	ver	FOR Boar	SYTH COURTY D OF SUBCILIES		Amendment Yes No	
Please note that this cover sheet	cannot be use	d to append op	mmittee information	quch as the	committee address, treasurer,	1
Please note that this cover sheet assistant	treasurer, cus	todian of book	information, or ac	Count inform	ation.	
You must amend the Stat	tement of Orga	inization (CRC	D-2100A-E) to make	those kinds	of committee changes.	
Use	e the Addendu	m form (CRO	1010) if more entrie	s are needed	-	
1. Committee Information						
a. Full Name			······································		c. ID Number	1
	4				_	
Brunstetter	Yor	Counto	n- Commiss	inner		
b. Mailing Address (include City, State	e and Zip Code)		J <u> </u>		d. Date Filed	-
3210 Kinna		Rd.			7/25/03	
Winston- S	. 1		271014		e. Phone Number	
Winston- 3	alen,	NC	27707		765-1233	
2. Report Year 3. Period Start Dat	e (mm/dd/yyyy)	4. Period End	d Date (mm/dd/yyyy)	5. Treasurer	Full Name	
2003 1/10	2	6/3	30/03	SLA	hen C. Mathis	-
2003 1/10	<u> </u>	6/3	د م ا	στερί	ien L. Maino	
5. Type of Committee (Check one)	8	. Type of Report	(check only one ty	pe of report fro	n one category)	1
🔀 Candidate Campaign 🔲 Party		funicipal	State/County		Referendum	1
🔲 Joint Fundraiser 🛛 🔲 PAC		Organizationa	al 🚺 Organiza	tional	Organizational	
Referendum	I	Thirty-five da	y Quarterly	y	Pre-referendum	
7. Type of Fund (if applicable,	check one)	Pre-primary	🗖 Firs	t Plus	Final Final	
Soft Money Account		Pre-election	Sec Sec	ond	Supplemental Final	
Booster Fund"	1	Pre-runoff	🗖 Thi	rd Plus	Annual	
Building Fund		Semi-annual	🗖 Fou	ırth	Special	
NC Political Party Financing Fund	Ir	Mid Yea	Ir Semi-ani	nual		
Presidential Election Year Candidat	es Fund	Year End	d 🖬 Mic	i Year	9. Special Report Name	1
NC Public Campaign Financing Fur	nd 🚺	Final	T Yer	r End		
Other:	fi	Special	Final			
			Special			
10. Account Information			10. Account Infor	mation		
a. Financial Institution Full Name			a. Financial Institution	Full Name		
CCB - Salem G	roup					-
b. Purpose	c. Code		b. Purpose		c. Code	
, , , , , , , , , , , , , , , , , , ,	~	-				
campaign						
1 V	d. Period Begin	Balance			d. Period Begin Balance	
campaign expenses		-			d. Period Begin Balance	
expenses		Balance )5,40			-	
1 4	s 1,77	<b>)5,40</b> with all provisi		including th	\$ at no funds are commingled	work
expenses CERTIFICATION I certify that the Committee is i	s 1,77 in compliance of-state PAC. athis	<b>5.40</b> with all provisi I further say th		upete, true at	\$ at no funds are commingled	work 768-33
expenses CERTIFICATION I certify that the Committee is i with funds for a federal or out-out-out-out-out-out-out-out-out-out-	s 1,77 in compliance of-state PAC. athis	<b>5.40</b> with all provisi I further say th	hat for generation	upete, true at	\$ at no funds are commingled	work 768-3,
expenses CERTIFICATION I certify that the Committee is i with funds for a federal or out-out-out-out-out-out-out-out-out-out-	s 1,77 in compliance of-state PAC. athis	<b>5.40</b> with all provisi I further say th	nat this provide for particle of Appointed Tree	asurer	\$ at no funds are commingled	work 768-3.
expenses CERTIFICATION I certify that the Committee is i with funds for a federal or out-out-out-out-out-out-out-out-out-out-	s 1,77 in compliance of-state PAC. athis	95,40 with all provisi I further say the	nat this set for the form	asurer	s at no funds are commingled and correct. $\frac{2/2.4/13.3}{Date}$ livery Method	work 768-3.
Expenses CERTIFICATION I certify that the Committee is i with funds for a federal or out-out-out-out-out-out-out-out-out-out-	s 1,77 in compliance of-state PAC. athis	95,40 with all provisi I further say the Sig	nat the point of t	asurer	s at no funds are commingled ad correct. <u>7/24/83</u> Date livery Method Normal Mail Registered Mail	work 768-3

