## **Disclosure Report Cover Sheet**

 $\sqrt{2}$ 

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.

· · · · ·			U		
1. Name of Committee or Fund			11. 13		6. Date
CAVANAGH FOI	R MAGOR	RECE	IVED		8-5-02
2. Address					7.1D Number
200 FAIRFAX	Dr.			. •	
3. City		4. State	5. Zip		8. Phone
WINSton-SA	Lom	NC			B36)760-0459
9. Type of Report				Period Covere	
FINAL		· · · · · · · · · · · · · · · · · · ·	Star End	8-5	-2002 Yes -2002 No
12. Type of Committee or Fund (Check one)					
Candidate Campaign Party Candidate Campaign Reference Candidate Campaign R		Joint Fundrais Soft Money A			ooster Fund" ilding Fund
13. Treasurer Name	<u> </u>				
	IANAgH	A			
14. Assistant Treasurer Name(s)					
NOT Q_					
15. Custodian of Books Name		1			
JACKC	AVANAGE	ŧ			
16. Bank/Depository/Credit Account Info					
a. Name	b. Purpose			c. Code	d. Period Begin Balance
BRAT	Checkin	16 50	21059	2770	\$ 429.00
		1			S
· · ·		· · · · · · · · · · · · · · · · · · ·			S
					S
					S
		<u> </u>		1	S
				<u> </u>	
CERTIFICATION					
I certify that the Committee is in compliance	e with all provisions of	Article 22A, i	including t	hat no funds	are commingled with
funds for a federal or out-of-state PAC. I fu	rther say that this repo	n is complete,	and c		_
KA	A.			ç	-5-02
Signature of Appointed Treas	surer or Candidate				Date

CRO-1000

## **Detailed Summary**

ч**,** \*

٠

1. Name of Committee or Fund	2. Type of R	eport	3. ID Numb	ber
CAVANAGH FOR MAYOR	FIN			
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			5 429	
5) Cash on Hand at Start of Present Reporting Period		s 429		
<u>RECEIPTS</u>				
6) Contributions from Individuals	(CRO-1210)	5-0-	\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$ -0 -	\$	
8) Contributions from Other Political Committees	(CRO-1230)	s- <i>D</i> ~	5	
9) Loan Proceeds	(CRO-1410)	s - () -	\$	
10) Refunds & Reimbursements to Committee	(CRO-1240)	s -0 -	\$	
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-0-	s	
11c) Outside Sources of Income	(CRO-1250)	s -0-	\$	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		s -0-	\$	
EXPENDITURES				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	s -0-	\$	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	s - 0 -	s	
13c) Coordinated Party Expenditures	(CRO-1310)	s O	\$	
14) Loan Repayments	(CRO-1420)	s 429-	\$	
15) Refunds from Committee	(CRO-1320)	s -0-	\$	·
16) In-Kind Contributions	(CRO-1510)	<u>s -0-</u>	\$	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		s-0-	S	
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)		\$ -0-	s	
Additional Information				
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$-0-		
20) Outstanding Loans (including ones from other campaigns)	) (CRO-1430)	\$ 707		
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 7.057		
22) Debts and Obligations owed TO the Committee	(CRO-1620)	5-0-		
23) Parent Entity's Administrative Support	(CRO-1710)	s -0 -	and a second sec	l

Additional Disc	losure Rep	port Cover (	Sheet In	formation

. Name of Committee or Fund	se this form to include any additions and attach it to		Number
	Le che che che c		
CAVA	NOUR		
Assistant Treasurer Name(s)	1210		· · · · · · · · · · · · · · · · · · ·
	Nove	<u> </u>	
		<u>.</u>	
		·.·	
. Bank/Depository/Credit Acc	ount Information		
Name	b. Purpose	c. Code	d. Period Begin Balanc
BBFT	Checking		\$ 429
			S
			\$
			\$
			S
		:	\$
			S
			\$
			\$
			S
			s
		1	

