


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.


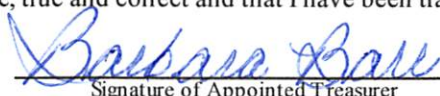
1. Committee Information	
a. Full Name FRANKS FOR SHERIFF	c. ID Number
b. Mailing Address (include City, State and Zip Code) 5289 KELLY ROAD BATH, NC 27808	d. Date Filed 01/22/2018
	
e. Phone Number	

2. Report Year 2017	3. Period Start Date (mm/dd/yy) 08/02/2017	4. Period End Date (mm/dd/yy) 12/31/2017	5. Treasurer Full Name BARBARA BARR
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
8. Number of Fundraisers this Report 1		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name FRANKS FOR SHERIFF		a. Financial Institution Full Name	
b. Purpose BUSINESS	c. Account Code 01	b. Purpose	c. Account Code
d. Period Begin Balance \$ 550.00		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



01/22/2018
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
FRANKS FOR SHERIFF	2017 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 550.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,009.03	\$ 1,009.03
6) Contributions from Individuals (CRO-1210)		\$ 2,570.00	\$ 2,720.00
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)		\$ 1,780.00	\$ 2,180.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
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)		\$ 5,359.03	\$ 5,909.03
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 5,106.93	\$ 5,106.93
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)		\$ 122.91	\$ 122.91
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)		\$ 48.03	\$ 48.03
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,277.87	\$ 5,277.87
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 631.16	\$ 631.16
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2,180.00	
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

Aggregated Contributions from Individuals

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	
FRANKS FOR SHERIFF					
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	01	Cash		11/20/2017	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		12/09/2017	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/20/2017	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/19/2017	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/04/2017	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/28/2017	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	In-Kind	DONATED CAKE FOR SPAGHETTI DINNER	12/08/2017	\$ 48.03
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/18/2017	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/18/2017	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/14/2017	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/20/2017	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 7.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2017	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/18/2017	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/04/2017	\$ 10.00
4. Total only this Page				\$	\$470.03
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$1,009.03

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANKS FOR SHERIFF						
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	01	Cash		12/09/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/04/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 45.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/04/2017	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 29.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/19/2017	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/20/2017	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/18/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/20/2017	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft		12/09/2017	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/18/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/04/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/18/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/18/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		11/18/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/09/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		12/04/2017	\$ 20.00	
4. Total only this Page					\$ 519.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,009.03	

