

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information				
a. Full Name			c. ID Number	
BILLY LONG FOR SHERIFF			7CFR95	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
103 BAYVIEW DRIVE AYDLETT, NC 27916			04/25/2014	
			e. Phone Number	
			(252) 207-4990	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2014	01/01/2014	04/19/2014	DONALD E DRAKE	
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		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) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input 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		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
STATE EMPLOYEES' CREDIT UNION				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN FINANCE	SECU1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 0.00		\$	
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				
<u>Donald E. Drake</u> Printed Name of Signer		<u>Donald E. Drake</u> Signature of Appointed Treasurer		<u>04/25/2014</u> Date
FOR OFFICE USE ONLY				
Date Received:	<u>4/28/14</u>	Employee:	<u>M. Ehrig</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input checked="" type="checkbox"/> Registered Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Hand Delivered
Date Data Entered:	_____	Employee:	_____	<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>				

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
BILLY LONG FOR SHERIFF	2014 First Quarter	7CFR95	
Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 3,848.00	\$ 3,848.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.17	\$ 0.17
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 3,848.17	\$ 3,848.17
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,764.89	\$ 1,764.89
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 1,098.00	\$ 1,098.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,862.89	\$ 2,862.89
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 985.28	\$ 985.28
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
BILLY LONG FOR SHERIFF						7CFR95
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	
THOMAS BATTAGLIA 136 SOUNDSIDE ESTATE GRANDY, NC 27939			CARPENTER			
			c. Employer's Name/Specific Field			
			THOMAS BATTAGLIA			
					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"/>	SECU1	Check		04/10/2014	\$ 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	
CRAIG GARRISS 5204 BIRCH LANE KITTY HAWK, NC 27949			POLICE OFFICER			
			c. Employer's Name/Specific Field			
			VIDANT COMPANY POLICE			
					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"/>	SECU1	Check		02/14/2014	\$ 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	
WILLIE MCCOY LONG III 103 BAYVIEW DRIVE AYDLETT, NC 27916 (252) 207-4990			POLICE OFFICER			
			c. Employer's Name/Specific Field			
			VIDANT COMPANY POLICE			
					e. Election Sum to Date	
					\$ 3,648.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SECU1	In-Kind	DISKETTE OF REGISTERED VOTERS	02/10/2014	\$ 10.00	
<input type="checkbox"/>	SECU1	Cash		02/10/2014	\$ 100.00	
<input type="checkbox"/>	SECU1	In-Kind	PERSONAL FUNDS TO PURCHASE COPIES OF	02/10/2014	\$ 250.00	
4. Total only this Page					\$ 460.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,848.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable) BILLY LONG FOR SHERIFF	2. ID Number 7CFR95
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIE MCCOY LONG III 103 BAYVIEW DRIVE AYDLETT, NC 27916 (252) 207-4990	b. Job Title/Profession POLICE OFFICER	d. Comments
	c. Employer's Name/Specific Field VIDANT COMPANY POLICE	
	e. Election Sum to Date \$ 3,648.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SECU1	In-Kind	PERSONAL FUNDS USED TO PAY CAMPAIGN	02/10/2014	\$ 813.00
<input type="checkbox"/>	SECU1	Check		03/07/2014	\$ 100.00
<input type="checkbox"/>	SECU1	Check		03/07/2014	\$ 100.00

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIE MCCOY LONG III 103 BAYVIEW DRIVE AYDLETT, NC 27916 (252) 207-4990	b. Job Title/Profession POLICE OFFICER	d. Comments
	c. Employer's Name/Specific Field VIDANT COMPANY POLICE	
	e. Election Sum to Date \$ 3,648.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SECU1	In-Kind	PERSONAL FUNDS USED TO RESERVE MAPLE	03/14/2014	\$ 25.00
<input type="checkbox"/>	SECU1	Check		03/20/2014	\$ 1,600.00
<input type="checkbox"/>	SECU1	Check		04/03/2014	\$ 650.00

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) LENN MUIRRA Y 161 CAROON ROAD POPLAR BRANCH, NC 27965	b. Job Title/Profession VETERANARIAN	d. Comments
	c. Employer's Name/Specific Field SOBRAN, INC.	
	e. Election Sum to Date \$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SECU1	Credit Card		04/08/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 3,388.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,848.00
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Other Receipt Sources

