

Disclosure Report Cover Sheet


SEP 03 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>CARSON SMITH FOR SHERIFF</i>			6. Date <i>9/1/02</i>	
2. Address <i>P.O. BOX 1474</i>			7. ID Number	
3. City <i>HAMPSTEAD, NC</i>	4. State <i>NC</i>	5. Zip <i>28443</i>	8. Phone <i>910-270-2022</i>	
9. Type of Report <i>INTERIM</i>		10. Period Covered Start <i>7-1-02</i> End <i>8-31-02</i>		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"/> "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 <i>RAY C. BLACKBURN, JR.</i>				
14. Assistant Treasurer Name(s)				
15. Custodian of Books Name <i>RAY C. BLACKBURN, JR.</i>				
16. Bank/Depository/Credit Account Information				
a. Name	b. Purpose	c. Code	d. Period Begin Balance	
<i>CAROLINA FIRST BANK</i>	<i>CAMPAIGN RECEIPTS EXP EXPENDITURES</i>	<i>CFI</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.


Signature of Appointed Treasurer or Candidate

9-1-02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
CARSON SMITH FOR SHERIFF		INTERIM		56- [REDACTED]	
Start of Election Cycle: January 1, 2002		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		\$ 655.87			
RECEIPTS					
6) Contributions from Individuals (CRO-1210)		\$	\$ 4,345.00		
7) Contributions from Political Party Committees (CRO-1220)		\$	\$		
8) Contributions from Other Political Committees (CRO-1230)		\$	\$		
9) Loan Proceeds (CRO-1410)		\$ 3,500.00	\$ 3,500.00		
10) Refunds & Reimbursements to 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) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 3,500.00	\$ 7,845.00		
EXPENDITURES					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 2,777.47	\$ 6,466.00		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$		
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$		
14) Loan Repayments (CRO-1420)		\$	\$		
15) Refunds from Committee (CRO-1320)		\$	\$		
16) In-Kind Contributions (CRO-1510)		\$	\$		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 2,777.47	\$ 6,466.00		
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)		\$ 1,378.40	\$ 1,378.40		
Additional Information					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$			
21) Debts and Obligations owed BY the Committee (CRO-1610)		\$			
22) Debts and Obligations owed TO the Committee (CRO-1620)		\$			
23) Parent Entity's Administrative Support (CRO-1710)		\$			

Loan Proceeds

1. Name of Committee or Fund			2. ID Number		
CARSON SMITH FOR SHERIFF			56 [REDACTED]		
3. Lender	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 Rate	i. Account Number/Code
	CARSON H. SMITH, JR. 47 HIDDEN GLEN DR. KAMPSEAD, N.C. 28443 (PERSONAL LOANED CAMPAIGN)	8/12/02	NOPE	0 %	LEL
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			CHECK
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Amount \$3500.00
3. Lender	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 Rate	i. Account Number/Code
				%	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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 Rate	i. Account Number/Code
				%	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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 Rate	i. Account Number/Code
				%	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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 Rate	i. Account Number/Code
				%	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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 Rate	i. Account Number/Code
				%	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
4. Total only this Page				\$ 3,500.00	
5. Total of ALL CRO-1410 Pages (only show on last page)				\$ 3,500.00	
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

Disbursements

1. Name of Committee or Fund						2. ID Number	
CARSON COMMITTEE FOR SHERIFF						50- [REDACTED]	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<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 (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	COASTAL PAINT + INTERIORS P.O. BOX 388 HAMPSHIRE, N.C. 28443		PURCHASE PAINT SIGNS	CFC	CHECK	7-26-02	\$ 65.92
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		\$ 65.92	
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
	H. W. WILLIAMS LUMBER P.O. BOX 339 BORLAW, N.C. 28425		MATERIALS FOR SIGNS	CFC	CHECK	7/26/02	\$ 293.09
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		\$ 293.09	
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
	POSTMASTER HAMPSHIRE, N.C.		P.O. BOX	CFC	CHECK	7/26/02	\$ 26.00
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		\$ 26.00	
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
	PENNER OFF. SR. OF ELECTIONS P.O. BOX 1232 BORLAW, N.C. 28425		PURCHASE MAIL LABELS	CFC	CHECK	8/8/02	\$ 118.14
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		\$ 555.14	
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
	PENNER CHARLOTTE P.O. BOX 724 BORLAW, N.C. 28425		ADVERTISING	CFC	CHECK	8/12/02	\$ 173.25
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		\$ 346.50	
5. Total only this Page							\$ 849.65
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							\$
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							\$
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							\$

1. Name of Committee or Fund CARSON SMITH FOR SHERIFF						2. ID Number 56- [REDACTED]		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
<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 (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	HAMPSHIRE PRINTING 16965 U.S. HWY 17 N. HAMPSHIRE, N.C. 28443			MAIL OUT BROCHURES	CFL	CHECK	8/14/02	\$ 1,203 ⁰²
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			\$ 3,720.58	
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 BORDEAUX, NC 28425			ADVERTISING	CFL	CHECK	8/14/02	\$ 315 ⁰⁰
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			\$ 315 ⁰⁰	
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
	TOPSAIL VOICE P.O. BOX 880 HAMPSHIRE, N.C. 28443			ADVERTISING	CFL	CHECK	8/20/02	\$ 400 ⁵⁰
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			\$ 400.50	
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
	CAROLINA FIRST BANK P.O. BOX 369 HAMPSHIRE, N.C. 28443			SERVICE CHARGE	CFL	DRAFT	7/31/02	\$ 4.00
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			\$ 108.79	
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 Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
5. Total only this Page							\$ 1,927.82	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$ 2,777.47	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								