

Disclosure Report Cover

OCT 29 2018

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 <i>Comm. to Elect Clyde Led better Sheriff of Clev Co.</i>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>229 Mt. Sinai Ch. Rd. Shelby, NC 28152</i>			d. Date Filed <i>10/29/2018</i>	
			e. Phone Number <i>704-418-4546</i>	
2. Report Year <i>2018</i>	3. Period Start Date (mm/dd/yy) <i>07/01/2018</i>	4. Period End Date (mm/dd/yy) <i>10/20/2018</i>	5. Treasurer Full Name <i>Hazel W. Thrift</i>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <i>DNE</i>		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>Alliance Bank & Trust</i>		a. Financial Institution Full Name		
b. Purpose <i>Campaign</i>	c. Account Code <i>BBC</i>	b. Purpose	c. Account Code	
	d. Period Begin Balance <i>\$ 867.98</i>		d. Period Begin Balance \$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
<i>Hazel W. Thrift</i> Printed Name of Signer		<i>Hazel W. Thrift</i> Signature of Appointed Treasurer		<i>10/29/2018</i> Date
FOR OFFICE USE ONLY				
Date Received:	<i>10/29/18</i>	Employee:	<i>bf</i>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>				

OCT 29 2018

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) <i>Committee To Elect Clyde Ledbetter Sheriff of Cleve. Co.</i>		2. Type of Report <i>2018 Third Qtr.</i>		3. ID Number	
Start of Election Cycle: <i>January 1, 2015</i>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <i>867.98</i>		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ <i>3435.00</i>	\$ <i>3435.00</i>		
6) Contributions from Individuals	(CRO-1210)	\$ <i>1570.00</i>	\$ <i>2970.00</i>		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$ <i>1700.00</i>	\$ <i>3300.00</i>		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ <i>300.00</i>	\$ <i>300.00</i>		
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)		\$ <i>7005.00</i>	\$ <i>10,105.00</i>		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ <i>5708.90</i>	\$ <i>7940.92</i>		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$ <i>500.00</i>	\$ <i>500.00</i>		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>6208.90</i>	\$ <i>8440.92</i>		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>1664.08</i>	\$ <i>1664.08</i>		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1213)	\$	\$		

OCT 29 2018

Aggregated Contributions from Individuals

Page 1 of 6 Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Clyde Ledbetter Sher. ff. of C. C.						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH		7/23/2018	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH		7/23/2018	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH		✓	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH		7/24/2018	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CHECK		07/24/2018	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH		✓	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH		07/24/2018	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH		07/27/2018	\$ 20.00	
4. Total only this Page					\$ 580.00	
5. Total of ALL CRO-1205 Pages					\$	
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>						

OCT 29 2018

Aggregated Contributions from Individuals

Page 2 of 6

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Clyde Hedbetter Sheriff of CC.					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		07/27/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		07/30/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		07/30/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		08/01/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	cash		↓	\$ 20.00
4. Total only this Page					\$ 655.00
5. Total of ALL CRO-1205 Pages					\$

(This line must be on line 5 of Detailed Summary Page CRO-1100)

OCT 29 2018

Aggregated Contributions from Individuals

Page 5 of 6 Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Clyde Ledbetter Sheriff of CC						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBC	CASH		08/03/2018	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove				03/07/2018	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$ 50.00	
4. Total only this Page					\$ 740.00	
5. Total of ALL CRO-1205 Pages					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

OCT 29 2018

Aggregated Contributions from Individuals

Page 6 of 6

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Clyde Ledbetter Sheriff of Guil Co.						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	BBC	CASH		08/07/2018	\$ 40.00	
<input type="checkbox"/> Remove					\$ 20.00	
<input type="checkbox"/> Add					\$ 40.00	
<input type="checkbox"/> Remove					\$ 40.00	
<input type="checkbox"/> Add					\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	BBC	CASH		10/10/2018	\$ 50.00	
<input type="checkbox"/> Remove					\$ 50.00	
<input type="checkbox"/> Add	BBC	CASH		10/10/2018	\$ 50.00	
<input type="checkbox"/> Remove					\$ 50.00	
<input type="checkbox"/> Add	BBC	CASH		10/15/2018	\$ 50.00	
<input type="checkbox"/> Remove					\$ 50.00	
<input type="checkbox"/> Add	BBC	CASH		10/15/2018	\$ 50.00	
<input type="checkbox"/> Remove					\$ 50.00	
<input type="checkbox"/> Add	BBC	CASH		10/15/2018	\$ 50.00	
<input type="checkbox"/> Remove					\$ 50.00	
<input type="checkbox"/> Add	BBC	CASH		10/15/2018	\$ 20.00	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 480.00	
5. Total of ALL CRO-1205 Pages					\$ 3435.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

