COPYTHEOUNTY

Disclosure Repo	rt Cover	Sheet
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Please note that this cover sheet cannot be used to amend committee information s	uch as the commit	tee address; treasurer,
visions transurer, or custodien of books information; or depository information. You	miner seried are s	tatement of Organization
(CPA-2100) to make those kinds of committee ci	ianges.	·
(010-2100) to time		
Name of Committee or Fund	<u> </u>	6. Date
Row Barker for Sherift		1/10/03
Address		7.ID Number
212 Colesbury Ur		
City 4. State 5.	Zi <u>p</u>	8. Phone
KEINEISUILLE NC.	27284	996.2690
Type of Report	10. Period Covere	
	James 12 - 41	9/92 Yes
2. Type of Committee or Fund (Check one)		1102 (No
2. Lypot Commence		looster Fund"
Candidate Campaign	unt 🔲 Bı	illding Fund
Other Fund:		
3. Treasurer Name	1 01	
Robert F. Joyce 330 Fish	IE KU.	WS. 27127
14. Assistant Treasurer Name(s)		
NIA		- :
15. Custodian of Books Name		<u> </u>
Robert F. Toyce 330 Fishel	KJ. W	S. 27127
16. Bank/Depository/Credit Account Information		d. Period Begin Balance
a. Name b. Purpose	c. Code	d' Letiod pegin paranec
WAChouia Commonomo Checking Account	ut	\$ 379.67
COACHODIFF COACHO		s
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		1.
CERTIFICATION		
and the second s	i Huding that no fur	ds are commingled with
I certify that the Committee is in compliance with all provisions of Article 22A, inc	and a	ing ato communication
	THE STITL COFFECT.	
funds for a federal or out-of-state PAC. I further say that this report is complete, to	I CO WILL COLLEGE	
funds for a federal or out-of-state PAC. I further say that this report is complete, to		_
funds for a federal or out-of-state PAC. I further say that this report is complete, t	ido and oorioon	1,, 102
funds for a federal or out-of-state PAC. I further say that this report is complete, t		10/03
funds for a federal or out-of-state PAC. I further say that this report is complete, the Signature of Appointed Treasurer or Candidate		/10 /0 3 Date

Detailed Summary

Detailed Summary Name of Committee or Fund	2. Type of R	eport	3. ID Numi	er
Row Backer for Sheciff	Burth		EDG-	
Start of Election Cycle: January 1, 2002	100111	Total this	Total this	For Office
		Period	Election Cycle	Use Only
4) Cash on Hand at Start of Election Cycle			s17.739.74	<u> </u>
5) Cash on Hand at Start of Present Reporting Period		s 379.67		
RECEIPTS		1.91		
6) Contributions from Individuals	(CRO-1210)	s 200.00	\$55, 190,00	
7) Contributions from Political Party Committees	(CRO-1220)	s O	s	
8) Contributions from Other Political Committees	(CRO-1230)	S	s	
9) Loan Proceeds	(CRO-1410)	s ()	S	
10) Refunds & Reimbursements to Committee	(CRO-1240)	s 148.75	s 148.75	
11) Other Receipt Sources	(CRO-1250)			
11a) Interest on Bank Accounts	(CRO-1250)	s O	\$	•
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	s O	\$	
11c) Outside Sources of Income	(CRO-1250)	s O	s	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		s 848.75	\$5533875	
<u>EXPENDITURES</u>				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	s 🕖	\$71.850.07	
13b) Contributions to Candidates/Political Committees	(CRO-131 0)	s ()	s C	
13c) Coordinated Party Expenditures	(CRO-1310)	s 🔿	s O	
14) Loan Repayments	(CRO-1420)	s O	s O	
15) Refunds from Committee	(CRO-1320)	\$ 0	s O	
16) In-Kind Contributions	(CRO-1510)	s O	s ()	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		s. O	\$71,850.07	·
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)		s /228.42	\$1228.42	
Additional Information				
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	S		-
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)	S		
23) Parent Entity's Administrative Support	(CRO-1710)	S		

