Disclosure Re					Yes No
	eneral report and committee	information, must be	signed and sul	bmitted along with oth	er detailed forms.
	n to update information				
1. Committee Info	rmation				c. ID Number
Norrell for sheriff					NCFGD4
14011CH TOF SHEFTH					Ner db i
	clude City, State and Zip Code)				d. Date Filed
187 Rocky Top Rd	•				
Moyock, Nc. 27958	8				4-28-14
					e. Phone Number
					757-477-2388
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full N	Name
2014	02/11/14	04	/28/14	Donald Norrell	
6. Type of Commit	tee (Check One)	9. Type of Repor	t (check or	nly one type of report f	from one category)
Candidate Camp		Municipal	State/0	County	Referendum
PAC	Referendum	Organizationa	ı   🗀	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	у	Quarterly	Pre-referendum
Legal Expense F  7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(i) applicable, check one)	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea	г	Semi-annual	
Other:		Year End	'	Mid Year	10. Special Report Name
		Final Special		Year End	
8. Number of Fund	Iraisers this Report	Special Special		Final	
				Special	
11. Account Inform a. Financial Institution				Information stitution Full Name	
Town Bank of Curr			a. Financiai ins	ittution Fun Ivanic	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN A for Receipts Expenditure	٠. /				
for Peccipts	d. Period Begin Balanc	ρ			d. Period Begin Balance
Expenditure	G. T. Criou Begin Balanc				
2.1	\$ 900.00				\$
CERTIFICATION					
I certify that the Cor	nmittee or Fund is in compl	iance with all applica	able provisions	of Article 22A, 22B, &	& 22D-22M of Chapter 163 of
the NC General Stat	utes and that no funds are co	ommingled with prob	nibited or other	non-disclosed funds. I	further certify that this report
is complete, true and Donald No	d correct and that I have been	n trained by the NC	State Board of		-28-14
Donaid No	Printed Name of Signer		ignature of Appoir		Date
FOR OFFICE USE O		1		6 11/	
Date Received:	111.742	Employee:	4-2	8-14 [	Delivery Method
Date Received.		) = Employee.	-		Normal Mail Registered Mail
Date Postmarke	ed:	Employee:	***************************************	L	Hand Delivered
		F1 1			Electronically Filed
Date Scanned:		Employee:	-		Signer has not received
Date Data Enter	red:	Employee:			mandatory training
Please Note: Th	is form cannot be used to an	nend committee info	rmation such as	s the committee addres	s, treasurer, assistant treasurer,

custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

Amendment

No

**Detailed Summary**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
Norrell for Sheriff	First Quarter		NCFGD4
		Total this	Total this
Start of Election Cycle: January 1,	2014	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$2,563,00	\$ 2,563.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ions (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	lc, 11d and 11e)	\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,289.43	3 \$2,289,43
13b) Contributions to Candidates/Political Commi	ttees (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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	btract line 18)	\$	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	A STATE OF THE STA
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$	
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-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		n Individuals vidual contributions o	ver \$50	Pg or contributions unde	of \$50 if form CRO	3 0 1205 is no	Amendment Yes ot used	□ No
		and Fund if applical					,	
Norrell fo	or sheriff	No.		4 13 13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15			NCFGD4	
3. Contri	butor Informatio	n		Add Ren	nove	elle tradition of	All States	*
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Business Owner				
Wes Live	rman			c. Employer's Name/Sp	ecific Field			
103 Sadd Grandy, N				Remodeling Construction		e. Election S	Sum to Date	
	252-453	3-0226				\$	900.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	check			2-12-1	4	\$	900.00
							\$	
							\$	
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a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts '	
	city, state, & zip)			Retired				
Richard A	Adinolfl				10 N. 11			
				c. Employer's Name/Sp  Law Enforcement	ecific Field			
	eller Lane			Law Enforcement		e. Election S	Sum to Date	
Grandy, 1								
	757-7	18-4873				\$ ,	500.00	
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a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)		** .	Medical Examiner				
Wendy G	unther			E la Nama (Car	- iff - Field			
102	6 Harringt	m AVE		c. Employer's Name/Sp State of Virginia	ecilic Field	-		
î	6 Harringt Vorfelk, Va	23507		State of Virginia		e. Election S	Sum to Date	
		24-2044				\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	check			4-2-1	4	\$	100.00
							\$	
							\$	
4. Total	only this Page	e				\$		1500.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