CRO-1010

۰,

Name of Committee of	or Fund				2. ID Number	
10	VANAGH &	TIR MAAM	10P			
Type of Disbursement		CRO-1330 forms for ea		ents.)	I	
Operating Expenses	Contributions to (	Candidates/Political Con	mmittees	Coordinated	Party Expenditures	· · · · · · · · · · · · · · · · · · ·
a. Full Name, Mailing Ad		d. Purpose	e. Account	f. Form of	g. Date	h. Amou
(include city, state, and			Number/Code	Payment	(mm/dd/yyyy)	l
						\$
						5
						S
b. If Contribution to	c. If Coordinated Party	1 16 4	eee abange torget	· · ·	j. Election Cycle S	-
County Committee, speci	iy: Expense, list office:	i. If Amendment, cho	Delete		J. Election Cycle 2	Sum 10 Date
a. Full Name, Mailing Ad	dress & Phone	d. Purpose	e. Account	f. Form of	g. Date	h. Amou
(include city, state, and		u. tutpose	Number/Code	Payment	(mm/dd/yyyy)	
			2 · ·			\$_~
				· ·· ·- ·		$-\mathcal{O}$
						\$
; <b> </b>		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		 :		. · · · · · · · · · · · · · · · · · · ·
b. If Contribution to	c. If Coordinated Party			·		
County Committee, specif	ly: Expense, list office:	i. If Amendment, cho			j. Election Cycle S	sum To Date
	dense 8. Diteres	L Add L	Delete	6 P	S	L
a. Full Name, Mailing Ad (include city, state, and		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/vvvv)	h. Amos
Uncluse only, scale, and		·····	1	<u>, teithcut</u>	<u>, 10008907777</u> ]	~~
		and a construction of the second state of the		i \$- amananan ana amananana a	t en en	•-O
						\$
		марана — та	1		· ·	• •••
b. If Contribution to	c. If Coordinated Party		-			Э 
1	Culture the office	i. If Amendment, cho	ere change types		j. Election Cycle S	
County Committee, specif	ty: Expense, list office:				le	Sum To Date
		Add	Delete	Crew -	\$	
a. Full Name, Mailing Ad	dress & Phone		Delete e. Account	f. Form of Perment	S g. Date	
	dress & Phone	Add	Delete	f. Form of Payment	\$	
a. Full Name, Mailing Ad (include city, state, and	dress & Phone	Add	Delete e. Account		S g. Date	
a. Full Name, Mailing Ad (include city, state, and	dress & Phone	Add	Delete e. Account		S g. Date	
a. Full Name, Mailing Ad	dress & Phone	Add	Delete e. Account		S g. Date	h. Amou \$
a. Full Name, Mailing Ad (include city, state, and	dress & Phone	Add	Delete e. Account		S g. Date (mm/dd/yyyy)	h. Amou <u></u>
a. Full Name, Mailing Ad (include city, state, and	dress & Phone zip) c. If Coordinated Party	Add d. Purpose	Delete e. Account Number/Code		S g. Date	h. Amou <u></u>
a. Full Name, Mailing Ad (include city, state, and b. If Contribution to <u>County Committee, speci</u>	dress & Phone zip) c. If Coordinated Party fy: Expense, list office:	Add d. Purpose	Delete e. Account Number/Code ose change type: Delete	Payment	\$ g. Date (mm/dd/yyyy) j. Election Cycle 5 \$	h. Amor S
a. Full Name, Mailing Ad (include city, state, and b. If Contribution to County Committee, specif a. Full Name, Mailing Ad	dress & Phone zip) c. If Coordinated Party fy: Expense, list office: dress & Phone	Add d. Purpose	Delete e. Account Number/Code  ose change type: Delete e. Account	Payment f. Form of	\$ g. Date (mm/dd/yyyy) j. Election Cycle 5 \$ g. Date	h. Amou S
a. Full Name, Mailing Ad (include city, state, and b. If Contribution to <u>County Committee, speci</u>	dress & Phone zip) c. If Coordinated Party fy: Expense, list office: dress & Phone	Add d. Purpose	Delete e. Account Number/Code ose change type: Delete	Payment	\$ g. Date (mm/dd/yyyy) j. Election Cycle 5 \$	h. Amou S
<ul> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to County Committee, speci</li> <li>a. Full Name, Mailing Ad (include city, state, and</li> </ul>	dress & Phone zip) c. If Coordinated Party fy: Expense, list office: dress & Phone	Add d. Purpose	Delete e. Account Number/Code  ose change type: Delete e. Account	Payment f. Form of	\$ g. Date (mm/dd/yyyy) j. Election Cycle 5 \$ g. Date	h. Amou S
<ul> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to County Committee, speci</li> <li>a. Full Name, Mailing Ad (include city, state, and</li> </ul>	dress & Phone zip) c. If Coordinated Party fy: Expense, list office: dress & Phone	Add d. Purpose	Delete e. Account Number/Code  ose change type: Delete e. Account	Payment f. Form of	\$ g. Date (mm/dd/yyyy) j. Election Cycle 5 \$ g. Date	h. Amou S
a. Full Name, Mailing Ad (include city, state, and b. If Contribution to County Committee, specif a. Full Name, Mailing Ad	dress & Phone zip) c. If Coordinated Party fy: Expense, list office: dress & Phone	Add d. Purpose	Delete e. Account Number/Code  ose change type: Delete e. Account	Payment f. Form of	\$ g. Date (mm/dd/yyyy) j. Election Cycle 5 \$ g. Date	h. Amou S