Detailed Summary				Yes	Ž.No
1. Committee Full Name (and Fund if applicable)	2. Type of Re		3. 🛙	D Number	
Brunstetter for County Commissione	A Semi-			-	
Start of Election Cycle: January 1, <u>2000</u>	_	Total thi Reporting Po	-		tal this ion Cycle
4) Cash on Hand at Start		\$ 1,725		\$	
<u>RECEIPTS</u>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$ <sup>′</sup>	
6) Contributions from Individuals	(CRO-1210)	\$		\$ 15	7944.0
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	400.0
9) Loan Proceeds	(CRO-1410)	\$		\$ /	259.2
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	13.2
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$	<u></u>	\$	مراو اند آن ولينيند. حيات
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
12) "Goods and Services" Contributions	(CRO-1260)	\$		\$	
13) TOTAL RECEIPTS		\$ _0			
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		<u>* ~0</u>	*	° /8	<u>;616.4</u>
EXPENDITURES					
14) Disbursements	(CRO-1310)	and the second s	an a	e <u>etas antes</u> t	Carrier and Some
14a) Operating Expenditures	(CRO-1310)	\$		\$ 16,	507.73
14b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$		\$	333.31
14c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$ 1.775	,40	\$	, 775,4
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES		\$ 1,725	40	\$ 10	1 1 L iL
(Add lines 14a, 14b, 14c, 15, 16, and 17) 19) Cash on Hand at End		1, 1/3	7 🗸	10,	. 6/6, 4
(Add lines 4 and 13 together, then subtract line 18)		s - D	-	\$ _	0 -
ADDITIONAL INFORMATION			t Augusta and anda Augusta Augusta Augusta Augusta Augusta Augusta		1997 - 1997 -
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ -0-			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ -0-	-		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ -0-			
23) Debts and Obligations owed To the Committee	(CRO-1620)	s - 0 -			
24) Account Transfers Within the Committee	(CRO-1720)	s - 0 -			
25) Administrative Support	(CRO-1710)	s - D-		\$	- n-
26) Forgiven Loans	(CRO-1440)		68	s 4	190.68
27) 48-Hour Notice Reports Sum		s - 0	-	\$	

Disbursements			Pg	of	L	Amendment Yes No
1. Committee Full Name (a	nd Fund if applicabl	e)	·······		2. II	) Number
		- County				••••••
3. Type of Disbursem		parate CRO-131 forms				
4. Payee Information		ions to Canondates/Point			ted Pa	arty Expenditures
a. Full Name, Mailing Add	ress & Phone		b. Coordinated Co		d. C	omments
(include city, state, & zip						ank account
Deter Brun	Actettere					alance used
Peter Brun 3641 Will	Grandet	PL	c. Level Registere	d (Specify) County:		owards loan
Winston - 2			State	Municipality:		ection Cycle Sum to Date
					\$	1,775,40
f. Account Code g. Form	of Payment	h. Purpose		i. Date (mm/dd/yyy	ry)	j. Amount
C	heck	Debt pa	igment	3/13/03		\$ 1,775,40
						\$
4. Payee Information			Add 🔲 Ren	nove		
a. Full Name, Mailing Add (include city, state, & zip			b. Coordinated Co	ommittee Name	<b>d.</b> C	omments
(include city, state, & zip	, <u> </u>					
			c. Level Registere	d (Specify)		
			Federal	County:		
			State	Municipality:	e. El	ection Cycle Sum to Date
					\$	
f. Account Code g. Form	of Payment	h. Purpose		i. Date (mm/dd/yyy	y)	j. Amount
						\$
						\$
4. Payee Information			Add 🔲 Rer	nove		
a. Full Name, Mailing Add			b. Coordinated Co	mmittee Name	d. Co	omments
(include city, state, & zip	)					
			c. Level Registered	ł (Specify)		
			Federal	County:		· · · · · · · · · · · · · · · · · · ·
			State	Municipality:	e. Ek	ection Cycle Sum to Date
					\$	
f. Account Code g. Form	of Payment	h. Purpose		i. Date (mm/dd/yyy	y)	j. Amount
				· · · · · · · · · · · · · · · · · · ·		\$
						\$
5. Total only this <b>H</b>	Page				\$	1,775,40
6. Total of ALL C	RO-1310 Page	S				
(This line goes in line 14a (This line goes in line 14b	of Detailed Summary	Page CRO-1100 if Con	trib to Candidates/I		\$	1,775,40
(This line goes in line 14c CRO-1310	of Detailed Summary		rdinated Party Expe	nditures)		11 1 - 5 1 1 5