OCT 29 2018

Contributions from Individuals

Amendment Pg 1 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee To Elect Clyde Ledbetter Sheriff of Cleveland County							
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. Don Bridges 1306 Mt. Sinai Ch. Rd Shelby NC 28152 704-692-1713				Retired			
				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"/>	BBC	check		07/05/2018	\$ 300.00		
<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	
Hazel W. Thrift 223 Mt. Sinai Ch. Rd Shelby NC 28152 704-418-4546				Retired			
				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"/>	BBC	check		07/20/2018	\$ 300.00		
<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	
Judy Anderson Ledbetter 2842 Dravo Rd. Shelby NC 28152 704-482-3684							
				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"/>	BBC	check		07/27/2018	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages						\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

OCT 29 2018

Contributions from Individuals

Amendment Pg 2 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee To Elect Clyde Ledbetter Sheriff of Cleveland County							
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	
Beth Lloyd 421 MANEA Rd. Kings Mountain, NC 28086 704-487-5347				Teacher			
				c. Employer's Name/Specific Field			
				Cleveland County Schools		e. Election Sum to Date	
						\$ 580.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BBC	check		07/26/2018	\$ 80.00		
<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	
City of Kings Mountain Patrick Senior Center P.O. Box 429 Kings Mountain, NC 28086				Senior Center		Refund of deposit on rental for fund raiser	
				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"/>	BBC	check	MOVIE TO RE-FUNDS	08/15/2018	\$ 300.00		
<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	
S. Russell Allen P.O. Box 2381 Shelby NC 28151 704.487.9934							
				c. Employer's Name/Specific Field		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		
<input type="checkbox"/>	BBC	check		08/25/2018	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 330.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

OCT 29 2018

Amendment Pg 3 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Clyde Ledbetter Sheriff of Cleveland County						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Walter Norville 710 Kingsbury St. Shelby, NC 28152 704-482-9305				b. Job Title/Profession Self employed c. Employer's Name/Specific Field Carpet & Floor Covering		d. Comments	
						e. Election Sum to Date \$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BBL	check		09/21/2018	\$ 40.00		
<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) Hazel W Thrift 223 Mt. Sinai Chrd. Shelby, NC 28152 704-418-4546				b. Job Title/Profession Retired c. Employer's Name/Specific Field		d. Comments	
						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"/>	BBC		mobile billboards	03/31/2018	\$ 500.00		
<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						\$ 540.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,570.00	

OCT 29 2018

Loan Proceeds

Pg 1 of 2 Amendment Yes No

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Clyde Ledbetter Sheriff of Cleveland County				2. ID 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	
Jerry L. Ledbetter 2902 Dravo Rd. Shelby NC 28152 704-476-5874		Retired			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
5%		BBC	check	\$ 700.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
5. Total of ALL CRO-1410 Pages				\$	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					



North Carolina
 State Board of Elections
 441 N. Harrington Street
 Raleigh, NC 27603

OCT 29 2018

Kim Westbrook Strach
 Executive Director

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

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Committee To Elect Clyde Ledbetter
- Person or committee to make loan: Sheriff of Cleveland County
Jerry Ledbetter
- Date of loan to committee: 09/24/2018
- Name of lending institution and account number (source):

- Amount of loan: \$700.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: _____
- Rate of interest of loan: 0
- Security pledged for loan: _____

I, Jerry D. Ledbetter, acknowledge that all of the information
(Person lending money to committee)
 provided is complete, true, and accurate. I further understand I may not forgive a loan
 that has an outstanding balance to any source.