a. Full Name, Mailing Ad (include city, state, and b. If Contribution to County Committee, speci a. Full Name, Mailing Ad (include city, state, and	dress & Phone zip) (c. If Coordinated Party (y: Expense, list office: dress & Phone zip)	Add d. Purpose	Delete e. Account Number/Code  ose change type: Delete e. Account	Payment f. Form of	\$ g. Date (mm/dd/yyyy) j. Election Cycle 5 \$ g. Date	h. Amou S
<ul> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to County Committee, speci</li> <li>a. Full Name, Mailing Ad (include city, state, and</li> </ul>	dress & Phone zip) (c. If Coordinated Party (y: Expense, list office: dress & Phone zip) (c. If Coordinated Party	Add d. Purpose	Delete e. Account Number/Code  ose change type: Delete e. Account Number/Code  ose change type: ose change type:	Payment f. Form of	S g. Date (mm/dd/yyyy) j. Election Cycle S S g. Date (mm/dd/yyyy) j. Election Cycle S	h. Amou S-O- S Sum To Date b. Amou S-O- S
<ul> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to County Committee, special</li> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to</li> </ul>	dress & Phone zip) (c. If Coordinated Party (y: Expense, list office: dress & Phone zip) (c. If Coordinated Party	Add d. Purpose i. If Amendment, cho Add d. Purpose	Delete e. Account Number/Code  ose change type: Delete e. Account Number/Code	Payment f. Form of	S g. Date (mm/dd/yyyy) j. Election Cycle S S g. Date (mm/dd/yyyy)	h. Amou S
a. Full Name, Mailing Ad (include city, state, and b. If Contribution to County Committee, speci a. Full Name, Mailing Ad (include city, state, and b. If Contribution to	dress & Phone zip) c. If Coordinated Party fy: Expense, list office: dress & Phone zip) c. If Coordinated Party fy: Expense, list office:	Add d. Purpose i. If Amendment, cho Add d. Purpose i. If Amendment, cho	Delete e. Account Number/Code  ose change type: Delete e. Account Number/Code  ose change type: ose change type:	Payment f. Form of	S g. Date (mm/dd/yyyy) j. Election Cycle S S g. Date (mm/dd/yyyy) j. Election Cycle S	h. Amou S-O- S Sum To Date b. Amou S-O- S
<ul> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to County Committee, specified</li> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to County Committee, specified</li> <li>b. If Contribution to County Committee, specified</li> <li>county Committee, specified</li> </ul>	dress & Phone zip) (c. If Coordinated Party (y: Expense, list office: dress & Phone zip) (c. If Coordinated Party (y: Expense, list office: (ge	i. If Amendment, cho d. Purpose d. Purpose d. Purpose i. If Amendment, cho Add	Delete e. Account Number/Code  ose change type: Delete e. Account Number/Code  ose change type: ose change type:	Payment f. Form of Payment	S g. Date (mm/dd/yyyy) j. Election Cycle S S g. Date (mm/dd/yyyy) j. Election Cycle S	h. Amou S-O- S Sum To Date b. Amou S-O- S
a. Full Name, Mailing Ad (include city, state, and b. If Contribution to County Committee, speci a. Full Name, Mailing Ad (include city, state, and b. If Contribution to County Committee, speci b. If Contribution to County Committee, speci Total only this Pa Total of ALL CR his line goes in line 13a of L	dress & Phone zip) (c. If Coordinated Party fy: Expense, list office: dress & Phone zip) (c. If Coordinated Party fy: Expense, list office: ge O-1310 Related Pag Detailed Summary Page CRO	i. If Amendment, cho d. Purpose i. If Amendment, cho d. Purpose i. If Amendment, cho Add I Add Ees 1100 if Operating Exp	_ Delete e. Account Number/Code ose change type: ] Delete e. Account Number/Code ose change type: ] Delete ose change type: ] Delete	Payment f. Form of Payment	S g. Date (mm/dd/yyyy) j. Election Cycle S S g. Date (mm/dd/yyyy) j. Election Cycle S	h. Amou S-O- S Sum To Date b. Amou S-O- S
<ul> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to County Committee, specified</li> <li>a. Full Name, Mailing Ad (include city, state, and</li> <li>b. If Contribution to County Committee, specified</li> <li>b. If Contribution to County Committee, specified</li> <li>c. Full Only this Pa</li> <li>b. Total only this Pa</li> <li>b. Total of ALL CR</li> <li>b. line goes in line 13a of Line</li> </ul>	dress & Phone zip) (c. If Coordinated Party (y: Expense, list office: dress & Phone zip) (c. If Coordinated Party (y: Expense, list office: (ge O-1310 Related Party	i. If Amendment, cho d. Purpose i. If Amendment, cho d. Purpose i. If Amendment, cho d. Purpose d. Purpose d. Purpose i. If Amendment, cho d. Purpose d. P	Delete e. Account Number/Code  ose change type: Delete e. Account Number/Code  ose change type: Delete ose change type: Delete ose change type: Code ose change type: Code ose change type: Code code code code code code code code c	Payment f. Form of Payment	S g. Date (mm/dd/yyyy) j. Election Cycle S S g. Date (mm/dd/yyyy) j. Election Cycle S	h. Amou S-O- S Sum To Data h. Amou S-O- S