Forgiven Loans			
This form should be completed		repaid by the committee. A Forg pany each forgiven loan.	given Loan Statement (CR
	ontain the same information	as supplied under the original h should include their occupational	
		ontributor for the election cycle of	
1. Committee Full Name (and Fund if a	pplicable)		2. ID Number
Brunstetter	for County	Commissioner	
3. Lender Information		Add 🗖 Remove	
a. Full Name, Mailing Address & Phone	e	b. Comments	
(include city, state, & zip)		Candidate fo	
Peter Brunstet 3641 Will Scar	ter	c. Original Loan Date (mm/dd/yyyy)	f. Election Cycle Sum to Dat
		Urrious	<b>J</b>
Winston- Saler	n, NC 27/14	d. Original Loan Amount \$ VANOUS AMTS.	g. Date (mm/dd/yyyy)
		e. Remaining Loan Balance	Udrious
			h. Forgiven Amount
		\$ 4,190,68	\$ 4,190,68
		the amount they paid, if it wasn't compl	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	e	a. Full Name, Mailing Address & Ph (include city, state, & zip)	ione
9. Job Title/Profession	d. Forgiven Amount	b. Job Title/Profession	d. Forgiven Amount
). Job Title/Profession	d. Forgiven Amount \$	b. Job Title/Profession	d. Forgiven Amount \$
9. Job Title/Profession 2. Employer's Name/Specific Field		b. Job Title/Profession c. Employer's Name/Specific Field	\$
	\$		
:. Employer's Name/Specific Field 1. Full Name, Mailing Address & Phone	\$ e. Elect Cycle Sum to Date \$		S e. Elect Cycle Sum to D S
:. Employer's Name/Specific Field	\$ e. Elect Cycle Sum to Date \$	c. Employer's Name/Specific Field	S e. Elect Cycle Sum to D S
:. Employer's Name/Specific Field 1. Full Name, Mailing Address & Phone	\$ e. Elect Cycle Sum to Date \$	c. Employer's Name/Specific Field a. Full Name, Mailing Address & Ph	S e. Elect Cycle Sum to D S
:. Employer's Name/Specific Field 1. Full Name, Mailing Address & Phone	\$ e. Elect Cycle Sum to Date \$	c. Employer's Name/Specific Field a. Full Name, Mailing Address & Ph	S e. Elect Cycle Sum to D S one
:. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip)	\$ e. Elect Cycle Sum to Date \$	c. Employer's Name/Specific Field a. Full Name, Mailing Address & Ph (include city, state, & zip)	s e. Elect Cycle Sum to D s one d. Forgiven Amount
:. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip)	\$ e. Elect Cycle Sum to Date \$ d. Forgiven Amount	c. Employer's Name/Specific Field a. Full Name, Mailing Address & Ph (include city, state, & zip)	S e. Elect Cycle Sum to D S one d. Forgiven Amount S
e. Employer's Name/Specific Field A. Full Name, Mailing Address & Phone (include city, state, & zip) D. Job Title/Profession	\$ e. Elect Cycle Sum to Date \$ d. Forgiven Amount \$	c. Employer's Name/Specific Field a. Full Name, Mailing Address & Ph (include city, state, & zip) b. Job Title/Profession	S e. Elect Cycle Sum to D S one d. Forgiven Amount S
2. Employer's Name/Specific Field 4. Full Name, Mailing Address & Phone (include city, state, & zip) 5. Job Title/Profession 5. Employer's Name/Specific Field	\$         e. Elect Cycle Sum to Date         \$         d. Forgiven Amount         \$         e. Elect Cycle Sum to Date	c. Employer's Name/Specific Field a. Full Name, Mailing Address & Ph (include city, state, & zip) b. Job Title/Profession	S e. Elect Cycle Sum to D S one d. Forgiven Amount S e. Elect Cycle Sum to D S
e. Employer's Name/Specific Field A. Full Name, Mailing Address & Phone (include city, state, & zip) D. Job Title/Profession	\$         e. Elect Cycle Sum to Date         \$         d. Forgiven Amount         \$         e. Elect Cycle Sum to Date         \$         e. Elect Cycle Sum to Date	c. Employer's Name/Specific Field a. Full Name, Mailing Address & Ph (include city, state, & zip) b. Job Title/Profession	\$         e. Elect Cycle Sum to D         \$         one         d. Forgiven Amount         \$         e. Elect Cycle Sum to D

.

