

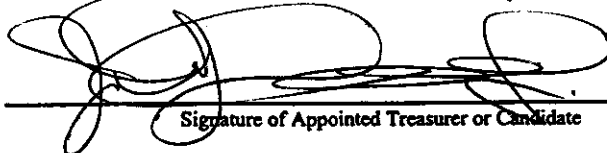
# Disclosure Report Cover Sheet

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 <b>CAVANAGH FOR MAYOR RECEIVED</b>				6. Date <b>8-5-02</b>	
2. Address <b>230 FAIRFAX DR.</b>				7. ID Number	
3. City <b>WINSTON-SALEM</b>	4. State <b>NC</b>	5. Zip <b>27104</b>	8. Phone <b>836760-0459</b>		
9. Type of Report <b>FINAL</b>			10. Period Covered Start <b>1-1-2002</b> End <b>8-5-2002</b>		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 <b>JACK CAVANAGH</b>					
14. Assistant Treasurer Name(s) <b>NONE</b>					
15. Custodian of Books Name <b>JACK CAVANAGH</b>					
16. Bank/Depository/Credit Account Information					
a. Name <b>BB&amp;T</b>	b. Purpose <b>Checking</b>		c. Code <b>5210542770</b>	d. Period Begin Balance <b>\$ 429.00</b>	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## 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

**8-5-02**  
Date

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
CAVANAGH FOR MAYOR		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			\$ 429		
5) Cash on Hand at Start of Present Reporting Period		\$ 429			
<b>RECEIPTS</b>					
6) Contributions from Individuals	(CRO-1210)	\$ -0-	\$		
7) Contributions from Political Party Committees	(CRO-1220)	\$ -0-	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$ -0-	\$		
9) Loan Proceeds	(CRO-1410)	\$ -0-	\$		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ -0-	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ -0-	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ -0-	\$		
11c) Outside Sources of Income	(CRO-1250)	\$ -0-	\$		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ -0-	\$		
<b>EXPENDITURES</b>					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ -0-	\$		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ -0-	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$		
14) Loan Repayments	(CRO-1420)	\$ 429	\$		
15) Refunds from Committee	(CRO-1320)	\$ -0-	\$		
16) In-Kind Contributions	(CRO-1510)	\$ -0-	\$		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ -0-	\$		
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-	\$		
<b>Additional Information</b>					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ -0-			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 107			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 107			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ -0-			
23) Parent Entity's Administrative Support	(CRO-1710)	\$ -0-			

# Additional Disclosure Report Cover Sheet Information

Page \_\_\_\_ of \_\_\_\_

If there is not enough room on the Disclosure Report Cover Sheet form (CRO-1000) to include all assistant treasurers or accounts use this form to include any additions and attach it to the Cover Sheet form.

1. Name of Committee or Fund		2. ID Number	
CAVANAGH FOR MAYOR			
3. Assistant Treasurer Name(s)			
NONE			
4. Bank/Depository/Credit Account Information			
a. Name	b. Purpose	c. Code	d. Period Begin Balance
BBI	Checking		\$ 429
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$ 429

# Disbursements

Page \_\_\_\_ of \_\_\_\_

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

**5. Total only this Page**

\$ -0-

**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)

\$ -0-

# Loan Proceeds

Page \_\_\_\_ of \_\_\_\_

1. Name of Committee or Fund				2. ID Number	
CAVANAGH FOR MAYOR					
3. Lender	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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
	h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ - 0 -	
3. Lender	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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
	h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ - 0 -	
3. Lender	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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
	h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ - 0 -	
3. Lender	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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
	h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ - 0 -	
3. Lender	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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
	h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ - 0 -	
3. Lender	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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
	h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ - 0 -	
3. Lender	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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
	h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ - 0 -	
4. Total only this Page					\$ - 0 -
5. Total of ALL CRO-1410 Pages (only show on last page)					\$ - 0 -
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