Jerry D. Ledbetter
 Signature of Lender

9/24/18
 Date Signed

Kim Westbrook Strach
 Signature of Treasurer of Committee

9/24/18
 Date Signed

APR 9 2018

Loan Proceeds

Pg 1 of 2 Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Clyde Ledbetter Sheriff of Cleveland County					
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	
Clyde S. Ledbetter 116 Amberwood Dr. Shelby NC 28152		Retired			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Civil Engineer			
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %		BBC	check	\$1,000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 1700.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					



North Carolina
State Board of Elections
441 N. Harrington Street
Raleigh, NC 27603

06/29/2018

Kim Westbrook Strach
Executive Director

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

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Committee To Elect ^{Clyde Ledbetter} Sheriff of ^{Cleveland County}
- Person or committee to make loan: Clyde Ledbetter
- Date of loan to committee: 08/28/2018
- Name of lending institution and account number (source): _____
- Amount of loan: \$1,000.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors): _____
- Period of loan: _____
- Rate of interest of loan: 0
- Security pledged for loan: _____

I, Clyde Ledbetter, (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Clyde Ledbetter
Signature of Lender

8/28/18
Date Signed

Harold W. Huff
Signature of Treasurer of Committee

8/28/18
Date Signed

OCT 29 2018

Refunds/Reimbursements To the Committee

Amendment Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable) <i>Committee To Elect Clyde Ledbetter Sheriff Cleveland County</i>				2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>City of Kings Mountain P.O. Box 429 Kings, Mountain NC 28036 704-734-0447</i>			d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments <i>Refund of rent deposit</i>
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date <i>07/09/2018</i>
					i. Original Expenditure Amt <i>\$ 750.00</i>
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date <i>\$</i>	
k. Account Code <i>BBC</i>	l. Form of Payment <i>check</i>	m. In-Kind Description		n. Date (mm/dd/yyyy) <i>08/15/2018</i>	o. Amount <i>\$ 300.00</i>
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt <i>\$</i>
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date <i>\$</i>	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount <i>\$</i>
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt <i>\$</i>
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date <i>\$</i>	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount <i>\$</i>
4. Total only this Page					<i>\$ 300.00</i>
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					<i>\$ 300.00</i>

Disbursements

001-32018

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) <i>Committee To Elect Clyde Ledbetter Sheriff of Cleveland County</i>						2. ID Number	
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) <i>Walmart 165 Walton Dr. Gaffney, SC 29341</i>				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		
<i>BBC</i>	<i>ACH Debit</i>	<i>K</i>	<i>07/06/2018</i>	<i>\$ 36.39</i>	<i>paper + ink cartridges</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Staples 129 Plaza Drive Forest City, NC 28243 828-286-9478</i>				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		
<i>BBC</i>	<i>ACH Debit</i>	<i>B</i>	<i>07/07/2018</i>	<i>\$ 21.34</i>	<i>Print Business Cards</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>City of Kings Mountain P.O. Box 429 Kings Mountain, NC 28286 704-734-0447</i>				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		
<i>BBC</i>	<i>check</i>	<i>C</i>	<i>07/09/2018</i>	<i>\$ 750.00</i>	<i>Rental of Senior Center for event</i>		
				\$			
5. Total only this Page						\$ <i>807.73</i>	
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)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		H* - Holding Public Office Expenses		
E - Salaries	F* - Equipment	G - Political Party	K* - Office Expenses		Q* - Donation to Legal Expense Fund		
I - Postage	J - Penalties						
O* Other							
* Codes require detailed explanation in required remarks field (k)							

OCT 29 2018

Disbursements

Pg 2 of 8 Amendment Yes No

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

1. Committee Full Name (and Fund if applicable) Committee To Elect Clyde Ledbetter Sheriff of Cleveland County						2. ID Number	
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) Office Man / Office Deput Shelby NC 704-480-6327				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	K	07/21/2018	\$ 44.90	INK cartridges + Flash drive		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 129 Plaza Drive Forest City NC 28043 828-286-9478				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	B	07/23/2013	\$ 42.69	PRINT BUSINESS Cards		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Citgo Ser Group 230 E College Ave. Boiling Springs NC 28017				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	D	07/23/2018	\$ 42.00	Gas for Truck		
5. Total only this Page						\$ 129.48	
6. Total of ALL CRO-1310 Pages						\$	
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

OCT 29 2018

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	
Committee To Elect Clyde Ledbetter Sheriff of Cleveland County							
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	
Office Depot / Office Max 2451 E. Franklin Blvd. Gastonia, NC 28056 704-864-0134							
				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		
BBC	ACH Debit	B	08/01/2018	\$21.33	Printing Name		
				\$	tax for candidate		
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	
Dollar General 1103 Shelby Rd Kings Mountain, NC 28086 704-730-9593							
				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		
BBC	ACH Debit	C	08/01/2018	\$39.43	supplies for fund		
				\$	raiser (plates work 2018)		
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	
Sams Club Gastonia, NC 28056 704-866-4152							
				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		
BBC	ACH Debit	C	08/01/2018	\$125.87	supplies for fund		
				\$	raiser (tablecloth/F 2018)		
5. Total only this Page						\$ 185.63	
6. Total of ALL CRO-1310 Pages						\$	
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

