

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name BLANKS FOR SHERIFF		c. ID Number XBY949
b. Mailing Address (include City, State and Zip Code) 2641 STRATFORD DRIVE GREENSBORO, NC 27408		d. Date Filed 4-21-06
		e. Phone Number 336-282-5648

2. Report Year 2006	3. Period Start Date (mm/dd/yyyy) 2-17-06	4. Period End Date (mm/dd/yyyy) 4-15-06	5. Treasurer Full Name BERKLEY G. BLANKS
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6. Type of Committee (Check one)		8. 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"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	FIRST QUARTER PLUS REPORT
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name Fidelity BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Code XBY949	b. Purpose	c. Code
	d. Period Begin Balance \$ 1524.00		d. Period Begin Balance \$ 1524.00

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

BERKLEY BLANKS *Berkley Blanks* **4-21-06**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
		<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed

CRO-1000 NC State Board of Elections March 2003

RECEIVED
APR 24 2006
QUILFORD COUNTY BOARD OF ELECTIONS

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
BLANKS FOR Sheriff	1st Q Fld Rpt	XB 4949	
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1524.00	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 1050.00	\$	
6) Contributions from Individuals (CRO-1210)	\$ 4450.00	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
0) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 5500.00	\$	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 3564.79	\$	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 1828.78	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 5390.57	\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 1633.43	\$	
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	\$	\$	

Aggregated Contributions from Individuals

Amendment Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number
BLANKS FOR Sheriff						XBY 949
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		check		2-23-06	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		2-25-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		2-27-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		3-18-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		3-8-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		3-22-06	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		3-24-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		3-26-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		3-28-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		3-30-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		4-3-06	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		check		4-6-06	\$	100.00
<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					\$	
<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					\$	
<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					\$ 2,050	
5. Total of ALL CRO-1205 Pages					\$	
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>						

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund If applicable)						2. ID Number	
BLANKS For Sheriff						XB4949	
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	
M. D. Sabbah 4004 W. FRIENDLY AVE GREENSBORO, NC 27410				Retired.			
				c. Employer's Name/Specific Field		e. Election Cycle 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"/>		check		2-16-06	\$ 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	
W. C. BARNES 3802. ROCKHAWEN GREENSBORO, NC 27410							
				c. Employer's Name/Specific Field		e. Election Cycle 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"/>		check		2-26-06	\$ 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	
G. A. DREW 4010 HAZEL LN GREENSBORO, NC 27408							
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 500 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		2-26-06	\$ 500 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1750 ⁰⁰	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

Contributoris from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number XB4949	
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	
J. B. BLANKS 2641 STAFFORD DR GREENSBORO, NC 27405				Police officer City of GSO			
				c. Employer's Name/Specific Field		e. Election Cycle 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"/>		check		3-9-06	\$ 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	
GRADY PATTON 2711 KILBANE GREENSBORO, NC 27407				CEO PATTON MORTGAGE			
				c. Employer's Name/Specific Field		e. Election Cycle 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"/>		check		3-30-06	\$ 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	
MARY WELLS 3307 PLEASANT GARDEN RD GREENSBORO, NC 27406				OWNER RHYNS ANTIQUES			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 500. ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check			\$ 500. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,500. ⁰⁰	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BLANKS For Sheriff						XB4949	
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	
MARK GIBSON 706 EDWARDIA DR. GREENSBORO, NC 27409				Asplen 1st- Quality Auto			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 200 ⁰⁰	
f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Check		4-6-06	\$ 200 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 Cycle Sum to Date	
						\$	
f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<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 Cycle Sum to Date	
						\$	
f. Prior	g. Account Code	b. 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						\$ 200 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$ 4,450 ⁰⁰	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Disbursements