# Loan Repayments

Page \_\_\_\_ of \_\_\_\_

1. Name of Committee or Fund				2. ID Number	
CAVANAGH FOR MAYOR					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	JOHN J. CAVANAGH, Jr 230 FAIRFAX Dr WINSTON-SALEM, NC 27104	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 429.00	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ -0-	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ -0-	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ -0-	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ -0-	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 429.00	
4. Total only this Page				\$ 429.00	
5. Total of ALL CRO-1420 Pages (only show on last page)				\$ -0-	
(This line must be on line 14 of Detailed Summary Page CRO-1100)					

# In-Kind Contributions

Page \_\_\_\_ of \_\_\_\_

1. Name of Committee or Fund			2. ID Number	
<i>CAVANAGH FOR MAYOR</i>				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)
				e. Fair Market Amount
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
		g. Election Cycle Sum to Date		
		\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)
				e. Fair Market Amount
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
		g. Election Cycle Sum to Date		
		\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)
				e. Fair Market Amount
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
		g. Election Cycle Sum to Date		
		\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)
				e. Fair Market Amount
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
		g. Election Cycle Sum to Date		
		\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)
				e. Fair Market Amount
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
		g. Election Cycle Sum to Date		
		\$		
4. Total only this Page				\$ <i>0 -</i>
5. Total of ALL CRO-1510 Pages (only show on last page)				\$
(This line must be on line 16 of Detailed Summary Page CRO-1100)				

To be Used by Committees to Report Contributions of over \$1,000											
1. Committee Name <div style="font-size: 1.2em; font-family: cursive;">CAVANAGH FOR MAYOR</div>							7. Date <div style="font-size: 1.2em; font-family: cursive;">8-5-02</div>				
2. Committee Address <div style="font-size: 1.2em; font-family: cursive;">230 FAIRFAX DR.</div>							8. ID Number				
3. City		4. State		5. Zip		6. Phone		9. Amendment			
<div style="font-size: 1.2em; font-family: cursive;">WINSTON-SALEM,</div>		<div style="font-size: 1.2em; font-family: cursive;">NC</div>		<div style="font-size: 1.2em; font-family: cursive;">27104</div>		<div style="font-size: 1.2em; font-family: cursive;">7600459</div>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Treasurer Name <div style="font-size: 1.2em; font-family: cursive;">Jack CAVANAGH</div>											
11. Contributions Received <i>(Submit multiple forms if additional space is required.)</i>											
a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Specify Type of Contributor:				c. If Not-for-Profit, list Fed ID #:			
				<input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____							
				d. If Other Committee, specify Type of Committee:							
				<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____							
				e. If Ind, list Job Title/Profession:							
f. If Ind, list Employer's Name/Specific Field:											
g. Election Cycle Sum to Date		h. In-Kind		i. Account Number/Code		j. Form of Payment		k. Date (mm/dd/yyyy)			
\$		<input type="checkbox"/>						l. Amount \$ -0-			
a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Specify Type of Contributor:				c. If Not-for-Profit, list Fed ID #:			
				<input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____							
				d. If Other Committee, specify Type of Committee:							
				<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____							
				e. If Ind, list Job Title/Profession:							
f. If Ind, list Employer's Name/Specific Field:											
g. Election Cycle Sum to Date		h. In-Kind		i. Account Number/Code		j. Form of Payment		k. Date (mm/dd/yyyy)			
\$		<input type="checkbox"/>						l. Amount \$ -0-			
a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Specify Type of Contributor:				c. If Not-for-Profit, list Fed ID #:			
				<input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____							
				d. If Other Committee, specify Type of Committee:							
				<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____							
				e. If Ind, list Job Title/Profession:							
f. If Ind, list Employer's Name/Specific Field:											
g. Election Cycle Sum to Date		h. In-Kind		i. Account Number/Code		j. Form of Payment		k. Date (mm/dd/yyyy)			
\$		<input type="checkbox"/>						l. Amount \$ -0-			
12. Total Contributions ALL Pages <i>(if multi-page, only list on page 1)</i>				\$ -0-		13. Total Contributions THIS Page <i>(sum all the 111 entries on this page)</i>				\$ -0-	

**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.

Signature of Appointed Treasurer or Candidate  
*(if multi-page, only sign on page 1)*

8-5-02

Date