# **Disclosure Report Cover**

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Amendment

							committee address, treasurer, ation.
You mus	Otestor		ration (CRO-	2100A-E) to ma	ike i	nose kings e	il communee emanges.
1041114	Use (	the Addendum	form (CRO-1	010) if more en	it ie	are needed	
I. Committee In	formation				╞		e. ID Number
e. Full Name					+		
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NOU C	include City, State	and Zip Code)	<u><u><u> </u></u></u>				d. Date Filed
		·De				-   	1/29/03
did Co	Kesburg						e. Phone Number
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NEIN	ERSUIT	-	27289	1			996-2690
2. Réport Year	3. Period Start Date	(mm/dd/yyyy)	4. Period End	Date (mm/dd/yyy	1	5. Treasurer	Full Name
			1/2	1/03	-	$Q_{n}$	+ F. JOYCE
2003	7/103		1113			e of report fro	m one calegory)
6. Type of Commit			Type of Report micipal	State/Co	_		Referendum
Candidate Can Joint Fundrais			Organizational	·		tional	Organizational
Referendum		Ē	Thirty-five day		ert		Pre-referendum
7. Type of Fund	(if applicable, c	check one)	Pre-primary		1	t Plus	Final Supplemental Final
Soft Money A	scount		Pre-election		1.1	ond rd Plus	
Booster Fund		<u> </u> L	] Pre-runoff Semi-antual		Fou	<b>I</b>	Special
Building Fund			Semi-annua Mid Yea	- Sen	-an		
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	mpaign Financing Fun		] Final	Ø	5	r End	2003 GAR ENC
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a. Financial Institu	ution Fell Name			e. Flusociel Lasti	atio	n Full Nume	
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## **Detailed Summary**

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1. Name of Committee or Fund	2. Type of Re	eport	3. ID Numb	er
Was Backertor Sheriff	2003 year	End SEMi AN	NUAN Tradal data	Res 0.00
Start of Election Cycle: January 1, 20 <u>03</u>		Total this Period	Total this Election Cycle	For Office Use Only
4) Cash on Hand at Start of Election Cycle			s' O	
5) Cash on Hand at Start of Present Reporting Period		\$ 1228.42		
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	s O	\$ 73 078.49	
7) Contributions from Political Party Committees	(CRO-1220)	s ()	s 'O	
8) Contributions from Other Political Committees	(CRO-1230)	s ()	s ()	1
9) Loan Proceeds	(CRO-1410)	s O	s ()	
10) Refunds & Reimbursements to Committee	(CRO-1240)	s ()	s o D	
11) Other Receipt Sources	(CRO-1250)			a da Sanda dara. A ang sana sana
11a) Interest on Bank Accounts	(CRO-1250)	s ()	s ()	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	5 ()	s ()	
11c) Outside Sources of Income	(CRO-1250)	s ()	s ()	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$1228.42	\$73,078.49	
EXPENDITURES	 			
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	50	\$71,850.07	1
13b) Contributions to Candidates/Political Committees	(CRO-1314)	s O	s 0	<b></b>
13c) Coordinated Party Expenditures	(CRO-1310)	s O	s ()	<u>  · · ·</u>
14) Loan Repayments	(CRO-1420)	' <mark>\$</mark>	s O	
15) Refunds from Committee	(CRO-1320)		s O	<b></b>
16) In-Kind Contributions	(CRO-1510)	<sup>7</sup> <b>s</b> O	s O	<b></b>
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		s. 🔿	\$71,850-07	7 <b></b>
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)	2	\$ 1228.42	\$1228.42	
Additional Information				
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	<b>v s</b>		
20) Outstanding Loans (including ones from other campaign	ns) <i>(CRO-1430</i>	v s		·
21) Debts and Obligations owed BY the Committee	(CRO-1610			·
22) Debts and Obligations owed TO the Committee	(CRO-1620	0) S		
23) Parent Entity's Administrative Support	(CRO-1710	v s		

