

Disclosure Report Cover Sheet

OCT 28 2002

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 <i>Campaign to Elect Corbett for Sheriff</i>			6. Date <i>10-26-02</i>	
2. Address <i>P.O. Box 21</i>			7. ID Number	

3. City <i>Willard</i>	4. State <i>NC</i>	5. Zip <i>28475</i>	8. Phone <i>910-285-8829</i>
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9. Type of Report <i>4th Quarter - 2002</i>	10. Period Covered Start <i>8-15-2002</i> End <i>10-25-2002</i>	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
Bonnie L. Corbett

14. Assistant Treasurer Name(s)

15. Custodian of Books Name
Bonnie L. Corbett

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
<i>BB-T BANK in willard</i>	<i>Corbett for Sheriff</i>	<i>FC</i>	<i>\$ 20.00</i>
			\$
			\$
			\$
			\$
			\$

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.

Bonnie L. Corbett _____ *10-26-02* _____
Signature of Appointed Treasurer or Candidate Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
Corbett for Sheriff	4th Quarter	
Start of Election Cycle: January 1, 2002	Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle		\$ 1350.00
5) Cash on Hand at Start of Present Reporting Period	\$ 00.00	
RECEIPTS		
6) Contributions from Individuals (CRO-1210)	\$ 1550.00	\$
7) Contributions from Political Party Committees (CRO-1220)	\$ -0-	\$
8) Contributions from Other Political Committees (CRO-1230)	\$ -0-	\$
9) Loan Proceeds (CRO-1410)	\$ -0-	\$
10) Refunds and Reimbursements TO the Committee (CRO-1240)	\$ -0-	\$
11) Other Receipt Sources (CRO-1250)		
11a) Interest on Bank Accounts (CRO-1250)	\$ -0-	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ -0-	\$
11c) Outside Sources of Income (CRO-1250)	\$.00	\$
12) "Goods and Services" Contributions (CRO-1260)	\$ -0-	\$
13) Contributions based on Forgiven Loans (CRO-1440)	\$ -0-	\$
14) 48-Hour Notice Reports Sum	\$ -0-	\$
15) TOTAL RECEIPTS	\$ 1550.00	\$
(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)		
EXPENDITURES		
16) Disbursements (CRO-1310)		
16a) Operating Expenditures (CRO-1310)	\$ 615.00	\$
16b) Contributions to Candidates/Political Committees (CRO-1310)	\$ -0-	\$
16c) Coordinated Party Expenditures (CRO-1310)	\$ -0-	\$
17) Loan Repayments (CRO-1420)	\$ -0-	\$
18) Forgiven Loans (CRO-1440)	\$ -0-	\$
19) Refunds and Reimbursements FROM the Committee (CRO-1320)	\$ -0-	\$
20) In-Kind Contributions (CRO-1510)	\$ -0-	\$
21) TOTAL EXPENDITURES	\$ 615.00	\$
(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)		
22) Cash on Hand at End of Reporting Period		\$
(For this Period, add lines 5 and 15 together, then subtract line 21)	\$ 935.00	\$
(For this Election Cycle, add lines 4 and 15 together, then subtract line 21)		
Additional Information		
23) Non-Monetary Gifts Given to Committees (CRO-1330)	\$ -0-	
24) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$ -0-	
25) Debts and Obligations owed BY the Committee (CRO-1610)	\$ -0-	
26) Debts and Obligations owed TO the Committee (CRO-1620)	\$ -0-	
27) Parent Entity's Administrative Support (CRO-1710)	\$ -0-	
28) Account Transfers (CRO-1720)	\$ -0-	

