

Disclosure Report Cover

COPY

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 JERRY HEDRON FOR SENATE	c. ID Number ICQB31
b. Mailing Address (include City, State and Zip Code) 2060 SAGON VILLAGE COURT WINSTON-SALEM, NC 27127	d. Date Filed 1/10/2011
	e. Phone Number 336 785-2502

2. Report Year 2010	3. Period Start Date (mm/dd/yy) OCTOBER 16, 2010	4. Period End Date (mm/dd/yy) DECEMBER 31, 2010	5. Treasurer Full Name BRUCE EVGENE GOVE
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Annual
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

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

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report
0

10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose CAMPAIGN CHECKING ACCOUNT	c. Account Code JWH10	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 4,058.57		d. Period Begin Balance

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22N 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.

BRUCE E. GOVE *Bruce E. Gove* **1/10/2011**

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: **1/10/11** Employee: **Judy Speas**

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
JERRY W. HERON FOR SENATE	4th QUARTER	ICQB 81
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4,058.57	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 9,729.67
6) Contributions from Individuals (CRO-1210)	\$ 1,350.00	\$ 16,978.33
7) Contributions from Political Party Committees (CRO-1220)	\$ 200.00	\$ 250.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 200.00	\$ 200.00
9) Loan Proceeds (CRO-1410)	\$	\$ 1,200.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$ 200.00
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)	\$ 1,550.00	\$ 28,308.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,419.95	\$ 17,394.98
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 100.00	\$ 1,600.00
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$ 259.70
17) In-Kind Contributions (CRO-1510)	\$	\$ 4,964.70
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,519.95	\$ 24,219.38
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4,088.62	\$ 4,088.62
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1,200.00	
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)	\$	\$

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Herbon for Sheriff						ILQB 81	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Clen Whitaker 4175 DAUBOW DRIVE PRAIRY, NC 27040				Unemployed			
				c. Employer's Name/Specific Field			
						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		
<input type="checkbox"/>	JWH 10	CASH		10/18/2010	\$ 50.00		
<input type="checkbox"/>	JWH 10	CASH		10/19/2010	\$ 50.00		
<input type="checkbox"/>	JWH 10	CASH		10/20/2010	\$ 50.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARJORIE Whitaker 4175 DAUBOW DRIVE PRAIRY, NC 27040				CASHIER			
				c. Employer's Name/Specific Field			
				LOWE'S FOODS		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		
<input type="checkbox"/>	JWH 10	CASH		10/18/2010	\$ 50.00		
<input type="checkbox"/>	JWH 10	CASH		10/19/2010	\$ 50.00		
<input type="checkbox"/>	JWH 10	CASH		10/20/2010	\$ 50.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Clen Whitaker 4175 DAUBOW DRIVE PRAIRY, NC 27040				Unemployed			
				c. Employer's Name/Specific Field			
						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		
<input type="checkbox"/>	JWH 10	CASH		10/21/2010	\$ 50.00		
<input type="checkbox"/>	JWH 10	CASH		10/22/2010	\$ 50.00		
<input type="checkbox"/>	JWH 10	CASH		10/23/2010	\$ 50.00		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages						\$ 1,350.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HERRON for Sheriff						JLQB 81	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARJORIE WHITAKER 4175 DAUBOW DRIVE PRAIRYTOWN, NC 27040				CASHIER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				LOWE'S FOODS		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JWA10	CASH		10/21/2010		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JERRY HERRON 2060 SAGONI VILLAGE CT WINSTON-SALEM, NC 27127				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JWA10	CASH		10/24/2010		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRUCE GEORGE 4945 WARNER RD. PRAIRYTOWN, NC 27040				PROBATION OFFICER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 1,300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JWA10	CASH		10/23/2010		\$ 50.00	
<input type="checkbox"/>	JWA10	CHECK		10/26/2010		\$ 500.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages						\$ 1,350.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JERRY W. HARLOW FOR SHERIFF						JCQB81	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
VIVIAN H. BUCKE 3410 CUMBERLAND ROAD W/S NC 27105				RETIRED			
				c. Employer's Name/Specific Field			
						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	
<input type="checkbox"/>	JWH10	CHECK		10/29/2010		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHELBY L. CREEK P.O. BOX 813 PFAFFTON NC 27040				RETIRED			
				c. Employer's Name/Specific Field			
						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	
<input type="checkbox"/>	JWH10	CHECK		10/28/2010		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages						\$ 1,350.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JERRY W. HERRON FOR SHERIFF				JCQB81	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
ELIZABETH MOTSINGER FOR SCHOOL BOARD 6548 WOODMERE DRIVE WALKERTON, NC 27051			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 50.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JWH10	CHECK		10/26/2010	\$ 50.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
LINDA D. CARROU FOR NC STATE SENATE P.O. Box 11843 W/S, NC 27126			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JWH10	CHECK		10/26/2010	\$ 100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
BILLY KENNEDY FOR CONGRESS P.O. Box 112 DTS BOONE, NC 28607			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 50.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JWH10	CHECK		10/27/2010	\$ 50.00	
				\$	
				\$	
4. Total only this Page				\$ 200.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 200.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
JERRY W. HEERAN FOR SHERIFF						ICQB 81
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SHEETZ #411 12290 HWY 150 N W/3 NC 27127						
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 31.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	CHECK	0	11/3/2010	\$ 31.50	GAS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SALISBURY BA 2265 SALISBURY RD W/3 NC 27127						
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 36.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	CHECK	0	10/19/2010	\$ 36.50	GAS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
GOLDEN CORRAL LEXINGTON, NC						
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 26.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JWH10	CHECK	0	10/25/2010	\$ 26.89	FOOD	
				\$		
5. Total only this Page						\$ 94.89
6. Total of ALL CRO-1310 Pages						\$ 1,419.95
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

