

## 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>Bob Blakely for Sheriff</b>				6. Date <b>7/9/02</b>	
2. Address <b>P.O. Box 403</b>				7. ID Number	
3. City <b>Kernersville</b>		4. State <b>NC</b>	5. Zip <b>27285</b>	8. Phone <b>336-996-6508</b>	
9. Type of Report <b>Treasurer</b>				10. Period Covered	
				Start	<b>4/21/02</b>
				End	<b>6/30/02</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"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> "Booster Fund"	
<input type="checkbox"/> Other Fund:				<input type="checkbox"/> Building Fund	
13. Treasurer Name <b>J.M. (Michael) Blackburn</b> <b>418-A W. Mountain St. Kernersville NC 27284 993-4445</b>					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name <b>J.M. Blackburn</b>					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
<b>BB &amp; T</b>	<b>Candidate Campaign</b>		<b>\$ 1550.<sup>00</sup></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

**7/9/02**  
 \_\_\_\_\_  
 Date

## Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Bob Blakely For Sheriff	Treasurer		
Start of Election Cycle: January 1, 20__		Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle			\$
5) Cash on Hand at Start of Present Reporting Period		\$ 1550. <sup>00</sup>	
<b>RECEIPTS</b>			
6) Contributions from Individuals	(CRO-1210)	\$ 200. <sup>00</sup>	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds and Reimbursements TO the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$ 1065.75	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$
13) Contributions based on Forgiven Loans	(CRO-1440)	\$	\$
14) 48-Hour Notice Reports Sum		\$	\$
15) TOTAL RECEIPTS		\$ 2815.75	\$
<i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)</i>			
<b>EXPENDITURES</b>			
16) Disbursements	(CRO-1310)		
16a) Operating Expenditures	(CRO-1310)	\$ 603.93	\$
16b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
16c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
17) Loan Repayments	(CRO-1420)	\$	\$
18) Forgiven Loans	(CRO-1440)	\$	\$
19) Refunds and Reimbursements FROM the Committee	(CRO-1320)	\$	\$
20) In-Kind Contributions	(CRO-1510)	\$	\$
21) TOTAL EXPENDITURES		\$ 603.93	\$
<i>(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)</i>			
22) Cash on Hand at End of Reporting Period		\$ 2211.82	\$
<i>(For this Period, add lines 5 and 15 together, then subtract line 21)</i>			
<i>(For this Election Cycle, add lines 4 and 15 together, then subtract line 21)</i>			
<b>Additional Information</b>			
23) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$	
24) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$	
25) Debts and Obligations owed BY the Committee	(CRO-1610)	\$	
26) Debts and Obligations owed TO the Committee	(CRO-1620)	\$	
27) Parent Entity's Administrative Support	(CRO-1710)	\$	
28) Account Transfers	(CRO-1720)	\$	

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number	
Deb Blakely For Sheriff							
3. Contributor	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
	Charlene Caudill 5014 West Rd Kernersville NC 27284 336-993-4904		check	5/1/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200. <sup>00</sup>
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Contributor	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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Contributor	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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Contributor	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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Contributor	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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				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							\$ 200. <sup>00</sup>
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 200. <sup>00</sup>
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

**Other Receipt Sources**

<b>1. Name of Committee or Fund</b> Bob Blakely For Sheriff				<b>2. ID Number</b>		
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>						
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income		
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
	Spaghetti Supper Proceeds			cash & cks	VARIOUS	\$ \$ 1065.75 \$
<b>f. If Outside Source of Income, explain:</b>			<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
						\$ \$ \$
<b>f. If Outside Source of Income, explain:</b>			<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
						\$ \$ \$
<b>f. If Outside Source of Income, explain:</b>			<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
						\$ \$ \$
<b>f. If Outside Source of Income, explain:</b>			<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
						\$ \$ \$
<b>f. If Outside Source of Income, explain:</b>			<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
<b>5. Total only this Page</b>					\$ 1065.75	
<b>6. Total of ALL CRO-1250 Related Pages</b> <i>(only show on last page)</i>					\$ 1065.75	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>						
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>						
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>						

**Disbursements**

<b>1. Name of Committee or Fund</b>						<b>2. ID Number</b>	
Bob Blakely for Sheriff							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursements.)</i>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Magna Signs		Sign		CK	5/6/02	\$ 116.50
	<b>b. If Contribution to County Committee, specify:</b> <b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Commercial Printing		Brochures, Tickets		CK	5/6/02	\$ 387.43
	<b>b. If Contribution to County Committee, specify:</b> <b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Olympic Restaurant		Supplies		CK	6/24/02	\$ 100.00
	<b>b. If Contribution to County Committee, specify:</b> <b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b> <b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b> <b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$		
<b>5. Total only this Page</b>						\$ 603.93	
<b>6. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>						\$ 603.93	
<i>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							