1. Committee Full Name (and Fund if applicable) Blanks For Sheriff		2. ID Number XB4949	
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) SICKLE CELL DISEASE ASSO. OF THE PIEDMONT 1002 E MKT STREET GREENSBORO, NC		b. Coordinated Committee Name Blanks For Sheriff	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ 10.00
f. Account Code 1028	g. Form of Payment check	h. Purpose EVENT	i. Date (mm/dd/yyyy) 3-2-06
		j. Amount \$ 10.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) GSO N AACP 1000 E MARKET ST GREENSBORO, NC		b. Coordinated Committee Name Blanks For Sheriff	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ 360.00
f. Account Code 1029	g. Form of Payment CHECK	h. Purpose Advertisement	i. Date (mm/dd/yyyy) 3-28-06
		j. Amount \$ 200.00	
f. Account Code 1032	g. Form of Payment check	h. Purpose tickets to event	i. Date (mm/dd/yyyy) 3-28-06
		j. Amount \$ 160.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) CAROLINA KARMAKERS		b. Coordinated Committee Name Blanks For Sheriff	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ 120.00
f. Account Code 1030	g. Form of Payment check	h. Purpose Advertisement	i. Date (mm/dd/yyyy) 3-28-06
		j. Amount \$ 120.00	
5. Total only this Page			\$ 500.00
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			\$

Disbursements

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Blanks For SLeeAP		X 6449	
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
Fairway, 1920 W. Lee Street Greensboro, NC 27403		Blanks For SLeeAP	
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 2523
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
1031	check	bill boards	3-28-06 \$ 2523
			\$
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
Gulf Road Co. Purchasing Dept		Blanks For SLeeAP	
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> state <input type="checkbox"/> Municipality:	\$ 23.79
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
1033	check	political DATA	3-31-06 \$ 23.79
			\$
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
Hays Taylor YMLA 1101 E MKT Street Greensboro, 27401		Blanks For SLeeAP	
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 240.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
1034	check	BANQUET	4-3-06 \$ 240.00
			\$
5. Total only this Page			\$ 2796.79
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			\$

Disbursements

1. Committee Full Name (and Fund if applicable) BANKS FOR SHERIFF		2. ID Number KBY949	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input 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) GREENSBORO, TIMES WOLFE LN GREENSBORO, NC		b. Coordinated Committee Name BANKS FOR SHERIFF	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ 275.00
f. Account Code 1035	g. Form of Payment check	h. Purpose Advertisement	i. Date (mm/dd/yyyy) 4/12/06
			j. Amount \$ 275.00
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) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)
			j. Amount \$
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) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)
			j. Amount \$
5. Total only this Page			\$ 275.00
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			\$

In-Kind Contributions

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) BLANKS For Sheriff		2. ID Number XBY949
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) GARY BLANKS 216 ROCKFORD DR KEENEVALE, NC 27284	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 Cycle Sum to Date \$ 1288.79
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
website design	2-20-06	\$ 1200⁰⁰
office supplies	2-20-06	\$ 49.⁰⁰
"	2-25-06	\$ 39.⁵⁰
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID CRANDAL 3793 SANCET DRIVE SUITE 180 HIGH POINT, NC 27265	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 Cycle Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN photos	2-25-06	\$ 540⁰⁰
		\$
		\$
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 Cycle Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 1828.98
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$

To be Used by Committees to Report Contributions of \$1,000 or more			
1. Committee Information			
a. Full Name		c. ID Number	
Blanks For Sheriff		XB4949	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
264 Stratford Drive Greensboro, NC 27408		4-24-06	
		e. Phone Number	
		336-314-3390	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
DAVID KIEFER 3807 BEAUEWOOD ST. HIGH POINT, NC 27265			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source:		<input type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source:	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>Guilford</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Self employes			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Self employes	Money order		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
4-24-06	\$ 1,000 ⁰⁰		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
	\$ 1,000 ⁰⁰		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,000 ⁰⁰	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 1,000 ⁰⁰	
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.			
<u>BERKEY BLANKS</u> Printed Name of Signer		<u>Roy Blum</u> Signature of Appointed Treasurer	
		<u>4-24-06</u> Date	

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 NC State Board of Elections

March 2003

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GUILFORD COUNTY
 BOARD OF ELECTIONS