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) JERRY W. HERRON FOR SHERIFF	2. ID Number ICQ B81
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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) WAL MART W/S NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 51.66
f. Account Code JWH10	g. Form of Payment CHECK	h. Purpose Code K
i. Date (mm/dd/yyyy) 11/9/2010	j. Amount \$ 51.66	k. Required Remarks SUPPLIES

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SAM'S CLUB 930 HANES MALL BLVD W/S NC 27103	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 415.63
f. Account Code JWH10	g. Form of Payment CHECK	h. Purpose Code C
i. Date (mm/dd/yyyy) 10/19/2010	j. Amount \$ 48.36	k. Required Remarks PAPER PRODUCTS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) IFH CHEFSMART 557 S. SMITHFIELD ROAD W/S NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 399.19
f. Account Code JWH10	g. Form of Payment CHECK	h. Purpose Code C
i. Date (mm/dd/yyyy) 10/19/2010	j. Amount \$ 31.32	k. Required Remarks PAPER PRODUCTS

5. Total only this Page \$ 131.37

6. Total of ALL CRO-1310 Pages
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
 \$ 1,419.95

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JERRY W. HERRON FOR SHERIFF						ICQB81	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WILCO HESS # 101							
W/5 NC				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 39. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	CHECK	0	10/30/2010	\$ 39.00	GAS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HOME DEPOT							
1000 HANES MAIL BLDG				c. Level Registered (Specify)		e. Election Sum to Date	
W/5 NC 27103				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 62.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	CHECK	K	10/30/2010	\$ 62.82	SUPPLIES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
KEENEYSVILLE NEWS							
P.O. Box 337				c. Level Registered (Specify)		e. Election Sum to Date	
KEENEYSVILLE, NC 27285				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 130. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
EWK10	CHECK	A	11/4/2010	\$ 130. ⁰⁰	NEWSPAPER AD		
				\$			
5. Total only this Page						\$ 231.82	
6. Total of ALL CRO-1310 Pages						\$ 1,419. ⁹⁵	
(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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JERRY W. HAZELTON FOR STATE						ICQB81	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
5 STAR CAMPAIGN 19 W. HARGETT ST RALEIGH, NC 27105							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 988.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	CHECK	B	10/21/2010	\$ 537.45	CAMPAIGN EXPENSE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NC STATE BOARD OF ELECTION RALEIGH NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 225.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	CHECK	J	10/21/2010	\$ 225.00	PENALTIES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 762.45	
6. Total of ALL CRO-1310 Pages						\$ 1419.95	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JERRY W. HAZEN FOR SHERIFF						JCQB 81	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TIME WALKER CABLE P.O. BOX 409983 ATLANTA, GA 30384							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 99.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	CHECK	A	11/20/2010	\$ 99.95	TV AD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WCVG N 20.3 2 PAL PARK GREENSBORO NC 27409							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWH10	CHECK	A	12/10/2010	\$ 100.00	TV AD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 199.95	
6. Total of ALL CRO-1310 Pages						\$ 1,419.95	
(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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HARRON FOR Sheriff						ICQB 81	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>							
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Citizens Political Action Com 1225 E. 5th Street WS, NC 27105							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JWKID	Check	H	10/27/2010	\$100.00	Campaign Expense		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 100.00	
6. Total of ALL CRO-1310 Pages						\$ 100.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committer Full Name (and Fund if applicable)			2. ID Number
JERRY W. HERRON For Sheriff			ICQ881
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
RALPH MASON 531 BENNETT RD. STONEVILLE, NC 27098		Retired	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			10/6/10
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	NONE	\$ 1,200. ⁰⁰	\$ 1,200. ⁰⁰
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1,200. ⁰⁰
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 1,200. ⁰⁰