					2. ID Number			
Row Barker for Sheriff								
Ţ	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	L Amount	
Į	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		
	Robert M. SAULS	ROBBLOMORA	Chark	10/16/02			\$ 200.00	
	177 Golfview Dr.			•			\$	
;	HOUNNEE 27006						\$	
	b. Joh Title/Profession						\$	
		j. If Amendment, cho		ie:			Sum to Date	
4		∐ Add	Delete		\$ 70	D.00		
- 1	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	
5	LONNIE MAINES 404 CAPPONTER HUE WINSTON SALEM. NC	DESCRIPTION OF THE PROPERTY OF	Check	10/25/62			\$ 100.00	
1 Louis	404 CARPONTER THE						\$	
2	W. USTON-27107						\$	
3	b. Job Title/Profession HESide at Polovarnoh		i				s	
	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change ty	pe:			Sum to Date	
	Shevict / Contractor	Add	☐ Delete		\$.32			
	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. Iu- Kind	h. Prior Report	L Amount	
	FOMAS TEASUE		MEL	11/19/02			\$ 40000	
Contributor	10. Box 24788			7771102			s	
5	Winston-Salon No						s	
e d	b. Job Title/Profession WESICENT Truckins						s	
	c. Employer's Name/Specific Field	j. If Amendment, ch	oose change ty	pe:	k. Elec	tion Cycle	Sum to Date	
	SEIF / Truck rental	☐ Add	Delete		\$ 4	400.00		
	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		
¥	HEArst-Argyle	refund					\$ 148.75	
	214 N. Tryon St		Chack	11/15/6=			\$	
Contrib	Charlotte N.C.						s	
ะ	b. Job Title/Protession CECUMO - TO COUE CONYMENT						s	
	c. Employer's Name/Specific Field V	j. If Amendment, ch		/pe:		tion Cycl	Sum to Date	
	ON TUADS	Add	Delete	r 45.	\$	148		
	a. Full Name, Malling Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind			
5							\$	
Contributor							\$	
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-	b. Job Title/Profession						s	
1	imployer's Name/Specific Field	j. If Amendment, cl		•		ction Cyc	e Sum to Date	
Add Delete \$								
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1. I	Name of Committee or Fund 2. ID Number							
		interfor	Sherit	み				
	ype of Disbursement		RO-1330 forms for each	type of Disburseme				
_	Operating Expenses		andidates/Political Comm			Party Expenditures		
	a. Full Name, Mailing Addre (include city, state, and zip		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
	W/ A						s	
4. Payee	M III						\$	
4		c. If Coordinated Party					\$	
ļ	County Committee, specify:	Expense, list office:	i. If Amendment, choose	e change type: Delete		j. Election Cycle S S	um To Date	
-	a. Full Name, Mailing Addre	es & Phone	d. Purpose	e. Account	f. Form of	g. Date	h. Amount	
	(include city, state, and zig		u. Fut pose	Number/Code	Payment	(mm/dd/yyyy)		
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4. Payee							S	
•	b. If Contribution to	c. If Coordinated Party				·	\$	
	County Committee, specify:	Expense, list office:	i. If Amendment, choos	e change type:		j. Election Cycle S	um To Date	
			□ Add □	Delete		\$		
	a. Full Name, Mailing Addre (include city, state, and zi		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
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4. Payee							\$	
1 'Y			<u> </u>				s	
	b. If Contribution to County Committee, specify:	c. If Coordinated Party	i. If Amendment, choos	a abanca faras	<u> </u>	j. Election Cycle S	*	
	County Committee, specity:	Expense, ust office:	Add	Delete		S. Election Cycle 8	oun 10 Date	
_	a. Full Name, Mailing Addr		d. Purpose	e. Account	f. Form of	g. Date	h. Amount	
	(include city, state, and zi	p)	•	Number/Code	Payment	(mm/qq/xxxx)		
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4. Payee	1						\$	
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	County Committee, specify:		i. If Amendment, choos	1 = 2 :		j. Election Cycle 8	Sum To Date	
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4. Pavee							\$	
ľ	b. If Contribution to	c. If Coordinated Party		·			\$	
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4	nu une goes in une 130 of De	unca summary rage CRO	-1100 ij Cooruinaica Pal	iy impenduures)				