Debts and Oblig					Yes		
1. Committee Full Name (an	nd if applicable)	······································	<u> </u>		2. ID Number		
Brunstet	te	r for County	Comm	issione	<u>,                                    </u>		
3. Creditor Informatio	m	\$ [	Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments made toward debts should be listed on form CF 1310 with the payee listed as this creditor.				
Peter Brunstetter			b. Description of Creditor				
3641 Will Scarlet Rd. Winston- Salem, NC22104			C	andid	late	<u>,</u>	
c. Beginning Balance		d. Total Amount Paid	e. Total Amo	unt Incurred		f. Remaining B	alance
\$ 5,966.0			2 5	-0-		\$ -	-0-
g. Incurred Debts (what the	- T			(3.8) >			
g1. Date (mm/dd/yyyy)	g2. /	Amount	g1. Date (mm	/aa/yyyy)	g2. Amo \$	unt	
g3. Item Description	<u> </u>		g3. Item Desc	ription	<u> </u>	-	
		······································		<u> </u>			
g4. Purchase Place Full Nan (include city, state, & zip)		ailing Address & Phone		Place Full Nan y, state, & zip)		ng Address & Ph	one
3. Creditor Informatio			Add 🗖	Remove			
3. Creditor Informatio a. Full Name, Mailing Addr (include city, state, & zip)	ess &		1	yments made t 1310 with the		bts should be list ited as this credi	
a. Full Name, Mailing Addr	ess &		Note: All pay	yments made t 1310 with the			
a. Full Name, Mailing Addr	ess &		Note: All pay	yments made t 1310 with the a of Creditor			tor.
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$	ess &	Phone d. Total Amount Paid S	Note: All pa	yments made t 1310 with the a of Creditor		ted as this credi	tor.
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$ g. Incurred Debts (what the	comp	Phone d. Total Amount Paid \$ nittee received)	Note: All par b. Description e. Total Amou \$	yments made t 1310 with the 1 of Creditor not Incurred	e payee lis	f. Remaining B	tor.
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$	comp	Phone d. Total Amount Paid S	Note: All pa b. Description e. Total Amo	yments made t 1310 with the 1 of Creditor not Incurred	e payee lis g2. Amor	f. Remaining B	tor.
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$ g. Incurred Debts (what the g1. Date (mm/dd/yyyy)	comp	Phone d. Total Amount Paid \$ nittee received)	Note: All par b. Description e. Total Amou \$ g1. Date (mm	yments made t 1310 with the of Creditor ant Incurred /dd/yyyy)	e payee lis	f. Remaining B	tor.
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$ g. Incurred Debts (what the gl. Date (mm/dd/yyyy)	comp	Phone d. Total Amount Paid \$ nittee received)	Note: All par b. Description e. Total Amou \$	yments made t 1310 with the of Creditor ant Incurred /dd/yyyy)	e payee lis g2. Amor	f. Remaining B	tor.
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$ g. Incurred Debts (what the g1. Date (mm/dd/yyyy) g3. Item Description g4. Purchase Place Full Nan	comn g2. 4 \$ ne, Ma	Phone d. Total Amount Paid S nittee received) Amount	Note: All par b. Description e. Total Amou \$ g1. Date (mm g3. Item Desc g4. Purchase	yments made t 1310 with the n of Creditor ant Incurred /dd/yyyyy) ription	e payee lis g2. Amor \$ ne, Mailin	f. Remaining B	alance
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$ g. Incurred Debts (what the gl. Date (mm/dd/yyyy) g3. Item Description	comn g2. 4 \$ ne, Ma	Phone d. Total Amount Paid S nittee received) Amount	Note: All par b. Description e. Total Amou \$ g1. Date (mm g3. Item Desc g4. Purchase	yments made t 1310 with the of Creditor ant Incurred /dd/yyyy) ription	e payee lis g2. Amor \$ ne, Mailin	f. Remaining B S ant	alance
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$ g. Incurred Debts (what the gl. Date (mm/dd/yyyy) g3. Item Description g4. Purchase Place Full Nan (include city, state, & zip) 4. Total only this P	comu g2. / s ne, Ma	Phone d. Total Amount Paid S nittee received) Amount ailing Address & Phone	Note: All par b. Description e. Total Amou \$ g1. Date (mm g3. Item Desc g4. Purchase	yments made t 1310 with the n of Creditor ant Incurred /dd/yyyyy) ription	e payee lis g2. Amor \$ ne, Mailin	f. Remaining B S ant g Address & Pho	alance
a. Full Name, Mailing Addr (include city, state, & zip) c. Beginning Balance \$ g. Incurred Debts (what the gl. Date (mm/dd/yyyy) g3. Item Description g4. Purchase Place Full Nan (include city, state, & zip) 4. Total only this P (This should be the sum of 5. Total of ALL CI	comm g2. A \$ ne, Mi cage call ita RO-	Phone d. Total Amount Paid S nittee received) Amount ailing Address & Phone em '3f' from this page)	Note: All par b. Description e. Total Amou \$ g1. Date (mm g3. Item Desc g4. Purchase	yments made t 1310 with the n of Creditor ant Incurred /dd/yyyyy) ription	e payee lis g2. Amor \$ ne, Mailin	f. Remaining B S ant g Address & Pho	alance

## **Forgiven Loan Statement**

Name of Lender:	Peter S. Brunstetter
Committee receiving loar	
Date of loan: UAVYO	us (1/15/91 - 4/23/2000)
Amount of original loan:	various AMts over the period
*Amount of loan to be for	//

I, <u>leter 5</u>, <u>Brunstetter</u>, do not wish to be reimbursed for the amount of the loan indicated above\* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Signature of Lender

Signature of Committee Treasurer