John W Ingram

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Garland Vanum 3191 Garlva Rd Supply NC 28462 910-842-6870	owner Employer's Name/Specific Field Garlands Seafood	golf tourn Election Name to Date $ 50.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	hole sponsor	9-18-15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Elizabeth Boling 2472 Ocean Station Rd SW Supply NC 28462 910-842-5647	admin Employer's Name/Specific Field BCSO	golf tourn Election Name to Date $

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	hole sponsor	9-19-15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Monique Stenquist Diemer 4186 Shearwater Way Southport NC 28461 910-540-3146	Retired Employer's Name/Specific Field	golf tourn Election Name to Date $ 678.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	Hole Sponsor	9-14-15	$ 50.00
☐					$
☐					$

$ 50.00

$ 29,102.00

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

Amendment ☐ Yes ☐ No

The Committee to Elect Sheriff John W Ingram

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
J. Patrick Cullifer 3117 Thistlewood Dr Leland NC 28451 910-465-1293	owner Employer's Name/Specific Field Island SPAS	golf Tourn Election Cycle to Date $ 150.00

Prior	Account Code	Form of Payment	Item/Purpose Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	½ golf team	9-19-15	$ 150.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Martin J. Adams 5486 East Wind Rd Wilmington NC 28403 910-392-3750	deputy Employer's Name/Specific Field NHCS	golf Tourn Election Cycle to Date $ 85.00

Prior	Account Code	Form of Payment	Item/Purpose Description	Date (mm/dd/yyyy)	Amount
☐	O	CK	Partial golf team	9-19-15	$ 85.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Mary Adams 5486 East Wind Rd Wilmington NC 28403 910-392-3750	deputy Employer's Name/Specific Field NHCS	golf Tourn Election Cycle to Date $ 30.00

Prior	Account Code	Form of Payment	Item/Purpose Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	partial golf team	9-19-15	$ 30.00
☐					$
☐					$

	$ 265.00
	$ 29,102.00

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

The Committee to Elect Sheriff John W Ingram

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Reid Schrance 5486 East Wind Rd Wilmington NC 28403 910-392-3750	deputy Employer's Name/Specific Field NHCS	golf Tourn Election Source to Date $ 35.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	Cash	golf partial Team	9-19-15	$ 35.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Debbie Wilson 2045 Harbor Dr SW Ocean Isle Beach NC 28469 910-579-7420	admin Employer's Name/Specific Field BCSO	golf Tourn Election Source to Date $ 110.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	CK	raffle tickets	9-15-15	$ 60.00
☐	O	Cash	hole sponsor	9-15-15	$ 50.00
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Steve Lanier 5650 Rock Creek Rd Leland NC 28451 910-622-4355	Deputy Employer's Name/Specific Field BCSO	golf Tourn Election Source to Date $ 50.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
☐	O	Cash	golf partial Team	9-19-15	$ 50.00
☐					$
☐					$

	$ 195.00
	$29,102.00

[illegible] FROM INDIVIDUALS

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund Number)

The Committee to Elect Sheriff John W Ingram

2. [illegible]

Cou-000000-C-001

3. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Traci Lanier 5650 Rock Creek Rd Leland NC 28451 910-622-4355	Deputy	BCSO	golf Tourn	$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	partial golf Team	9-19-15	$ 50.00
☐	0	Cash	partial golf Team	9-19-15	$ 50.00
☐					$

4. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robbie Lanier 922 Green Hill Rd Leland NC 28451 910-622-4355	retired		golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	partial golf Team	9-19-15	$ 50.00
☐					$
☐					$

5. Contributor's Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Debbie Lanier 922 Green Hill Rd Leland NC 28451 910-622-4355	retired		golf Tourn	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	partial golf Team	9-19-15	$ 50.00
☐					$
☐					$

4. Total only this Page $ 200.00

5. Total of ALL CRO-1210 Pages $ 29,102.00

(This [illegible])

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

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Attachment ☐ Yes ☐ No

The Committee to Elect Sheriff John W Ingram

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Lee Mosley 100 Tores Rd Leland NC 28451 910-622-4355	retired	golf tourn
	Employer's Name/Specific Field	Election Score to Date
		$ 50.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	partial golf Team	9-19-15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Brandi Mosley 100 Tores Rd Leland NC 28451 910-622-4355	retired	golf tourn
	Employer's Name/Specific Field	Election Score to Date
		$ 50.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	partial golf Tourn	9-19-15	$ 50.00
☐					$
☐					$

Full Name, Mailing Address & Phone (include city, state, & zip)	Job Title/Profession	Comments
Charlie Miller 1004 Fairley Dr Southport NC 28461 910-880-4901	Chief Deputy	golf tourn
	Employer's Name/Specific Field	Election Score to Date
	BCSO	$ 330.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
☐	O	Cash	raffle tickets	9.15.15	$ 30.00
☐					$
☐					$

	$ 130.00
	$29,102.00

Contributions from Individuals

Pg 53 of 67

Attachment ☐ 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 Identification Number)