. N	ame of Committee or Fund	2. ID Number			
		or Sheriff			
ŀ	. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
اي		e. Job Title/Profession	f. Employer's Name/Specif	% ic Field	
Lender	, 1	g. Security Pledged			j. Form of Payment
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	•	h. If Amendment, choose cha	inge type:		S
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Loan Repayments

1. N	. Name of Committee or Fund 2. ID Number							
	Kon Barkertor Sh							
П	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment Date	g. Account Number/Code				
	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yyyy)					
3. Lender	_	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment				
2	NA	•	S					
C	NIT			i. Repayment Amount				
	•	f. If Amendment, choose cha	Delete	s				
Н	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment Date	g. Account Number/Code				
	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yyyy)					
3. Lender		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment				
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H	a. Fuli Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment Date	g. Account Number/Code				
	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yyyy)					
Lender		d. Original Loan Amount	e. Remaining Balance of	h. Form of Payment				
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લ		\$	\$	i. Repayment Amount				
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<u></u>	D. W.N. and M. Wing Address C. Dhone	Add b. Original Loan Date	c. Repayment Date	g. Account Number/Code				
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Ę		d. Original Loan Amount		h. Form of Payment				
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3. Lender	}	<u> </u>	Loan					
1"		S statement shares		i. Repayment Amount				
	1	f. If Amendment, choose c	Delete	s				
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Outstanding Loans

1. N	ame of Committee or Fund			2, ID Numb	er	
	Kon Backer to	c Shewift	-			
1	ı. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest	a. Original Loan	
ŀ	(include city, state, and zip)			Rate %	<u>Amount</u> S	
嵬	• • •	e. Job Title/Profession	f. Employer's Name/Specific		·	
3. Lender	. 1 ~	g. Security Pledged	<u></u>		i. Loan Balance	
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		j. If Amendment, choose char	i. If Amendment, choose change type:			
		Add	Delete			
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount	
.		e. Job Title/Profession	f. Employer's Name/Specific		S	
Lender		g. Security Pledged			i. Loan Balance	
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Į,		e. Job Title/Profession	f. Employer's Name/Specific	c Field		
Lender		g. Security Pledged			i. Loan Balance	
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រួ	•	e. Job Title/Profession	f. Employer's Name/Specifi	ic Field	3	
Lender	·• ·	g. Security Pledged			i. Loan Balance	
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١.		e. Job Title/Profession	f. Employer's Name/Specif	ic Field	1	
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- Frader	·	g. Security Pledged]	
le,			:	:	\$	
	j. If Amendment, choose change type:					
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5 \sigma	. Total of ALL CRO-1430 Pages his line must be on line 20 of Detailed Summary Page	(only show on last page) : CRO-1100)	·		\$	

In-Kind Contributions

1. Name of Committee or Fund 2. ID Number							
I. Name by Committee or Fance							
	_	Kou Darke	rtor on	eritt			e. Fair Market
		Full Name, Mailing Address & I	Phone	c. D	Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
	_	include city, state, and zip)				111111111111111111111111111111111111111	S
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l S			•		•		s
	b.	Type of Contributor				1 50	0.1.0
l		Individual	Party Committee		, choose change type:	S Election	Cycle Sum to Date
	[_	Other Political Committee	Other Receipt Source	Add	Delete	d. Date	e. Fair Market
Г	2.	Full Name, Mailing Address &	Phone	C. 1	Description	(mm/ <u>dd/vvvv)</u>	Amount
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Contributor	ŀ						,
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L	L	Other Political Committee	Other Receipt Source	□ Add	Description	d. Date	e. Fair Market
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ł	Contributor					:	- -
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ł	3						S
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		Other Political Committee	Ci Other Receipt Source	1—1 <u>Vaa</u>			S
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) [5.	Total of ALL CRO-1	510 Pages (only s	how on last page)	•		\$
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