



Disclosure Report Cover

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.

Amendment Yes No

1. Committee Information

a. Full Name SILLS, JR. James Willis (Jay) Wake Sh. FF 2010		d. Date Filed 01-14-11	
b. Mailing Address (include City, State and Zip Code) 624 Sippican Oaks Dr, Foggy Bottom NC 27526		e. Phone Number (919) 285-2207	

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 10-17-10	4. Period End Date (mm/dd/yy) 01-11-11	5. Treasurer Full Name J.W. Sils, Jr.
-------------------------------	--	--	---

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	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input checked="" type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<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 checked="" type="checkbox"/> Other:
8. Number of Fundraisers this Report 0		
10. Special Report Name Final Account		

11. Account Information

a. Financial Institution Full Name SUN TRUST	a. Financial Institution Full Name SUN TRUST BANK - FOGGY
b. Purpose Final Report	b. Purpose Final Report
c. Account Code - 1 -	c. Account Code
d. Period Begin Balance \$ 36.50	d. Period Begin Balance \$ - 0 -

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 of Elections.

James W. Sils, Jr Printed Name of Signer	J.W. Sils, Jr Signature of Appointed Treasurer	01-14-11 Date
--	--	-------------------------

FOR OFFICE USE ONLY

Date Received: 2/28/11	Employee: OCB	Delivery Method <input checked="" 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.

CRO-1000 NC State Board of Elections August 2008

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	
J.W. Sillis, Sr for Wake Sheriff 2010			
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
JAY SILLIS 624 SIPPICAW OAKS DR FOUCAU-VALENTIA NC 27526		<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Gas & postage d. Election Sum to Date \$ 2214.13
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Gas		10-24-10	\$ 7-
Postage		10-25-10	\$ 7.68
Copies		10-18-10	\$ 24
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
		<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	d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
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
		<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	d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 14.92	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 14.92	

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
James (Jay) Willis Sillis, Jr. For Wake County Sheriff 2010			
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
James Willis Sillis, Jr. 624 Sippahaw Oak Dr, Ferguson - Vaughan N.C. 27526		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$	
		f. Purpose Code	
		Closed Campaign	
		j. Election Sum to Date	
		\$ 2214.13	
b. Job Title/Profession		c. Employer's Name/Specific Field	
Postal Service		US Postal Service	
		g. Comments	
		Closed out Campaign	
l. Form of Payment		m. Required Remarks	
Cashier check		Return to Contributor	
		n. Date (mm/dd/yyyy)	
		11-30-10	
		o. Amount	
		\$ 361.50	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$	
		f. Purpose Code	
		j. Election Sum to Date	
		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	
		g. Comments	
l. Form of Payment		m. Required Remarks	
		n. Date (mm/dd/yyyy)	
		o. Amount	
		\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$	
		f. Purpose Code	
		j. Election Sum to Date	
		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	
		g. Comments	
l. Form of Payment		m. Required Remarks	
		n. Date (mm/dd/yyyy)	
		o. Amount	
		\$	
4. Total only this Page		\$ 361.50	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ 361.50	
L - Returned to Contributor M - Overpayment for Service P* - Reimbursement of In-Kind O* Other N - Exceeded Contribution Limit			
* Codes require detailed explanation in required remarks field (m)			

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
James ^(S.M.) Willis Sillis, Jr ^{For County Sheriff}	4th Quarter Final	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 36.50	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 14.92	\$ 423.00
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 189.13
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 200
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)	\$ 1	\$ 1
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 1	\$ 1
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 1	\$ 1
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 1	\$ 1
11c) Outside Sources of Income (CRO-1250)	\$ 1	\$ 1
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 1	\$ 1
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 14.92	\$ 2514.13
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 235.50
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 28
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 36.50	\$ 36.50
17) In-Kind Contributions (CRO-1510)	\$ 14.92	\$ 2214.13
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 51.42	\$ 2514.13
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 1	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 1	
24) Account Transfers Within the Committee (CRO-1720)	\$ 1	
25) Administrative Support (CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)	\$ 35	\$ 35