			1	2 Amendment
Contributions from Individu		Pg	of	Yes No
Use this form to report individual contribu		tributions und	er \$50 if form Ci	2. ID Number
1. Committee Full Name (and Fund if ap	^ -			NCFGD 4
NORNell for Shen	art			INCT & D 9
3. Contributor Information	(1996年)(1998年)(1988年)(1996年)	WINDS TO STATE OF THE PARTY OF	nove	Id Comments
a. Full Name, Mailing Address & Phone		Job Title/Profe	4	d. Comments
(Include city, state, & zip) Donald A 187 Rocky Top 18 Moyock, Va 279	011711	INVESTIG	jatur	
18 1 Rocky 107 10	c.		ne/Specific Field	
Moyock, VG 219	138	state.	06 Va.	e. Election Sum to Date
,				\$813,00
			l. p	
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				\$
				\$
		+		\$
3. Contributor Information	MEDINORISE COL	The second second	nove	(14) 在最初起,此样
a. Full Name, Malling Address & Phone	b.	Job Title/Profes	ssion	d. Comments
(include city, state, & zlp)				
	c.	Employer's Nar	ne/Specific Field	1
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3. Contributor Information	, D A	dd 🔲 Rer	nove	
a. Full Name, Mailing Address & Phone	b.	Job Title/Profes	ssion	d. Comments
(include city, state, & zip)				
	c.	Employer's Nan	ne/Specific Field	
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				\$
				\$
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(This line must be on line 6 of Detailed Summary				\$ 4563; 00

$\mathbf{C}$	ontrib	utions	from	Indi	vidua	le
	0111111	nuons	s iroin	mui	viuua	13

Comtra	ihutiana fuar	Individuals				3	3	Amendment	
		m Individuals ividual contributions o	war \$50	) or contril	Pg butions unde	of or \$50 if form CR	0 1205 is no	L Yes	∐ No
		(and Fund if applical		or contri	butions unde	1 \$50 H IOIIII CK	2. ID Num		
		and Fund it applica	oic)				2. ID Ituli		
Norrell fo								NCFGD4	
	ibutor Informatio			Add	Rem	nove	1.6		
	ne, Mailing Address & city, state, & zip)	& Phone		retired	tle/Profession		d. Comments	s 	
Shigeko				Tetrica					
Singerto				c. Employ	ver's Name/Spe	ecific Field			
1700 Sty	ron Lane			Cook					
Virginia	Beach, Va. 23464						e. Election S	um to Date	
7574704	742						\$	100.00	
7574794'	g. Account Code	h. Form of Payment	i. In-k	L	otion	j. Date (mm/dd/yy	yy)	k. Amount	
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	ne, Mailing Address &	& Phone			le/Profession		d. Comments	3	
	city, state, & zip)			Donor (	Center				
Keith Ga	rland			e Employ	er's Name/Spe	ecific Field			
740 Cree	kside Crescent			Lifenet		eme i icid			
	ike, Va. 23320						e. Election Su	um to Date	
							\$	50.00	
757-464-	T	h Form of Bormont	: In I	ind Descrip	ation.	j. Date (mm/dd/yy		k. Amount	
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	city, state, & zip)			Retired					
Doris Ha	nks			a Employ	er's Name/Spe	eific Field			
1216 Tull	ls Creek Rd.			Book K		cilic Field			
Mayoak 2	NC 27059						e. Election Su		
252-232-3	NC 27958 3997						\$	100.00	
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4. Total	only this Page	e					\$		250.00
5. Total	of ALL CRO	-1210 Pages					\$ 7	C120	0
(This line	must be on line 6 of	Detailed Summary Page C.	RO-1100)	)				563.0	-