For Office Use Only:
Follow-Up Date _____
Reviewed by _____

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

January 11, 2011

Bruce E. Gouge
Committee to Elect Herron for Sheriff
4945 Warner Road
Pfafftown, NC 27040

FROM: Campaign Finance Office
Forsyth County Board of Elections
201 N. Chestnut Street
Winston-Salem, NC 27101

REPORT(S) IN QUESTION:
Fourth Quarter

This letter is prompted by a review of the reports referenced above. This notice requests information essential to full public disclosure of your election campaign finances. An itemization of the information needed follows:

DISCLOSURE REPORT COVER PAGE (CRO-1000)

- The Disclosure Report Cover is not signed by the designated Treasurer or Assistant Treasurer of the committee.
- Complete committee information (Boxes 1, 3, 5, 6, 8 and 11) is not provided or incorrect according to the last Statement of Organization filed by the committee.
- Complete report information (Boxes 2, 3, 4, and 9) is not provided or inaccurate.
- Other:

DETAILED SUMMARY PAGE (CRO-1100)

- The beginning cash balance of this report does not equal the ending cash balance of the last report filed.
- The beginning cash balance is incorrect.
- Total Receipts for (this Reporting Period and/or this Election Cycle) is incorrect.
- Total Expenditures for (this Reporting Period and/or this Election Cycle) is incorrect.
- Amount on Line(s) _____ (Total this Reporting Period) disclosed, but no form(s) itemizing the entry is provided with the report.
- Form CRO-_____ provided, but amount on Line(s) _____ (Total this Reporting Period) is incorrect
- The ending cash balance of the report is negative. This suggests the committee has overdrawn its bank account, made a mathematical error or incurred a debt or other obligation not reported by the committee.
- Other: **Compare all figures per enclosed suggestion for amendment.**

RECEIPTS

- Complete individual contributor information for contributions received in excess of \$50 is not provided or incorrect. Please provide the missing address, occupation and employer, date of contribution, form of payment, election sum to date and/or amount of contribution for some or all of the contributions received by the committee.
- Contributions from anonymous sources, a corporation, business, labor union, professional association and/or insurance company were received by the committee. These contributions must be forfeited to the N.C. Civil Penalty & Forfeiture Fund.
- Cash contributions in excess of \$50 were received from a contributor. The excess amount must be forfeited to the N.C. Civil Penalty & Forfeiture Fund.
- The date of some or all contributions received by the committee is not provided or outside the coverage dates of this report.
- Contributions over \$50 are itemized as Aggregated Contributions from Individuals on a form CRO-1205. These contributions must be itemized as a Contribution from Individual on a form CRO-1210.
- In-kind contributions are not disclosed properly. An in-kind contribution received by a committee must be shown as both a receipt and expenditure from the contributor.
- Excessive contributions of over \$4,000 per election were received from some contributors. Please refund the excess portion to the contributor and show the refund on the next report.
- Other: CRO-1210s - correct for addition mistakes of page totals. The CRO-1100 should reflect the change in the 1210 amounts.

EXPENDITURES

- Complete disbursement information for expenditures made by the committee in excess of \$50 is not provided or incorrect. Please provide the missing address, purpose code or detailed purpose of disbursement, date of disbursement, form of payment, election sum to date and/or amount of disbursement for some or all of the expenditures made by the committee.
- Some disbursements that were made by the candidate or candidate committee are prohibited under N.C.G.S. §163-278.16B. Please seek reimbursement for the amount of the prohibited disbursement.
- Disbursements made for media expenses were paid for in cash.
- Disbursements for non-media expenses over \$50 were paid for in cash.
- Other:

LOANS/DEBTS

- Complete information concerning a loan or debt owed by the committee is not provided or incorrect. Please provide missing information concerning the lender, the terms of the loans and/or the amount of the loan or information concerning the debt including the name and address of the creditor, date incurred, beginning and outstanding balance of the debt and the amount of debt payments made by the committee.
- A Loan Proceeds Statement (Form CRO-6100) was not provided for a new loan made by the committee.
- A Forgiven Loan Statement (Form CRO-6200) was not provided for a loan in which the lender intends to forgive.

Other:

48-HOUR NOTICES

48-Hour Notices reported during the 48-Hour reporting period on a form CRO-2220 are not included in this report. Please include the contributor information contained in the 48-Hour Notice on the report itself.

OTHER ISSUES:

Amend with the CRO-1000, 1100 and 1210s for addition mistakes. Thank you.

Please file any amendment within twenty (20) days of the date of this letter with the Forsyth County Board of Elections office. Additional forms and other campaign finance information can be found at www.sboe.state.nc.us. If you need assistance with this matter please contact Judy Speas at (336) 703-2808.