•

•

.. **'** 

NC State Board of Elections

...

٩.,

. :

:

۰.

÷.,

.

•

4

## Loan Proceeds

•

. •

1. Nai	me of Committee or Fund			2. ID Num	ber
	CHVANAG	H FOR MAY	10K	ļ	
	Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyy/)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
3. Lender		e. Job Title/Profession	f. Employer's Name/Specil		j. Form of Paymer
3		g. Security Pledged			
۳					k. Amount
		h. If Amendment, choose cha	Delete		s -0 -
	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 <u>Number/Code</u>
Ъ.		e. Job Title/Profession	f. Employer's Name/Specif		j. Form of Payme
3. Lender		g. Security Pledged		· · · · · · · · · · · · · · · · · · ·	
"				k. Amount	
		h. If Amendment, choose cha	Delete		s-0-
	Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)		Rate	i. Account Number/Code
. Г	<u> </u>	e. Job Title/Profession	f. Employer's Name/Speci	fic Field	
Lender		g. Security Pledged			j. Form of Payme
				k. Amount	
		h. If Amendment, choose cha	inge type:	<u></u>	s _() -
	Full Name, Mailing Address & Phone	L Add b. Start Date (mm/dd/yyyy)		d. Interest	i. Account
	(include city, state, and zip)			Rate%	Number/Code
<u>.</u>		e. Job Title/Profession	f. Employer's Name/Speci	fic Field	j. Form of Payme
Lender		g. Security Pledged			
ri			-		k. Amount
		h. If Amendment, choose cha	nge type: Delete		s_0_
	Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)		Rate	i. Account Number/Code
		c. Job Title/Profession	f. Employer's Name/Speci	fic Field	
Lender		g. Security Pledged			j. Form of Payme
3		g. security i reagen		·	k. Amount
		h. If Amendment, choose ch	ange type:		s _0 -
	Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)		Rate	i. Account Number/Cod
	· · · · · · · · · · · · · · · · · · ·	e. Job Title/Profession	f. Employer's Name/Speci		j. Form of Paym
3. Lender		g. Security Pledged		J. FOLM OF L AVII	
				÷	k. Amount
		h. If Amendment, choose ch	ange type:	· ·	s - 0 -
4. To	otal only this Page				S O
5. To	otal of ALL CRO-1410 Pages line must be on line 9 of Detailed Summary Page	(only show on last page) CRO-1100)			s 0 ·

÷

## Loan Repayments

.

٠.