Aggregated Contributions from Individuals

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	
FRANKS FOR SHERIFF						
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	01	Cash		12/09/2017	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		11/19/2017	\$	10.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$20.00
5. Total of ALL CRO-1205 Pages					\$	\$1,009.03
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANKS FOR SHERIFF						
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	
SAMERAH AWAD 30689 NC HWY 33 E AURORA, NC 27806 (252) 320-1203			OWNER/OPERATOR			
			c. Employer's Name/Specific Field AURORA MINI MART			
					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"/>	01	Check		11/18/2017	\$ 250.00	
<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	
BARBARA BARR 160 WARREN LANE BELHAVEN, NC 27810			RETIRED			
			c. Employer's Name/Specific Field BANK TELLER			
					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"/>	01	Cash		12/09/2017	\$ 30.00	
<input type="checkbox"/>	01	Cash		12/20/2017	\$ 30.00	
<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	
DOMINIC FRANKS 164 TEACHS TRACE LANE BATH, NC 27808			POLICE OFFICER			
			c. Employer's Name/Specific Field AURORA POLICE DEPT			
					e. Election Sum to Date	
					\$ 420.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Money Order		09/12/2017	\$ 300.00	
<input type="checkbox"/>	01	Cash		10/13/2017	\$ 50.00	
<input type="checkbox"/>	01	Cash		12/09/2017	\$ 50.00	
4. Total only this Page					\$ 710.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,570.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANKS FOR SHERIFF						
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	
DOMINIC FRANKS 164 TEACHS TRACE LANE BATH, NC 27808			POLICE OFFICER			
			c. Employer's Name/Specific Field AURORA POLICE DEPT			
					e. Election Sum to Date	
					\$ 420.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		12/20/2017	\$ 20.00	
<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	
PETRE FRANKS JR 5289 KELLY RD BATH, NC 27808			ENGINEER			
			c. Employer's Name/Specific Field THERMOFISHER			
					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"/>	01	Cash		12/09/2017	\$ 50.00	
<input type="checkbox"/>	01	Cash		12/20/2017	\$ 50.00	
<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	
KATHY HARDY 8315 NC HWY 306S AURORA, NC 27806			RETIRED			
			c. Employer's Name/Specific Field MEDICAL			
					e. Election Sum to Date	
					\$ 210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		11/18/2017	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 180.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,570.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANKS FOR SHERIFF						
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	
W BRUCE MEARS 110 GUSSETT DRIVE GARNER, NC 27529			CEO			
			c. Employer's Name/Specific Field			
			OPTICON COMMUNACATIONS		e. Election Sum to Date	
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		11/28/2017	\$ 1,000.00	
<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	
MICHAEL SHEPPARD 2408 W 5TH ST WASHINGTON, NC 27889			POLICE OFFICER			
			c. Employer's Name/Specific Field			
			AURORA POLICE DEPT		e. Election Sum to Date	
				\$ 680.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		08/28/2017	\$ 400.00	
<input type="checkbox"/>	01	Check		10/25/2017	\$ 60.00	
<input type="checkbox"/>	01	Check		11/10/2017	\$ 220.00	
4. Total only this Page					\$ 1,680.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,570.00	

Loan Proceeds

Pg 1 of 4

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	
FRANKS FOR SHERIFF					
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	
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		FRANKS PAINTING		08/17/2017	
				f. End Date (mm/dd/yyyy)	
				12/31/2017	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0.000%	NONE	01	Check	\$ 300.00	
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	
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 1,780.00	

Loan Proceeds

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	
FRANKS FOR SHERIFF					
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	
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		FRANKS PAINTING		08/21/2017	
				f. End Date (mm/dd/yyyy)	
				12/31/2017	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0.000%	NONE	01	Check	\$ 900.00	
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	
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 1,780.00	

Loan Proceeds

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	
FRANKS FOR SHERIFF					
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	
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		FRANKS PAINTING		09/13/2017	
				f. End Date (mm/dd/yyyy)	
				12/31/2017	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0.000%	NONE	01	Check	\$ 160.00	
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	
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 1,780.00	