				_		$\sim$	Amend	
Disbursements			Pg	2	of	1		Yes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party exp	enditures.
--------------------------------------	------------

	ull Name (and Fun				2. ID Number			
	Norrell for Sheriff							
3. Type of Disb		THE RESIDENCE OF THE PARTY OF T	RO-1310 forms for each t	Co To you had all all addressed to the beat the beat to be a first to				
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures			
4. Payee Inform	nation		Add	Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,	& zip)		-		signs			
Archbell			c. Level Registered (Specify)					
1572 JU			Federal 🔀	County:				
Nonfolk	, Va, 23502	2	State	Municipality:	e. Election Sum to Date			
757-	-853-2679	<del>)</del>			\$ 1,368.43			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Check		03/25/2014	\$1,368,43				
				\$				
4. Payee Inform	ation		Add	Remove				
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,					voter rame/Address			
		Techons						
Currituck Board of Elections			c. Level Registered (Specify)		DISC.			
Currituck Co. NC.		Federal State	County: Municipality:	e. Election Sum to Date				
			State	Municipanty.	-			
					\$ 10.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	0	04/09/2014	\$ 10.00	<i>1</i>			
9	Check	0	04/09/2014	\$ 10.00	<i>¾</i>			
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a. Full Name, Maili (include city, state, US Post	nation  ng Address & Phone & zip)  ta   Service  C NC.	h. Purpose Code	Add	Remove  Tounty:  Municipality:	d. Comments  Stamps  e. Election Sum to Date  \$ 98,00			
a. Full Name, Maili (include city, state,	nation  ng Address & Phone & zip)  ta   Service  C   NC    g. Form of Payment	h. Purpose Code	Add	Remove ame  County: Municipality:	d. Comments  Stamps  e. Election Sum to Date			
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a. Full Name, Maili (include city, state,  US Poss  MOYOCM  f. Account Code  5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Code  A* - Media E - Salaries I - Postage O* - Other	g. Form of Payment  CASA  is Page  CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum es (List detailed ex  B* - Printing F* - Equipment	amary Page CRO-1100 amary Page CRO-1100 penditure code in C* - Func G - Politic K* - Office	Add  b. Coordinated Committee Na  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  Off Operating Expenses)  off Contrib to Candidates/Political Contribution Candidates (h.) above)  draising cal Party  the Expenses	Remove  Tounty: Municipality:  j. Amount  \$ 98,00  \$  al Comm)  res)  D - To Anothe H* - Holding	d. Comments  Shamps  e. Election Sum to Date  \$ 98,00  k. Required Remarks  \$ 1,476,43  \$ 2,289,43  r Candidate  Public Office Expenses			

n	ic	hi	ırs	em	ent	S
v	13	IJι	113		CIII	o

				t
Pg/	of	1	☐ 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 Fun	d if applicable)	and the	314 187	do a de la la	2. ID Number
the second section is a second section of the second section in the second section is a second section of the second section is a second section of the second section in the second section is a second section of the section of the second section is a section of the secti	Rell for		Taring the decimal of the see			KCFGD 4
3. Type of Disl	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER,	e use separate Ck	0-131	forms for e	each type of Dist	bursement.)
Operating Ex	The state of the s	ntributions to Candida				ordinated Party Expenditures
4. Payee Infor		THE RESERVE	國際口	THE WINDSHIPPING SPECIAL PROPERTY AND ADDRESS.	Remove	的。 1881年至1888年(1888年)
a. Full Name, N (include city, state	Mailing Address & Pl			Solettan bibi-prist, i a saci	ed Committee Nam	e d. Comments
	1 of Elec	tims		☐ Federal	County:	
13000	a of Elec	,		☐ State	Municipa	ality: e. Election Sum to Date
						\$ 813,00
f. Account Code	g. Form of Payment	h. Purpose Code	200000000000000000000000000000000000000	(mm/dd/yyyy) 1-2014	j. Amount \$ \$13,00	k. Required Remarks
	Chick	1777	-	1 2	\$	
		SHORT OF THE SECOND SERVICES	型官等	Add 🔲	Remove	
4. Payee Infor		CENTRAL CONTRA	<b>企程第</b>	AND DESCRIPTION OF THE PERSON NAMED IN	ed Committee Nam	e d. Comments
a. Full Name, Ma (include city, st	iling Address & Phone ate, & zip)			or coordinate	20. and the same transport of the same to	The state of the s
				c. Level Regi	stered (Specify)  County:	
				State	☐ Municip	ality: 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
i. Account Code	g. Form of rayment	A Market Boundary			\$	
		-	-			
					\$	
4. Payee Infor				Add 🔲	Remove	
	lling Address & Phone			b. Coordinat	ed Committee Nam	e d. Comments
(include city, st	ate, & zip)					
				c. Level Regi	stered (Specify)	100 M
				Federal	County:	a - salar a walkana
				State	Municipa	ality: e. Election Sum to Date
						\$
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