

COPY

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				6. Date	
Bob Blakely for Sheriff				9/2/02	
2. Address				7. ID Number	
P.O. Box 403					
3. City	4. State	5. Zip	8. Phone		
Kernersville	NC	27284	336-996-6508		
9. Type of Report			10. Period Covered		11. Amendment
Treasurer			Start	7/1/02	<input type="checkbox"/> Yes
			End	8/24/02	<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"/> PAC					
<input type="checkbox"/> Other Fund:					
<input type="checkbox"/> Referendum					
<input type="checkbox"/> Joint Fundraiser					
<input type="checkbox"/> Soft Money Account					
<input type="checkbox"/> "Booster Fund"					
<input type="checkbox"/> Building Fund					
13. Treasurer Name					
Mike Blackburn (336) 993-4445					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name					
Mike Blackburn					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
BBT	Candidate Campaign		\$	2211.82	
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
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				Date	
Michael Blackburn				9/2/02	

RECEIVED
SEP - 3 02
COUNTY BOARD OF ELECTIONS

Detailed Summary

1. Name of Committee or Fund		2. Type of Report	3. ID Number
Bob Blakely for Sheriff			
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		\$ 2211.82	
RECEIPTS			
6) Contributions from Individuals	(CRO-1210)	\$	\$
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)	\$	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$
13) Contributions based on Forgiven Loans	(CRO-1440)	\$	\$
14) 48-Hour Notice Reports Sum		\$	\$
15) TOTAL RECEIPTS		\$ 0	\$
<i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)</i>			
EXPENDITURES			
16) Disbursements	(CRO-1310)		
16a) Operating Expenditures	(CRO-1310)	\$	\$
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		\$ 0	\$
<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>			
Additional Information			
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	
<i>Bob Blakely for Sheriff</i>							
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date		
					\$		
4. Total only this Page							\$ 0
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 0
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Other Receipt Sources

1. Name of Committee or Fund				2. ID Number	
Bob Blakely for Sheriff					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
Interest		Contributions from Not-for-Profit Organizations		Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 0
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ 0
<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

1. Name of Committee or Fund <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Bob Blakely for Sheriff</div>						2. ID Number	
3. Type of Disbursement <small>(Please use separate CRO-1310 forms for each type of Disbursements.)</small>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
5. Total only this Page							\$ 0
6. Total of ALL CRO-1310 Related Pages <small>(only show on last page)</small>							\$ 0
<small>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							