

JUL 10 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 Carson Smith for Sheriff			6. Date 6-30-02	
2. Address P.O. Box 1474			7. ID Number	
3. City Hampstead,	4. State NC	5. Zip 28443	8. Phone	

9. Type of Report Second Quarter Report	10. Period Covered Start 4-23-02 End 6-30-02	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
Caroline First Bank	all campaign expenses	CFC	\$ 10,87
			\$
			\$
			\$
			\$
			\$

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

7-10-02

 Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Carson Smith for Sheriff	Second Quarter-2002		
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	\$ 10.87		
RECEIPTS			
6) Contributions from Individuals (CRO-1210)	\$ 1,450. ⁰⁰	\$ 4,345. ⁰⁰	
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 <i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>	\$ 1,450. ⁰⁰	\$ 4,345. ⁰⁰	
EXPENDITURES			
13) Disbursements (CRO-1310)			
13a) Operating Expenditures (CRO-1310)	\$ 805. ⁰⁰	\$ 3,689. ¹³	
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 <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>	\$ 805. ⁰⁰	\$ 3,689. ¹³	
18) Cash on Hand at End of Reporting Period <i>(For this Period, add lines 5 and 12 together, then subtract line 17)</i> <i>(For this Election Cycle, add lines 4 and 12 together, then subtract line 17)</i>	\$ 655. ⁸⁷	\$ 655. ⁸⁷	
Additional Information			
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
	Carson H. Smith Jr. 47 Hidden Bluff Tr. Hampstead, NC 28443	CFC	check	04-23-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500. ⁰⁰
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Emergency Management Coordinator				<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			
Pender County				\$ 500. 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
	Lloyd T.	CFC	check	05-03-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50. 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: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			
Pender County				\$ 50. 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
	Carson H. Smith Jr. 47 Hidden Bluff Tr. Hampstead, N.C. 28443	CFC	check	06-26-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 900. ⁰⁰
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Emergency Management Coordinator				<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			
Pender County				\$ 1,400. 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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	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: <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"/>	\$
	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: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			
				\$			
4. Total only this Page							\$ 1,450. ⁰⁰
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 1,450. ⁰⁰
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Disbursements

1. Name of Committee or Fund Carson Smith for Sheriff						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
<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
	InterStar Communications Inc. P.O. Box 1088 Clinton, NC 28329			Internet Provider	CFC	check	05-24-2002	\$ 47.70
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			\$ 131.55	
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
	Caroline First Bank P.O. Box 367 Hampstead, NC 28443			Service Charge	CFC	Draft	04-30-2002	\$ 9. 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			\$ 90.79	
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
	Caroline First Bank P.O. Box 367 Hampstead, NC 28443			Service Charge	CFC	Draft	05-31-2002	\$ 9. 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			\$ 99.79	
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
	Hampstead Printing & Signs 16865 US Hwy 17 Hampstead, NC 28443			Cards	CFC	check	06-14-2002	\$ 171. 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			\$ 1,985.06	
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
	Hampstead Printing & Signs 16865 US Hwy 17 Hampstead, NC 28443			Signs	CFC	check	06-26-2002	\$ 532. 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			\$ 2517.56	
5. Total only this Page							\$ 770. ⁰⁰	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$	
<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

1. Name of Committee or Fund Carson Smith for Sheriff						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
<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
	Hilltop Grocery US Hwy 17 Hempstead, NC 28443			gasoline	CFC	check	06-26-2002	\$ 26. ⁰⁰
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 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
	Caroline First Bank P.O. Box 367 Hempstead, NC 28443			Service charge	CFC	Drift	06-30-2002	\$ 9. ⁰⁰
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 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: <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 Expense, list office:		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 Expense, list office:		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 Expense, list office:		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							\$ 35. ⁰⁰	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$ 805. ⁰⁰	
<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>								