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILLY LONG FOR SHERIFF				7CFR95	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
STATE EMPLOYEES' CREDIT UNION 100 FYVIE DRIVE BARCO, NC 27917 (252) 457-5091					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.17	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
SECU1	Electric Funds Tran		02/12/2014	\$ 0.02	
SECU1	Electric Funds Tran		03/12/2014	\$ 0.03	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
STATE EMPLOYEES' CREDIT UNION 100 FYVIE DRIVE BARCO, NC 27917 (252) 457-5091					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.17	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
SECU1	Electric Funds Tran		04/10/2014	\$ 0.12	
				\$	
5. Total only this Page				\$ 0.17	
6. Total of ALL CRO-1250 Pages				\$ 0.17	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

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)						2. ID Number	
BILLY LONG FOR SHERIFF						7CFR95	
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	
SECU FOUNDATION PO Box 27665 RALEIGH, NC 27611-7665							
				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	
						\$ 3.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SECU1	Electric Funds Tran	O	02/12/2014	\$ 1.00	AUTOWITHDRAWAL FOR		
SECU1	Electric Funds Tran	O	03/12/2014	\$ 1.00	SECURITY FOUNDATION AUTOWITHDRAWAL FOR		
				SECURITY FOUNDATION			

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	
SECURITY FOUNDATION PO Box 27665 RALEIGH, NC 27611-7665							
				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	
						\$ 3.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SECU1	Electric Funds Tran	O	04/10/2014	\$ 1.00	AUTOWITHDRAWAL FOR		
				\$ SECURITY FOUNDATION			

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	
COASTAL IMPRESSIONS 3022 S. CROATAN HWY NAGS HEAD, NC 27959							
				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	
						\$ 1,494.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SECU1	Cash	B	03/20/2014	\$ 1,494.23	CAMPAIGN SIGNS		
				\$			

5. Total only this Page						\$ 1,497.23	
6. Total of ALL CRO-1310 Pages						\$ 1,764.89	
(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

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)						2. ID Number	
BILLY LONG FOR SHERIFF						7CFR95	
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	
AUTHORIZE NET 1 FEDERAL STREET, 2ND FLOOR BOSTON, MA 02110							
				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	
						\$ 169.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SECU1	Electric Funds Tran	A	03/12/2014	\$ 149.71	WEBSITE		
SECU1	Electric Funds Tran	A	04/02/2014	\$ 20.00	WEBSITE		
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	
CAMPAIGN PARTNER 16 Dudley Street FITCHBURG, MA 01420							
				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	
						\$ 63.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SECU1	Electric Funds Tran	A	02/21/2014	\$ 29.00	WEBSITE		
SECU1	Electric Funds Tran	A	03/10/2014	\$ 5.00	WEBSITE		
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	
CAMPAIGN PARTNER 16 Dudley Street FITCHBURG, MA 01420							
				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	
						\$ 63.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SECU1	Electric Funds Tran	A	03/20/2014	\$ 29.00	WEBSITE		
				\$			
5. Total only this Page						\$ 232.71	
6. Total of ALL CRO-1310 Pages						\$ 1,764.89	
(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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)				2. ID Number	
BILLY LONG FOR SHERIFF				7CFR 95	
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
CYBER SOURCE PO BOX 8999 SAN FRANCISCO, CA 94128-8999					
			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:		
					\$ 34.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SECU1	Electric Funds Tran	A	04/02/2014	\$ 34.95	WEBSITE
				\$	
5. Total only this Page					\$ 34.95
6. Total of ALL CRO-1310 Pages					\$ 1,764.89
<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)					

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)		2. ID Number	
BILLY LONG FOR SHERIFF		7CFR95	
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	
WILLIE MCCOY LONG III 103 BAYVIEW DRIVE AYDLETT, NC 27916 (252) 207-4990		<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	
		\$ 3,648.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DISKETTE OF REGISTERED VOTERS		02/10/2014	\$ 10.00
PERSONAL FUNDS TO PURCHASE COPIES OF THE US CONSTITUTION OF HANDOUTS		02/10/2014	\$ 250.00
PERSONAL FUNDS USED TO PAY CAMPAIGN FILING FEE		02/10/2014	\$ 813.00
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	
WILLIE MCCOY LONG III 103 BAYVIEW DRIVE AYDLETT, NC 27916 (252) 207-4990		<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	
		\$ 3,648.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PERSONAL FUNDS USED TO RESERVE MAPLE PARK FOR A FUTURE FUNDRAISER		03/14/2014	\$ 25.00
			\$
			\$
4. Total only this Page			\$ 1,098.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 1,098.00