

MAR 07 2002

# 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>Carson Smith for Sheriff</b>			6. Date <b>3-7-02</b>	
2. Address <b>P.O. Box 1474</b>			7. ID Number	

3. City <b>Hampstead,</b>	4. State <b>NC</b>	5. Zip <b>28443</b>	8. Phone
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9. Type of Report <b>Organizational Report</b>		10. Period Covered Start <b>7-9-01</b> End <b>3-7-02</b>		11. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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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  
**Ray Blackburn**

14. Assistant Treasurer Name(s)


15. Custodian of Books Name  
**Ray Blackburn**

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
<b>Caroline First Bank</b>	<b>for all campaign expenses</b>	<b>CFC</b>	<b>\$ 0</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

**3-7-02**  
 \_\_\_\_\_  
 Date

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Carson Smith for Sheriff		Organizational			
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			\$ 0		
5) Cash on Hand at Start of Present Reporting Period		\$ 0			
<b>RECEIPTS</b>					
6) Contributions from Individuals (CRO-1210)		\$ 2,235. <sup>00</sup>	\$ 2,235. <sup>00</sup>		
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$ 0		
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0		
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 0		
10) Refunds & Reimbursements to Committee (CRO-1240)		\$ 0	\$ 0		
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0	\$ 0		
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 2,235. <sup>00</sup>	\$ 2,235. <sup>00</sup>		
<b>EXPENDITURES</b>					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 1,876. <sup>68</sup>	\$ 1,876. <sup>68</sup>		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0		
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0		
14) Loan Repayments (CRO-1420)		\$ 0	\$ 0		
15) Refunds from Committee (CRO-1320)		\$ 0	\$ 0		
16) In-Kind Contributions (CRO-1510)		\$ 0	\$ 0		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 1,876. <sup>68</sup>	\$ 1,876. <sup>68</sup>		
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)		\$ 358. <sup>32</sup>	\$ 358. <sup>32</sup>		
<b>Additional Information</b>					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$ 0			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$ 0			
21) Debts and Obligations owed BY the Committee (CRO-1610)		\$ 0			
22) Debts and Obligations owed TO the Committee (CRO-1620)		\$ 0			
23) Parent Entity's Administrative Support (CRO-1710)		\$ 0			

# Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Carson Smith 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	
	Ray C. Blackburn P.O. Box 895 Hempstead, NC 28443	CFC	check	7-23-2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200. <sup>00</sup>	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Attorney				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
self		Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$ 200. <sup>00</sup>			
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	
	Nonie Morris 659 Red Fox Trail Hempstead, NC 28443 270-4932	CFC	check	7-17-2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200. <sup>00</sup>	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Mother				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$ 200. <sup>00</sup>			
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	
	C. Henry Smith 4065 Settles Hill Loop Rd. Wilmington, NC 28411 686-7967	CFC	check	7-12-2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500. <sup>00</sup>	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
none		Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$ 500. <sup>00</sup>			
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	
	Carolyn H. Justice P.O. Box 296 Hempstead, NC 28443 270-4604	CFC	check	7-9-2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Manager				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
Mini Storage on the Green		Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$ 100. <sup>00</sup>			
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	
	Kenneth M. Rousseau 6005 Nettie Cir. Wilmington, NC 28405 795-5749	CFC	check	7-13-2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$ 100. <sup>00</sup>			
4. Total only this Page							\$ 1,100. <sup>00</sup>	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ —	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

# Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number			
Carson Smith 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
	Merle S. Lea 222 Lees Ln Hampstead, NC 28443 270-3596			CFC	check	1-11-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500. <sup>00</sup>
	b. Job Title/Profession Housewife						<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
			Add                  Delete			\$ 500. <sup>00</sup>			
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
	16 Contributors gave the amount listed.			CFC	check		<input type="checkbox"/>	<input type="checkbox"/>	\$ 595. <sup>00</sup>
	b. Job Title/Profession			CFC	CASH		<input type="checkbox"/>	<input type="checkbox"/>	\$ 40. <sup>00</sup>
c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
			Add                  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			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
			Add                  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			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
			Add                  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			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
			Add                  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			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
			Add                  Delete			\$			
<b>4. Total only this Page</b>						\$ 1,135		<del>\$ 1,135</del>	
<b>5. Total of ALL CRO-1210 Pages</b>								\$ 2,235. <sup>00</sup>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>									

Disbursements

1. Name of Committee or Fund <i>Carson Smith for Sheriff</i>						2. ID Number		
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<input checked="" 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 (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>Caroline First 125 Hwy 17 N Hampstead, NC 28443 270-4108</i>			<i>open checking account - <del>check order</del> check order</i>	<i>CFC</i>	<i>draft</i>	<i>9-19-2001</i>	<i>\$ 18.79</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ <i>18.79</i>	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>Topsail Sportsweaver P.O. Box 995 Hampstead, NC 28443 270-4903</i>			<i>purchase shirts</i>	<i>CFC</i>	<i>check</i>	<i>9-20-2001</i>	<i>\$ 468.23</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ <i>468.23</i>	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>Caroline First 125 Hwy 17 N Hampstead, NC 28443 270-4108</i>			<i>service charges 9-01 10-01 11-01 12-01 1-02</i>	<i>CFC</i>	<i>draft</i>		<i>\$ 45.<sup>00</sup></i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ <i>63.79</i>	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>Hampstead Printing + Signs 16865 us Hwy 17 Hampstead, NC 28443 270-4474</i>			<i>bumper stickers + signs</i>	<i>CFC</i>	<i>check</i>	<i>2-7-2002</i>	<i>\$ 822.76</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ <i>822.76</i>	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>InterStar Communications Inc. P.O. Box 1088 Criston, NC 28329 910-592-4638</i>			<i>web page host + domain name registration</i>	<i>CFC</i>	<i>check</i>	<i>2-16-2002</i>	<i>\$ 75.90</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ <i>75.90</i>	
5. Total only this Page								\$ <i>1130.<sup>08</sup></i>
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>								\$ <i>—</i>
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>								
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>								
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>								

**Disbursements**

<b>1. Name of Committee or Fund</b> Carson Smith for Sheriff						<b>2. ID Number</b>		
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<input checked="" 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) Pender County Board of Elections P.O. 1232 Burgess, NC 28425 259-1226			<b>d. Purpose</b> Filing Fee	<b>e. Account Number/Code</b> CFL	<b>f. Form of Payment</b> check	<b>g. Date</b> (mm/dd/yyyy) 2-25-2002	<b>h. Amount</b> \$ 437. <sup>00</sup>
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</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> \$ 437. <sup>00</sup>	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip) Carolyn First US Hwy 17 Hamstead, NC 28443 270-4108			<b>d. Purpose</b> service charge	<b>e. Account Number/Code</b> CFL	<b>f. Form of Payment</b> draft	<b>g. Date</b> (mm/dd/yyyy) 2-31-2002	<b>h. Amount</b> \$ 9. <sup>00</sup>
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</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> \$ 72.79	
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 Expense, list office:</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 Expense, list office:</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 Expense, list office:</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>							\$ 446. <sup>00</sup>	
<b>6. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>							\$ 1,876. <sup>68</sup>	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>								
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>								
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>								