-

. N	lame of Committee or Fund		-	2. ID N	umber		
	CAVANAGH	FOR MAYON	2				
Ţ	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/yy	YY)			
. [	JOHN J. CAVANAGH, Jr 230 FAIRFAX Dr WINSTON-SACEM, NC 27104						
	Jordo J. Chimmerly VI	d. Original Loan Amount	e. Remaining Ba	lance of	h. Form of Payment		
Ś	230 FAIRFAXDY		Loan				
5	WHOLEN- CHIEM NC 27104	s s			i. Repayment Amount		
	winston silenny	f. If Amendment, choose cha			\$ 429,00		
		Add .	Delete				
Ţ	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment		g. Account Number/Code		
ŀ	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yy	<u>YY}</u>	· .		
		d. Original Loan Amount	e. Remaining Ba	lance of	h. Form of Payment		
		a. 01.6	Loan				
		s s					
1					i. Repayment Amount		
		f. If Amendment, choose ch	Delete		s -0-		
	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment	Date	g. Account Number/Cod		
ľ	(include city, state, and zip)	(mm/dd/vyvy)	(mm/dd/yy		5		
ł							
In the second		d. Original Loan Amount	c. Remaining Ba	lance of	h. Form of Payment		
ŝ			Loan				
-		\$	\$		i. Repayment Amount		
		f. If Amendment, choose change type:			s -() ~		
		Add Delete			<u> </u>		
	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment		g. Account Number/Cod		
	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yy	YY)			
5		d. Original Loan Amount	e. Remaining Ba	lance of	h. Form of Payment		
Tenger		4. Oliginal Lova Antonia	Loan		· · · · · · · · · · · · · · · · · · ·		
		e.	s				
					i. Repayment Amount		
		f. If Amendment, choose change type:			─s ─── -		
┥	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment	Date	g. Account Number/Cod		
ľ	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yy		<u>6 </u>		
ł							
render		d. Original Loan Amount		ulance of	h. Form of Payment		
5			Loan_				
ก่		\$	\$		i. Repayment Amount		
		f. If Amendment, choose change type:			s _() ~		
		Add	Delete	<u> </u>			
T	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment		g. Account Number/Cod		
╞	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yy	<u>YYI</u>	4 ·		
비		d. Original Loan Amount	e. Remaining Ba	alance of	h. Form of Payment		
Tellac			Loan				
3		S	\$		i. Repayment Amount		
		f. If Amendment, choose ch	ange type:		1/20 -3		
		Add	Delete		\$400,00		
	Total only this Page		······································		5420-07		
	Total of ALL CRO-1420 Pages	(only show on last page)			•		
•							

÷

[n	-Kind Contribution	15			P	rge of
. 1	Name of Committee or Fur	<b>A</b>			2. 1D Ni	umber
		CAVANAGH	FOR	MAYOR		
	a. Full Name, Mailing Address &		1	c. Description	d. Date	e. Fair Market
	(include city, state, and zip)				(mm/dd/yyyy)	Amount
						S
			-			-
		· •				\$
						\$
2		•				_
	b. Type of Contributor		-			\$ -0-
	Individual	Party Committee	f. If Amenda	nent, choose change type:		n Cycle Sum to Date
	Other Political Committee	Other Receipt Source	Add	Delete	\$	
	a. Full Name, Mailing Address d	Phone		c. Description	d. Date	e. Fair Market
	(include city, state, and zip)				(mm/dd/vvvv)	Amount
_						\$
				· · · · · · · · · · · · · · · · · · ·		\$
						-
						\$
2			l'			s _0 -
	b. Type of Contributor				Le Electro	a Cycle Sum to Date
	Individual     Other Political Committee	Party Committee Other Receipt Source	Add	nent, choose change type:	g. Aleculor	a Cycle Sum to Date
	a. Fuli Name, Mailing Address &			c. Description	d. Date	e. Fair Market
	(include city, state, and zip)				(mm/dd/vvvv)	Amount
					:	\$
;		•	in an	<ul> <li>An explore the first second sec</li></ul>	eterative	
101 P. 11 P. 11					1	\$
			and the second sec			S
			······	ց երեւնացու ու անչեւներներներին է		
	b. Type of Contributor			•* .	· ·	· ~ -
1	Individual	Party Committee	and the second s	nent, choose change type:		n Cycle Sum to Date
	Other Political Committee	Other Receipt Source		Delete	<u> \$</u>	The Market
	a. Full Name, Mailing Address & (include city, state, and zip)	& Phone		c. Description	d. Date (mm/dd/vvvv)	e. Fair Market Amount
	(menove eny; state, and sap)					\$
						ф. :
						\$
			م ∌استقلاب بیری <sub>ا</sub> و	<b>.</b>		\$
ń	b. Type of Contributor		4			s _0 -
	Individual	Party Committee	f. If Amendr	nent, choose change type:	g. Election	n Cycle Sum to Date
	Other Political Committee	Other Receipt Source	Add	Delete	\$	
	a. Full Name, Mailing Address d	& Phone		c. Description	d. Date	e. Fair Market
	(include city, state, and zip)				(mm/dd/vvvv)	Amount
				·		* <b>\$</b> 1
210				an a	· · · · · · · · · · · · · · · · · · ·	S
					,	
CONTRIDUCTOR			1		· ·	5
ń						s-()-
	b. Type of Contributor Individual	Party Committee	If If Amand	nent, choose change type:	la Flactia	n Cycle Sum to Date
	Other Political Committee	Other Receipt Source	L. II Amendi	Delete	g. Election	
					<u> </u>	5-47-
	Total only this Page			<u> </u>	<u> </u>	
	Total of ALL CRO-15		w on last page)	)		S
Th	is line must be on line 16 of Deta	lled Summary Page <u>CRO-110</u>	0)			