## **Contributions from INDIVIDUALS**

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Page\_\_\_\_ of

1.	. Name of Committee or Fund 2. II					2. ID Number		
	Stow Backertor S	sheriff						
	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	
tor.							\$	
Contributor	NA						\$	
3. Con							\$	
	b. Job Title/Profession						\$	
	c. Employer's Name/Specific Field	j. If Amendment, ch		pe:		tion Cycle	Sum to Date	
	a. Full Name, Mailing Address & Phone	d. Account	Delete	f. Date	\$	h Dutan		
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	g. In- Kind	h. Prior Report	L Amount	
tor							\$	
ntribu							S	
3. Contributor	b. Job Title/Profession						\$	
Ċ		1	-				s	
	c. Employer's Name/Specific Field	j. If Amendment, ch		pe:		tion Cycle	Sum to Date	
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for							\$	
Contributor		·					\$	
3. Con							\$	
~4	b. Job Title/Profession						\$	
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	a. Full Name, Mailing Address & Phone	Add d. Account	Delete	f. Date	\$	b. Prior		
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	g. In- Kind	Report	i. Amount	
butor	*						\$	
ntribu							\$ <sup>1</sup>	
3. Contri	b. Job Title/Profession						<b>\$</b>	
							\$	
	c. Employer's Name/Specific Field	j. If Amendment, che		)e:		ion Cycle	Sum to Date	
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itor							\$	
Contributor							\$	
	b. Job Title/Profession						\$	
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D	isbursements					Pag	e of
1.	Name of Committee or Fund			· ·		2. ID Number	
1	LOW BARKER	for S	Sherift			av 12 Flumber	
3.	Type of Disbursement (1	Please use separate	CRO-1330 forms for ea	ch type of Disburse	ments.)	·	·
L	Operating Expenses	_ Contributions to (	Candidates/Political Con	amittees		Party Expenditures	
	a. Full Name, Mailing Address & H (include city, state, and zip)	?hone	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	b. Amount
ş	NA						\$
4. Pavee							\$
		coordinated Party					\$
	County Committee, specify: Expen	ise, list office:	i. If Amendment, choo			j. Election Cycle	Sum To Date
⊢	a Full Name Mailing Address 6 F		L_Add	Delete		\$	
	a. Full Name, Mailing Address & P (include city, state, and zip)	'hone	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
yee							\$
4. Payee							\$
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	County Committee, specify: Expen	se, list office:	i. If Amendment, choose		······································	j. Election Cycle S	Sum To Date
-	a. Full Name, Mailing Address & P.	hone		Delete		\$	
	(include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
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4. Payce							\$
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8	· · · ·						\$
4. Payee			·				\$
	b. If Contribution to c. If Co	ordinated Party	<u> </u>				\$
	County Committee, specify: Expens	e, list office:	. If Amendment, choos			j. Election Cycle S	um To Date
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	(include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
yce							\$
4. Payee		-	·				\$
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## Loan Proceeds

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

1. ľ	1. Name of Committee or Fund 2. ID Numb						
	Charles Barter to	sc Sheriff					
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)		d. Interest	i. Account		
	(include city, state, and zip)			Rate %	Number/Code		
der	,	e. Job Title/Profession	f. Employer's Name/Specif		j. Form of Payment		
Lender	NA	g. Security Pledged	· · · · · · · · · · · · · · · · · · ·	······································			
ю.	1.				k. Amount		
		h. If Amendment, choose cha			\$		
	a. Full Name, Mailing Address & Phone	Add b. Start Date (mm/dd/yyyy)	Delete	d. Interest	i. Account		
	(include city, state, and zip)			Rate	Number/Code		
		e. Job Title/Profession	f. Employer's Name/Specif	% ic Field			
3. Lender		- Secondari Diedeed			j. Form of Payment		
3. L		g. Security Pledged	· · · · · · · · · · · · · · · · · · ·				
	h. If Amendment, choose change type:						
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	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest	i. Account		
	(include city, state, and zip)			Rate %	Number/Code		
der		e. Job Title/Profession	L Employer's Name/Specif	ic Field	j. Form of Payment		
3. Lender		g. Security Pledged	······································				
6					k. Amount		
		h. If Amendment, choose cha		-	S		
	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy)	Delete	d. Interest	i. Account		
	(include city, state, and zip)	u. Statt Date (annual/3933)	C. End Date (minuday)	Rate	Number/Code		
		e. Job Title/Profession	f. Employer's Name/Specif	ic Field			
3. Lender		•			j. Form of Payment		
3. L		g. Security Pledged					
		h. If Amendment, choose ch			k. Amount		
		Add	Delete	•	\$		
Γ	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)		i. Account Number/Code		
	(Include City, state, and cap)			Rate%			
der		e. Job Title/Profession	f. Employer's Name/Specif	ic Field	j. Form of Payment		
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## **Loan Repayments**

