

COPY

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund DAVE PLYLER CAMPAIGN COMMITTEE				6. Date APRIL 23, 2002	
2. Address 211 HARMON LANE				7. ID Number	
3. City KERNERSVILLE		4. State NC	5. Zip 27284	8. Phone 993-4675	
9. Type of Report 2002 FIRST QUARTER PLUS				10. Period Covered Start 1-1-2002 End 4-20-2002	
				11. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

12. Type of Committee or Fund (Check one)			
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund:			

13. Treasurer Name

RICHARD GRAVES

14. Assistant Treasurer Name(s)

15. Custodian of Books Name

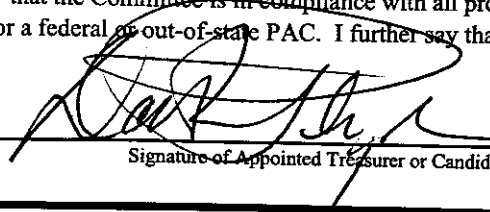
RICHARD D. GRAVES

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
LEXINGTON STATE BANK	PAY BILLS	A	\$ 1769.16
			\$
			\$
			\$
			\$
			\$
			\$

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.


Signature of Appointed Treasurer or Candidate

APRIL 25, 2002
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
DAVE PLYLER CAMPAIGN COMMITTEE		2002 1 ST QTR PLUS			
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ 1769.16		
5) Cash on Hand at Start of Present Reporting Period		\$ 1769.16			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 200.00	\$ 200.00		
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 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) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 200.00	\$ 200.00		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 168.74	\$ 168.74		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$	\$		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 168.74	\$ 168.74		
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)		\$ 1800.42	\$ 1800.42		
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Contributions from INDIVIDUALS

Page ____ of ____

1. Name of Committee or Fund						2. ID Number		
DAVE PLYLER CAMPAIGN COMMITTEE								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	WILLIAM E. AYERS, JR 2865 WESLEYAN LANE WINSTON-SALEM, NC 27106		A	CHECK	03/15/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
RETIRED						<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
CONSTRUCTION		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		
4. Total only this Page						\$		
5. Total of ALL CRO-1210 Pages (only show on last page)						\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Disbursements

Page ____ of ____

1. Name of Committee or Fund <div style="font-size: 1.2em; font-family: cursive;">DAVE PLYLER CAMPAIGN COMMITTEE</div>						2. ID Number	
3. Type of Disbursement <small>(Please use separate CRO-1330 forms for each type of Disbursements.)</small>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			

4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small> <div style="font-family: cursive;">DAVE PLYLER 211 HARMON LANE KERNERSVILLE, NC 27284</div>		d. Purpose <div style="font-family: cursive;">REIMBURSEMENT OF FILING FEE</div>	e. Account Number/Code <div style="font-family: cursive;">A</div>	f. Form of Payment <div style="font-family: cursive;">CHECK</div>	g. Date <small>(mm/dd/yyyy)</small> <div style="font-family: cursive;">02/25/2002</div>	h. Amount <div style="font-family: cursive;">\$ 168.74</div>
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
	j. Election Cycle Sum To Date <div style="font-family: cursive;">\$ 168.74</div>						

4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
	j. Election Cycle Sum To Date						

4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
	j. Election Cycle Sum To Date						

4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
	j. Election Cycle Sum To Date						

4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
	j. Election Cycle Sum To Date						

5. Total only this Page							\$
6. Total of ALL CRO-1310 Related Pages <small>(only show on last page)</small>							\$
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							\$
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							\$
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							\$