CRO-1510

.

.

4

\_

48-Hour Notice							Page	0[
To be	Used by	Committees to	Report C	Contributions	of over	r \$1,000		
I. Committee Name						<b>7.</b> D	Date	····
CAVAN	ABT	FOR	MA	YOR		٤	8-5-02	
2. Committee Address	. Committee Address					8. 1	D Numi	ber
230 FAIRFAX	: Dr.	•						
3. City		4. State 5. Z	ip	6. P	Phone	9. A	mendn	aent
WINSton-SA	Lin	~ NC	ここ	104 ;	760.	0459	Yes No	
10. Treasurer Name		)						
Jackel	AVA	WA9T	+					
11. Contributions Received (Subr	nit multipl	le forms if addit	ional spa	ace is require	ed.)			
a. Full Name, Mailing Address & Phone		b. Specify Type o	f Contrib	utor:				c. If Not-for-
(include city, state, and zip)		Individual		<b>Political Party</b>		Other Political Com	mittee	Profit, list Fed
		Not-for-Pro		Other Source:				ID #:
		d. If Other Com	nittee, spe			:	•	- · ·
		Federal	State					·
		e. If Ind, list Job	Title/Prof	ession:	f. If Ind	l, list Employer's Nat	ne/Spec	ific Field:
,·						L. D. t. ( (dd (me		Amount
g. Election Cycle Sum to Date	h. In-Kind	i. Account Numb	er/Code	j. Form of Pay	ment	k. Date (mm/dd/yyy	<u>y) (r.</u>  S	
\$	<u> </u>		( <b>O</b> = 4 - 1			l	<u> </u> #	c. If Not-for-
a. Full Name, Mailing Address & Phone		b. Specify Type o		Political Party	<u> </u>	Other Political Com	mittee	Profit, list Fed
(include city, state, and zip)		Not-for-Pro		Other Source:		VIIII I VIIII UU		ID #:
		d. If Other Com	····			e:		
		Federal	State					_
		e. If Ind, list Job				l, list Employer's Na	me/Spec	cific Field:
g. Election Cycle Sum to Date	h. In-Kind	i. Account Numb	er/Code	j. Form of Pay	ment	k. Date (mm/dd/yyy		Amount
S						I		
a. Full Name, Mailing Address & Phone		b. Specify Type						c. If Not-for-
(include city, state, and zip)	<u> </u> -	Individual	=	Political Party		Other Political Con	amittee	Profit, list Fed ID #:
		Not-for-Pro	· _	Other Source:				· · · · · · · · · · · · · · · · · · ·
d. If Other Committee, specify Type of Committee:								-
e. If Ind, list Job Title/Profession: f. If Ind, list Employer's						list Employer's Na	me/Sne	<u>- I</u>
	•	e. Il Ind, list Job	Interro			a, nat Employer a the		
Division Charle Surger to Date	h In Mind	i. Account Numb	ver/Code	j. Form of Pay	ment	k. Date (mm/dd/yy)		. Amount
g. Election Cycle Sum to Date	n. In-Kind	L ACCOUNTION				1	5	<u> </u>
\$ 12. Total Contributions ALL Pag	<u> </u>		13. Tot	al Contribut	ions T	HIS Page		5-0 -
(if multi-page, only list on page 1)		s-0 -	(sum al	ll the 111 entries	on this	page)		
CERTIFICATION				. •				
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, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.

 $\mathcal{O}$ Date nature of Appointed Treasurer or Candidate (if multi-page, only sign on page 1)

\$