Contributions from INDIVIDUALS

1. Name of Committee or Fund		2. ID Number					
BENNIE CORBETT 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
	Denver C. Brown 11736 Ashton Rd. Burgaw, NC 28425 910-259-9612	3414	CHECK	9-27-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	SOCIAL WORKER				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Southeastern Mental Health		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.00			
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
	JUDY C. HICKS 1605 Highsmith rd Burgaw, NC 28425	3437	CHECK	9-27-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Legal Assistant				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
District Attorney		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.00			
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
	James Robbins 185 Raccoon Rd WILLARD, NC 28478		CASH	9-27-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	owner				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Robbins Nursery		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 250.00			
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
	Thurman & Tong A Turner P.O. Box 521 BURGAW, NC 28425	4359	CHECK	10-8-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	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			
Practice Law		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.00			
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
	R.C. SOLES, Jr. Live OAKS St. Labor City, NC 28463	1110	CHECK	10.7.02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,000.00
	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			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 1,000.00			
4. Total only this Page							
5. Total of ALL CRO-1210 Pages <i>(only show on last page)</i>							
(This line must be on line 6 of Detailed Summary Page CRO-110) \$ 1,500.00 \$							

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Contributions from INDIVIDUALS

1. Name of Committee or Fund <u>Corbett for Sheriff</u>						2. ID Number			
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
	<u>Denver Brown</u> <u>11736 Ashton Rd</u> <u>Burgaw, NC 28425</u> <u>910-259-9612</u>			<u>3914</u>	<u>check</u>	<u>9-27-02</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 100.00</u>
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
	<u>Sarah Nockee</u>						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
<u>Southeastern Medical Health</u>			<input type="checkbox"/> Add <input type="checkbox"/> Delete			<u>\$ 100.00</u>			
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
	<u>Judy C. Hicks</u> <u>1605 Highsmith Rd</u> <u>Burgaw, NC 28425</u>			<u>3437</u>	<u>check</u>	<u>9-27-02</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 100.00</u>
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
	<u>LEGAL ASSISTANT</u>						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
<u>District Attorney</u>			<input type="checkbox"/> Add <input type="checkbox"/> Delete			<u>\$</u>			
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
	<u>JAMES REHNS</u> <u>185 RACCORN RD</u> <u>Willard, NC 28478</u>				<u>CASH</u>	<u>9-27-02</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 250.00</u>
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
	<u>OWNER</u>						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
<u>Rehns Nursery</u>			<input type="checkbox"/> Add <input type="checkbox"/> Delete			<u>\$ 450.00</u>			
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
	<u>Thurman & Tanya Turner</u> <u>P.O. Box 521</u> <u>Burgaw, NC 28425</u>			<u>4359</u>	<u>check</u>	<u>10-8-02</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 100.00</u>
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
	<u>Attorney</u>						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
<u>Practice Law</u>			<input type="checkbox"/> Add <input type="checkbox"/> Delete			<u>\$</u>			
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
	<u>A.C. Solos SR</u> <u>LIVE OAKS ST</u> <u>TARTAGOR CITY, NC 28423</u>			<u>1110</u>	<u>check</u>	<u>10-7-02</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 1000.00</u>
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
							<input type="checkbox"/>	<input type="checkbox"/>	<u>\$</u>
c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
			<input type="checkbox"/> Add <input type="checkbox"/> Delete			<u>\$ 1550.00</u>			
4. Total only this Page								<u>\$ 1550.00</u>	
5. Total of ALL CRO-1210 Pages (only show on last page)								<u>\$ 1550.00</u>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>								<u>\$ 1550.00</u>	

Disbursements

1. Name of Committee or Fund				2. ID Number		
Corbett for Sheriff						
3. Type of Disbursement <i>(Please use separate CRO-1310 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
	Pender Post P.O. Box 955 Burgaw, NC 28425	2 kids	1001	check	10/7/02	\$ 200.00
	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 (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Chronicle 108 courthouse P.O. Box 726 Burgaw, NC 28425	Political Ad	1002	check	10/1/02	\$ 105.00
	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 (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Chronicle 108 courthouse P.O. Box 726 Burgaw, NC 28425	Political Ad	1004	check	10/31/02	\$ 212.00
	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 (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Post P.O. Box 955 Burgaw, NC 28425	Political Ad	1003	check	10/1/02	\$ 100.00
	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 (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	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						\$ 1112.00
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>						\$
<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>						\$