

# 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 NICK SMITHERMAN FOR SHERIFF OF YADKIN COUNTY			c. ID Number DK5XQQ	
b. Mailing Address (include City, State and Zip Code) 9301 NC 67 HWY EAST BEND, NC 27018			d. Date Filed 3-26-21	
			e. Phone Number 336-782-6335	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2022	10-22-22	12-31-22	BRYAN N. SMITHERMAN	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <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		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input 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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name FIRST NATIONAL BANK		a. Financial Institution Full Name		
b. Purpose CAMPAIGN	c. Account Code YCSO2022	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 33.50		d. Period Begin Balance \$	
<b>CERTIFICATION</b>				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
<u>Bryan N Smitherman</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer		<u>12-12-22</u> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<u>12-12-22</u>	Employee:	<u>EB</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> 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		
<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	
NICK SMITHERMAN FOR SHERIFF OF YADKIN COUNTY	FINAL	DK5XQQ	
<b>Start of Election Cycle:</b>	<b>January 1, 2021</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 33.50	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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 Organizations	(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, 11c, 11d and 11e)		\$ 0	\$
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 33.50	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 33.50	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ -0-	\$
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

# Refunds/Reimbursements From the Committee

Pg \_\_\_ of \_\_\_

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
NICK SMITHERMAN FOR SHERIFF OF YADKIN COUNTY	DK5XQQ

<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
BRYAN N SMITHERMAN 9301 NC 67 HWY EAST BEND, NC 27018		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>e. Level Registered (Specify)</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>f. Purpose Code</b>	
		L	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
CONSTRUCTION		HENNING'S CONST.	
<b>g. Comments</b>		<b>h. Original Receipt Date</b>	
<b>i. Original Receipt Amount</b>		<b>j. Election Sum to Date</b>	
\$		\$	
<b>k. Account Code</b>			
YCSO2022			

<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
	USED PERSONAL FUNDS FOR CAMPAIGN		\$ 33.50

<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>e. Level Registered (Specify)</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>f. Purpose Code</b>	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
<b>g. Comments</b>		<b>h. Original Receipt Date</b>	
<b>i. Original Receipt Amount</b>		<b>j. Election Sum to Date</b>	
\$		\$	
<b>k. Account Code</b>			

<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
			\$

<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>e. Level Registered (Specify)</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>f. Purpose Code</b>	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
<b>g. Comments</b>		<b>h. Original Receipt Date</b>	
<b>i. Original Receipt Amount</b>		<b>j. Election Sum to Date</b>	
\$		\$	
<b>k. Account Code</b>			

<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
			\$

<b>4. Total only this Page</b>	\$
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<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$
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L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit  
P\* - Reimbursement of In-Kind      O\* Other

\* Codes require detailed explanation in required remarks field (m)