The Committee to Elect Sheriff John W Ingram

2. ID Number: 001-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Patty Miller 1004 Fairley Dr Southport NC 28461 910-620-5707	—	—	golf Tourn	$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	Cash	raffle tickets	9.15.15	$ 30.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
J.L. Benton 3884 Ash Little River Rd Ash, NC 28420 910-287-6359		Brunswick Funeral	Flounder Tourn	$ 44.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	CK	Tee Shirt	9.5.15	$ 44.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page: $ 74.00

5. Total of ALL CRO-1210 Pages (This Page and Attached Contributions Pages of Form CRO-1210): $29,102.00

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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 (Last Name, First Name) — The Committee to Elect Sheriff John W Ingram

2. ID Number — C01-000000-6-00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Heather Hardwick
1225 Blake Way St #304
Daniels Island SC 29492
919-623-3915

b. Job Title/Profession: owner

c. Employer's Name/Specific Field: outback steakhouse

d. Comments: Flounder Tour door prize (In-Kind)

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
☐	0	In-kind	gift Cards	8.17.15	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Clark Callahan
1045 River Rd
Calabash NC 28467
910-579-8888

b. Job Title/Profession: owner

c. Employer's Name/Specific Field: Callahans Clarks Chop Shop

d. Comments: golf tourn door prize (In kind)

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
☐	0	In-Kind	Gift Cert.	8.27.15	$100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Forrest King
9962 Beach Dr
Calabash NC 28467
910-579-2093

b. Job Title/Profession: owner

c. Employer's Name/Specific Field: Calabash Photography

d. Comments: golf tourn door prize (In-Kind)

e. Election Sum to Date: $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-Kind	shark cellphone paks	9.9.15	$ 50.00
☐					$
☐					$

4. Total only this Page: $ 300.00

5. Total of ALL CRO-1210 Pages (This Page and Last on Back of Detailed Summary Page CRO-1200): $29,102.00

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

The Committee to Elect Sheriff John W Ivanan — Cal-000000-Red

2. Prior	3. Account Code	4. Form of Payment	5. In-Kind Description	6. Date (mm/dd/yyyy)	7. Amount
☐	O	In-Kind	Gift Certificates	9-2-15	$ 100.00
☐					$
☐					$

1. Full Name, Mailing Address & Phone (include city, state, & zip): Clark Callahan, 720 Hwy 17, Little River, SC 29566, 843-399-8788
2. Job Title/Profession: owner
3. Employer's Name/Specific Field: Clarks Seafood & Chophouse
4. Comments: golf Tourn door prize In-Kind
5. Election Cum to Date: $ 600.00

2. Prior	3. Account Code	4. Form of Payment	5. In-Kind Description	6. Date (mm/dd/yyyy)	7. Amount
☐	O	In-Kind	Grants golf	9-7-15	$ 150.00
☐					$
☐					$

1. Full Name, Mailing Address & Phone (include city, state, & zip): Henry Bennett, 6205 Old Shallotte Rd, Ocean Isle Beach NC 28469, 910-287-3081
2. Job Title/Profession: owner
3. Employer's Name/Specific Field: Crow Creek Golf Club
4. Comments: golf Tourn. door prize In-Kind
5. Election Cum to Date: $ 150.00

2. Prior	3. Account Code	4. Form of Payment	5. In-Kind Description	6. Date (mm/dd/yyyy)	7. Amount
☐	O	In-Kind	Gift Cert.	9-10-15	$ 100.00
☐					$
☐					$

1. Full Name, Mailing Address & Phone (include city, state, & zip): C/O Hamilton III, 487 Lockwood Folly Rd SW, Bolivia, NC 28422, 910-842-1773
2. Job Title/Profession: owner
3. Employer's Name/Specific Field: Anglers Marine
4. Comments: golf Tourn door prize In-Kind
5. Election Cum to Date: $ 100.00

	$ 350.00
	$ 29,102.00

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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 Form of Payment Code)	2. ID Number
The Committee to Elect Sheriff John W Ingram	C01-000000-6-00

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tim Madison 4924 Main St Shallotte NC 28470 910-754-7229	owner	Duffers Rest.	golf tourn door prize In-kind	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-kind	(4) Gift Cert. (4) Tee Shirts	9-3-15	$ 100.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kevin Richards 2120 Sea Mt. Hwy N. Myrtle Beach SC 29582 843-280-5200	owner	Filet's Rest.	golf Tourn door prize In-kind	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-kind	Gift Cert.	9-15-15	$ 50.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bobby Harrelson 1800 Linkwood Dr. Leland NC 28451 910-383-0999	Pro Shop Mgr	Magnolia Greens golf Club	golf tourn door prize In Kind	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-kind	(2) rounds golf	9-8-15	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages (This line must be on the first Contributor Summary Page CRO-1210)	$ 29,102.00

Pg 57 of 67

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 Parent Registration)
The Committee to Elect Sheriff John W Ingram