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. N	Name of Committee or Fund		2. ID N	Number
	tou Danker to	Sheritt	1	
	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment Date	g. Account Number/Cod
	(include city, state, and zip)	(mm/dd/vvvv)	(mm/dd/yyyy)	
.				
		d. Original Loan Amount	e. Remaining Balance of	h. Form of Payment
3	$\alpha / \lambda \alpha$		Loan	4
5	N 18	\$	S	i. Repayment Amount
	•	f. If Amendment, choose ch	ange type:	
			Delete	- \$
	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment Date	g. Account Number/Cod
1	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yyyy)	*
		d. Original Loan Amount	e. Remaining Balance of	h. Form of Payment
		····· · · · · · · · · · · · · · ·	Loan	4
		5	\$	i. Repayment Amount
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		Add	Delete	-\$
Ţ	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment Date	g. Account Number/Cod
	(include city, state, and zip)	(mm/dd/vvvv)	(mm/dd/yyyy)	<b>*</b>
,				
TOTAL BOARD		d. Original Loan Amount	e. Remaining Balance of	h. Form of Payment
ŝ			Loan	4
5		\$	\$	i. Repayment Amount
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	<i>,</i>	d. Original Loan Amount	e. Remaining Balance of	h. Form of Payment
			Loan	4
		S	\$	i. Repayment Amount
Į		f. If Amendment, choose cha	inge type:	
	•		Delete	-5
1	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment Date	g. Account Number/Code
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		d. Original Loan Amount	e. Remaining Balance of	h. Form of Payment
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# Outstanding Loans

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1.	Name of Committee or Fund			2. ID Num	ther			
	Jon Bartante	r Sherit	4.					
	a. Full Name, Mailing Address & Phone		) c. End Date (mm/dd/yyyy)					
	(include city, state, and zip)	o. Scart Date (mm/dd/yyyy	) c. End Date (mm/dd/yyyy)	d. Interest	h. Original Loan			
				Rate	Amount 2 \$			
3. Lender		e. Job Title/Profession	f. Employer's Name/Specific	Field	<b>-</b>  \$			
Ē	NIM	- D			i. Loan Balance			
	N IN	g. Security Pledged						
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		j. If Amendment, choose ch	ange type:		1			
		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	h. Original Loan			
	(include city, state, and zip)			Rate	Amount			
1		e. Job Title/Profession	f Frankerste Norre 67 - 10	%	s			
Lender		WWW THEN TOICSMUE	f. Employer's Name/Specific	rield				
L,		g. Security Pledged			i. Loan Balance			
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		t TC American allowed			\$			
I		j. If Amendment, choose cha	Delete	·····				
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#### North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

#### Confidential

### **Certification of Financial Account Information**

Committee Name:	Que Barker for Sheriff	···	
Treasurer Name:	Robert A Jouce		
Treasurer Address:	330 Fishel Rd.		
(include city, state, & zip)	Winston-Salen N.C 27	1127	
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			1004
Treasurer Phone:	<u>336-788-3324</u>	Î.	FEB
I certify that the information	n provided below is true and accurate. I am providing all a	account information	
for the above named Comm	ittee. These account numbers include all bank accounts ut savings accounts, or any other financial account used for a	tilized, credit card	РM

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Committee. The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required b

The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
CAMPAIGN	WAChouiA			02

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

2/4/04 Date Signed

Signature of Treasurer

CRO-3500

Certification of Financial Account Information