Loan Proceeds

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	
FRANKS FOR SHERIFF					
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	
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		FRANKS PAINTING		11/14/2017	
				f. End Date (mm/dd/yyyy)	
				12/31/2017	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0.000 %	NONE	01	Check	\$ 420.00	
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	
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 1,780.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRANKS FOR SHERIFF							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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	
A1 AWARDS & PROMOTIONS 2580 RAILROAD STREET WINTERVILLE, NC 28590						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date	
						\$ 2,852.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	08/22/2017	\$ 1,601.25	18X24 SIGNS		
01	Check	B	09/05/2017	\$ 375.00	TSHIRTS ADVERTISING		
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	
A1 AWARDS & PROMOTIONS 2580 RAILROAD STREET WINTERVILLE, NC 28590						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date	
						\$ 2,852.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	11/29/2017	\$ 875.89	SIGNS		
				\$			
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	
BATH RURITAN BUILDING PO BOX 323 BATH, NC 27808						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date	
						\$ 125.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	C	12/07/2017	\$ 125.00	RENTAL OF BUILDING		
				\$			
5. Total only this Page						\$ 2,977.14	
6. Total of ALL CRO-1310 Pages						\$ 5,106.93	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRANKS FOR SHERIFF							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CLARKS NECK FIRE AND RESCUE 5440 CLARKS NECK ROAD WASHINGTON, NC 27889							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	12/01/2017	\$ 200.00	RENTAL OF BUILDING		
				\$	FOR RAFFLE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
DAVID LANGLEY 1190 VOA ROAD WASHINGTON, NC 27889							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	10/25/2017	\$ 150.00	BUMPPER STICKERS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
KAYE LEE'S CORNER 413 PAMILICO STREET BELHAVEN, NC 27810							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 307.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	08/18/2017	\$ 307.44	SIGNS		
				\$			
5. Total only this Page						\$ 657.44	
6. Total of ALL CRO-1310 Pages						\$ 5,106.93	
<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 <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable) FRANKS FOR SHERIFF						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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) MORGAN PRINTERS PO BOX 2126 GREENVILLE, NC 27836				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 630.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	C	11/13/2017	\$ 219.35	RAFFLE TICKETS		
01	Check	O	11/14/2017	\$ 410.88	BROCHURES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) OFFICE DEPOT 470 PAMLICO PLAZA WASHINGTON, NC 27889 (252) 975-6000				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 273.16	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	08/18/2017	\$ 102.70	SIGNS		
01	Check	B	09/12/2017	\$ 170.46	BUSINESS CARDS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAMS CLUB 4240 WINTERVILLE PARKWAY WINTERVILLE, NC 28590				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 568.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	C	12/06/2017	\$ 568.96	SPAGETTI DINNER		
				\$			
5. Total only this Page						\$ 1,472.35	
6. Total of ALL CRO-1310 Pages <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>						\$ 5,106.93	
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)							

Aggregated Non-Media Expenditures

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

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANKS FOR SHERIFF						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	O	12/01/2017	\$ 10.00	DISK
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	08/31/2017	\$ 10.00	MAINTENANCE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	11/30/2017	\$ 10.00	BANK MAINTENACE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	09/12/2017	\$ 30.24	CHECKS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	09/30/2017	\$ 10.00	MAINTENCE FEE BANKING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	10/31/2017	\$ 10.00	MAINTENCE FEE FIRST BANK
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	K	12/10/2017	\$ 42.67	PRINTER INK
4. Total only this Page					\$	122.91
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	122.91
6. Purpose Codes (List detailed expenditure code in (d) above)						
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* - Donations to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

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	
FRANKS FOR SHERIFF			
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	c. Comments	
Aggregated Individual Contribution	<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		
		d. Election Sum to Date	
		\$ 48.03	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
DONATED CAKE FOR SPAGHETTI DINNER	12/08/2017	\$ 48.03	
		\$	
		\$	
4. Total only this Page		\$ 48.03	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 48.03	

Outstanding Loans

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
FRANKS FOR SHERIFF					
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	
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		FRANKS PAINTING		07/27/2017	
				f. End Date (mm/dd/yyyy)	
				12/31/2017	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
0.00%	NONE	\$ 400.00		\$ 400.00	
k. Full Name of Lending Institution				l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		FRANKS PAINTING		08/17/2017	
				f. End Date (mm/dd/yyyy)	
				12/31/2017	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
0.00%	NONE	\$ 300.00		\$ 300.00	
k. Full Name of Lending Institution				l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		FRANKS PAINTING		08/21/2017	
				f. End Date (mm/dd/yyyy)	
				12/31/2017	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
0.00%	NONE	\$ 900.00		\$ 900.00	
k. Full Name of Lending Institution				l. Loan Number	
4. Total only this Page				\$ 1,600.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 2,180.00	

Outstanding Loans

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
FRANKS FOR SHERIFF			
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
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		FRANKS PAINTING	09/13/2017
			f. End Date (mm/dd/yyyy)
			12/31/2017
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%	NONE	\$ 160.00	\$ 160.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
PETRE FRANKS SR 5289 KELLY ROAD BATH, NC 27808		SELF EMPLOYED	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		FRANKS PAINTING	11/14/2017
			f. End Date (mm/dd/yyyy)
			12/31/2017
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%	NONE	\$ 420.00	\$ 420.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 580.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 2,180.00