2. ID Number
C01-000000-6-00

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Brian Cheers 45 Naber Dr Shallotte NC 28470 910-754-2811	Sales	Naber Dodge	golf tourn door prize In-Kind	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-Kind	oil changes	9-9-15	$ 50.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Del. Williamson 1300 Pearl Blvd Calabash NC 28467 910-579-8132	owner	Pearl golf club	golf tourn. door prize In Kind	$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-Kind	(4) rounds golf	9-4-15	$ 150.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jamie Milliken 1455 Phelps St SW Shallotte NC 28470 910-253-5901	owner	Shallotte Electric	golf tourn. door prize In-Kind	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-Kind	Gift Cert.	9-5-15	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages (This Line must be on Back of Detailed Summary Page (CRO-1210))	$29,102.00

Pg 58 of 67 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 Parent Party Code)	2. ID Number
The Committee to Elect Sheriff John W Ingram	CO1-000000-6.00

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Buster Dawless 599 Seaside Rd SW Ocean Isle Beach NC 28469	owner	Strand Termite	golf tourn door prize In-kind	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-kind	gift cert. Pest Control	8-31-15	$ 100.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Pat Cullifer 3117 Thistlewood Dr Leland NC 28451 910-465-1293	owner	Island spas	golf tourn door prize In-kind	$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In Kind	framed Print ECU	9-8-15	$ 150.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Barrett 445 Holden Beach Rd Shallotte NC 28470 910-754-8207	owner	Barrett's Service Station	golf tourn door prize In Kind	$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In kind	Oil Change	9-8-15	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages (This Page is an Attachment of Page CRO-1200)	$ 29,102.00

Pg 59 of 67

Amendment ☐ Yes ☐ No

[illegible] INDIVIDUALS

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

1. [illegible] The Committee to Elect Sheriff John W Ingram

2. ID Number: C01-000000-6-00

3. [illegible] ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Gregg Hicks 1407 13th Ave N Myrtle Beach NC 29582 843-249-0900	owner	Boardwalk Billy's	golf tourn door prize In-Kind	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In Kind	2 Gift Cert.	8-27-15	$ 100.00
☐					$
☐					$

3. [illegible] ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Dennis Walsh 117 Village Rd Leland NC 28451 910-399-7924	mgr.	Charlie MacGrooders Rest.	golf tourn door prize In kind	$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In Kind	Gift Cert.	9-7-15	$ 25.00
☐					$
☐					$

3. [illegible] ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jennifer Inman 4729 Main St Shallotte NC 28470 910-754-6200	owner	Coastal Floral Design	golf tourn door prize In Kind	$ 35.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-Kind	Bird House	9-2-15	$ 35.00
☐					$
☐					$

4. Total only this Page: $ 160.00

5. Total of ALL CRO-1210 Pages (This Page [illegible]): $ 29,102.00

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Amendment ☐ Yes ☐ No

[illegible] FORM INDIVIDUALS

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

1. Committee Full Name (and Local Participants): The Committee to Elect Sheriff John W Ingram

2. ID Number: C01-000000-6-00

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Cedric Hewett 4733 Main St Shallotte NC 28470 910-448-0396	owner	Dynamic Detail	golf tourn door prize In Kind	$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In Kind	Car wash	9-3-15	$20.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ray Zeng 4734 Main St Shallotte NC 28470 910-754-5280	owner	Zengs Garden Rest	golf tourn door prize In-Kind	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In-Kind	2 gift Cert.	9-8-15	$50.00
☐					$
☐					$

☐ Add ☐ Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kyle Bias 2650 Ocean Hwy W Shallotte NC 28470 910-377-1359	Mgr. owner	Blacks Tire	golf tourn door prize In Kind	$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In Kind	3 Oil Change/Tire Rot.	9-2-15	$100.00
☐					$
☐					$

4. Total only this Page: $170.00

5. Total of ALL CRO-1210 Pages (This Page must be on Page 6 of Detailed Summary Page CRO-1210): $29,102.00

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Amendment ☐ Yes ☐ No

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

1. Committee Full Name (Last Name, First Name, Middle Name)
The Committee to Elect Sheriff John W Ingram

2. ID Number
CAU-000000-6.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Cindy Roach 3434 Holden Beach Rd SW Holden Beach NC 28462 910-619-9618	owner	Lighthouse Gifts	Flounder Tourn door prize In kind	$ 80.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In kind	Bracelet / Tervis cup	8.22.15	$ 80.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Melody Bellamy 125 Village Rd SW Shallotte NC 28470	owner	Kool a brew	Flounder Tourn door prize In kind	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In kind	Koozies	8.22.15	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Patrick Jones 121 E Moore St Southport NC 28464 910-457-0433	owner	ocean outfitters	Flounder Tourn door prize In kind	$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	0	In kind	Gift Cert.	8.22.15	$ 100.00
☐					$
☐					$

4. Total only this Page $ 280.00

5. Total of ALL CRO-1210 Pages $29,102.00