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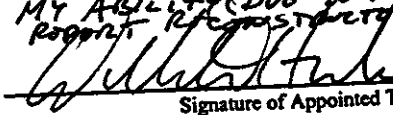
Disclosure Report Cover Sheet

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 HUBER FOR ALDORMAN COMMITTEE		6. Date 6/25/02	
2. Address PO Box 3203		7. ID Number	
3. City HUNTERSVILLE, NC	4. State 28070	5. Zip 704-947-1774	8. Phone
9. Type of Report		10. Period Covered Start 10/29/2001 End 6/25/2002	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 JAMES L. PIERCE (DECEASED 1/19/02)			
14. Assistant Treasurer Name(s)			
15. Custodian of Books Name			
16. Bank/Depository/Credit Account Information			
a. Name	b. Purpose	c. Code	d. Period Begin Balance
FIRST CITIZENS BANK CORPORATION	CHECKING		\$ 137.00
			\$
			\$
			\$
			\$
			\$

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. **TO THE BEST OF MY ABILITY (DUE TO DEATH OF TREASURER FOLLOWING LONG-TERM ILLNESS. FINAL REPORT RECONSTRUCTED FROM BANK RECORDS.)**


Signature of Appointed Treasurer or Candidate

6/25/02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
HUBER FOR ALDORIAN COMMITTEE		FINAL			
Start of Election Cycle: January 1, 20____		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ 0.00		
5) Cash on Hand at Start of Present Reporting Period		\$ 137.00			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 1097.80	\$ 5707.80		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 500.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0.00		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
12) TOTAL RECEIPTS		\$ 1097.80	\$ 6207.80		
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)					
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 1174.80	\$ 6147.80		
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)	\$ 60.00	\$ 60.00		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES		\$ 1234.80	\$ 6207.80		
(Add lines 13a, 13b, 13c, 14, 15, and 16)					
18) Cash on Hand at End of Reporting Period		\$ 0	\$ 0		
(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)					
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

1. Name of Committee or Fund						2. ID Number					
3. Contributor	1. 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 D. HUBER 3806 Densbury Rd Winston-Salem, NC 27104 (CANDIDATE)							CHECK 11/08/2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,037.80
	b. Job Title/Profession										
	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	1. 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 D. HUBER PO Box 3203 Huntersville, NC 28070 (CANDIDATE)							CASH 03/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 60.00
	b. Job Title/Profession										
	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	1. 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"/>	\$
	b. Job Title/Profession										
	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	1. 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"/>	\$
	b. Job Title/Profession										
	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	1. 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"/>	\$
	b. Job Title/Profession										
	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)

CRO-1210

NC State Board of Elections

February 2002

Disbursements

1. Name of Committee or Fund HUBER FOR ALDERMAN COMMITTEE						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input checked="" 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 (include city, state, and zip) THE POSITIVE INFLUENCE PO BOX 5964 WINSTON-SALEM, NC 27113		d. Purpose PRINTING	e. Account Number/Code FIRST CITIZENS 1006 CHECK # 1006	f. Form of Payment CHECK	g. Date (mm/dd/yyyy) 11/14/2001	h. Amount \$ 1037.80
	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 (include city, state, and zip) JOHN AYLING 337 LAKOVAN ST MARTIN, NY 10541		d. Purpose REIMBURSEMENT FOR SUPPLIES	e. Account Number/Code FIRST CITIZENS 1008 CHECK # 1008	f. Form of Payment CHECK	g. Date (mm/dd/yyyy) 12/03/2002	h. Amount \$ 135.00
	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 (include city, state, and zip) FIRST CITIZENS BANK PO BOX 27131 RALEIGH, NC 27611		d. Purpose BANK FEE FOR CREDIT CHECK	e. Account Number/Code SATB AS AGMT	f. Form of Payment DEBIT	g. Date (mm/dd/yyyy) 11/05/2002	h. Amount \$ 2.00
	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 (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
							\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
							\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
							\$
5. Total only this Page							\$
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							

Refunds FROM Committee

1. Name of Committee or Fund				2. ID Number	
3. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. If refund from County Committee, specify:		f. Purpose
	CARLTON HARKOR 140 HEARTSIDE DR WINSTON-SALEM, NC 27104		c. Original Disbursement Date (mm/dd/yyyy) 03/12/2002		RETURN OF CASH CAMPAIGN CONTRIBUTION OVER \$100.00
			d. Date (mm/dd/yyyy) 03/12/2002		
			e. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
					g. Account Number/Code
				h. Form of Payment	
				i. Amount	
				\$ 60.00	
3. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. If refund from County Committee, specify:		f. Purpose
			c. Original Disbursement Date (mm/dd/yyyy)		
			d. Date (mm/dd/yyyy)		
			e. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
					g. Account Number/Code
				h. Form of Payment	
				i. Amount	
				\$	
3. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. If refund from County Committee, specify:		f. Purpose
			c. Original Disbursement Date (mm/dd/yyyy)		
			d. Date (mm/dd/yyyy)		
			e. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
					g. Account Number/Code
				h. Form of Payment	
				i. Amount	
				\$	
3. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. If refund from County Committee, specify:		f. Purpose
			c. Original Disbursement Date (mm/dd/yyyy)		
			d. Date (mm/dd/yyyy)		
			e. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
					g. Account Number/Code
				h. Form of Payment	
				i. Amount	
				\$	
3. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. If refund from County Committee, specify:		f. Purpose
			c. Original Disbursement Date (mm/dd/yyyy)		
			d. Date (mm/dd/yyyy)		
			e. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
					g. Account Number/Code
				h. Form of Payment	
				i. Amount	
				\$	
3. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. If refund from County Committee, specify:		f. Purpose
			c. Original Disbursement Date (mm/dd/yyyy)		
			d. Date (mm/dd/yyyy)		
			e. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
					g. Account Number/Code
				h. Form of Payment	
				i. Amount	
				\$	
4. Total only this Page					\$
5. Total of ALL CRO-1320 Pages (only show on last page)					\$
(This line must be on line 15 of Detailed Summary Page CRO-1100)					