OCT 29 2018

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Dyle Ledbetter Sheriff of Cleveland County						2. ID Number	
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) Dollar General 1845 E. Dixon Blvd. Shelby NC 28152				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	C	03/01/2018	\$ 14.41	Supplies for fund		
				\$	receipt - paper products		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Walmart 705 E. Dixon Blvd Shelby NC 28152				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	C	03/02/2018	\$ 59.75	desserts for		
				\$	fund raiser event		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Linwood Produce + Restaurant 805 Cleveland Ave. Kings Mountain, NC 28036 704-739-7308				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	Check	C	03/03/2018	\$ 800.00	fund for fund raiser		
				\$			
5. Total only this Page						\$ 874.16	
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)							
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)							

OCT 29 2018

Disbursements

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

1. Committee Full Name (and Fund if applicable) Committee To Elect Clyde Ledbetter Sheriff of Cleveland County						2. ID Number	
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) STAPLES 129 Plaza Drive Forest City NC 28043 828-286-4478				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	B	03/22/2012	\$ 106.70	print business cards		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Creative Big Print 600 S. Morgan St Shelby, NC 28150 704-487-5971				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	B	05/17/2018	\$ 1396.29	Signs/billboards		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cleveland County Fair Inc. 1751 E. Marion St. Shelby NC 28152 704-487-0651				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	O	08/17/2018	\$ 570.00	Birth rental at Cleva. Co. Fair		
				\$			
5. Total only this Page						\$ 2072.99	
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)						\$	
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

2018 29

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Clyde Ledbetter Sheriff of Cleveland County						2. ID Number	
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) Community First Media Shelby Shopper and Info 503 N. Lafayette St. Shelby NC 28150 704-434-1047				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	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	check	A	9/04/2018	\$ 258.00	Ad in Shelby Shopper		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Creative Big Sign Print 600 S. Morgan St. Shelby NC 28150 704-487-5971				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	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	B	09/24/2018	\$ 307.44	Print Signs		
				\$	mobile billboards		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Fingles Market 2111 Shelby Road Kings Mountain, NC 28036 704-734-0855				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	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBC	ACH Debit	C	03/03/2018	\$ 37.71	table cloths -		
				\$	Plastic utensils		
5. Total only this Page						\$ 597.15	
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)						\$	
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

001292018

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	
Committee To Elect Clyde Ledbetter Sheriff of Cleveland County							
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	
Jackson Cafeteria Gas Station 1461 E. Franklin Blvd. Gastonia, NC 28054 704-868-4181							
				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		
BBC	ACH Debit	0	03/13/2018	\$ 15.98	gas for truck		
				\$			
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	
The Star P.O. Box 48 Shelby NC 28150 704-484-7000							
				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		
BBC	CHECK	A	09/24/2018	\$ 695.00	Ad in newspaper		
				\$			
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	
Janet Ledbetter 116 Amberwood Dr. Shelby, NC 28152 704-600-7312							
				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		
BBC	check	B	10/09/2018	\$ 42.78	print business cards		
				\$			
5. Total only this Page						\$ 753.76	
6. Total of ALL CRO-1310 Pages						\$	
<small>(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)</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)							

OCT 29 2018

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	
Committee To Elect Clyda Ledbetter Sheriff of Cleveland County							
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	
Shelby Snapper & Info 503 N. Lafayette St Shelby NC 28150 704-484-1067							
				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		
BBC	check	A	10/16/2018	\$288.00	Net in Shopper		
				\$			
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						\$ 288.00	
6. Total of ALL CRO-1310 Pages						\$ 5908.90	
<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)							

301292018

In-Kind Contributions

Pg 1 of 1 Amendment Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) Committee To Elect Clyde Ledbetter Sheriff of Cleveland County		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hazel W Thrift 223 Mt. Sinai Ch. Rd. Shelby NC 28152 704.413-4546		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description Mobile Billboard rental		f. Date (mm/dd/yyyy) 03/01/2018	g. Fair Market Amount \$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 500.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 500.00	