


OCT 28 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				6. Date	
JACK TALBERT CFPS				10-27-02	
2. Address				7. ID Number	
668 HUGHES RD.					
3. City		4. State	5. Zip	8. Phone	
HAMPSTEAD		NC	28443	270-3510	
9. Type of Report				10. Period Covered	
3rd Q-Plus ENR-				Start 9-3-02	
				End 10-30-02	
				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"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> "Booster Fund"	
<input type="checkbox"/> Other Fund:				<input type="checkbox"/> Building Fund	
13. Treasurer Name					
EMIL H. RUEGNER					
14. Assistant Treasurer Name(s)					
N/A					
15. Custodian of Books Name					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
FIRST CITIZENS BANK	CAMPAIGN EXPENSES	CFPS	\$ 2542.61		
			\$		
			\$		
			\$		
			\$		
			\$		
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 for Candidate				10-27-02 Date	

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
JACK TALBERT CFPS		CRA FOURTH QUARTER			
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			\$ —		
5) Cash on Hand at Start of Present Reporting Period		\$ 2542.61			
RECEIPTS					
6) Contributions from Individuals (CRO-1210)		\$ 395.00	\$ 2220.00		
7) Contributions from Political Party Committees (CRO-1220)		\$ —	\$ —		
8) Contributions from Other Political Committees (CRO-1230)		\$ —	\$ —		
9) Loan Proceeds (CRO-1410)		\$ 200.00	\$ 9100.00		
10) Refunds & Reimbursements to Committee (CRO-1240)		\$ —	\$ —		
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts RETURN CHECK CHARGES (CRO-1250)		\$ —	\$ 6.00		
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)		\$ 595.00	\$ 11328.00	EHR.	
EXPENDITURES					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 1373.76	\$ 9562.15		
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)		\$ 1373.76	\$ 9562.15		
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)		\$ 1763.85	\$ 1763.85		
Additional Information					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$ —			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$ 9100.00			
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)		\$ —			

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
JACK TALBERT CFPS									
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
	STACY WOOTEN JR P.O. BOX 63, 100 OLD MAPLE HILL RD. MAPLE HILL NC, 28454 910-259-2972			CFPS	#8107 CHECK	9-2-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	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
	HENRY C. BLAKE II 4210 SCOTTS HILL LOOP RD. WILMINGTON, NC 28411 910-686-7121			CFPS	#1715 CHECK	8-31-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	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
	JAMES R. COOK 610 HOWE AVE. HAMPSTEAD, NC 28443 910-270-3438			CFPS	#1058 CHECK	8-26-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	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
	TIMOTHY GUY BAKER 2356 CLARKSLANDING RD. ROCKY POINT, NC 28457-9040 910-675-2347			CFPS	#2771 CHECK	9-6-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	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
	VICTOR C. EVANS 7851 NC HWY 53 EAST BURGAW, NC 28425 910-259-9394			CFPS	#9529 CHECK	9-6-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00
	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									\$ 395.00
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)									

Disbursements

1. Name of Committee or Fund						2. ID Number		
JACK TALBERT CFPS								
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<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
	ROBERT JONES 746 LEA DR. HAMPSTEAD, NC 28443 910-270-3782			PURCHASE FISH FOR FISH FRY	[REDACTED]	#1022 CHECK	8-31-02	\$ 96.00
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			\$	
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
	U.S. POSTAL SERVICE HAMPSTEAD, NC 28443 910-270-4428			MAIL OUT POSTAGE	[REDACTED]	#1023 CHECK	9-3-02	\$ 662.40
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			\$	
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
	THE PENDER CHRONICLE 108 COURTHOUSE AVE. BURGAW, NC 28425 910-259-2504			NEWS PAPER ADVERTISING	[REDACTED]	#1024 CHECK	9-2-02	\$ 178.50
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 525.00	
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
	THE PENDER POST 210 FREEMONT ST. BURGAW, NC 28425 910-259-9111			NEWS PAPER ADVERTISING	[REDACTED]	#1025 CHECK	9-2-02	\$ 160.00
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 515.00	
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 830, US HWY 17 HAMPSTEAD, N.C. 28443 910-270-2944			NEWS PAPER ADVERTISING	[REDACTED]	#1026 CHECK	9-2-02	\$ 53.44
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 454.24	
5. Total only this Page							\$ 1150.34	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</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

1. Name of Committee or Fund JACK TALBERT CFPS						2. ID Number		
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
	TOPSAIL BEACH TV PO BOX 3388 TOPSAIL BEACH, NC 28445 NO TELEPHONE			TV ADVERTISING		#1027 CHECK	9-3-02	\$ 50.00
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			\$	
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
	FOOD LINE INC, 13 US HWY 17 S. HAMPSTEAD, N.C. 28443 910-270-9703			SHEET CAKES FOR COOK OUT		#1028 CHECK	9-6-02	\$ 73.42
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			\$	
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
	ARNOLD O. HERRING 379 HALFWAY BRANCH SCHOOL RD. ATRINSON, NC 28421 910-283-7848			GAB FOR PUTTING OUT SIGNS & LAYOUT WORK FOR HANDOUTS		#1029 CHECK	10-14-02	\$ 100.00
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 2159.66	
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			\$	
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						\$ 2239.2		
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 1373.76		
<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>								

1. Name of Committee or Fund		2. ID Number		
JACK TALBERT CFPS				
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
	JACK TALBERT 668 HUGHES RD. HAMPSTEAD, NC 28113 910-270-3510	9-3-02	10-28-02	6%
		e. Job Title/Profession	f. Employer's Name/Specific Field	i. Account Number/Code
		CANADATE		CFPS
		g. Security Pledged		j. Form of Payment
			CHECK	k. Amount
		h. If Amendment, choose change type: <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 200 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
				%
		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
				%
		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
				%
		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
				%
		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
				%
		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				\$ 200 ⁰⁰
5. Total of ALL CRO-1410 Pages (only show on last page)				\$
(This line must be on line 9 of Detailed Summary Page CRO-1100)				

Outstanding Loans

1. Name of Committee or Fund			2. ID Number		
JACK TALBERT CFPS					
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 %	h. Original Loan Amount
	JACK TALBERT 668 HUGHES RD. HAMPSTEAD, NC, 28443 910-270-3510	9-30-02	10-28-02	6 %	\$ 9100. ⁰⁰
		e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance	
		g. Security Pledged			\$
	j. 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 %	h. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance	
		g. Security Pledged			\$
	j. 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 %	h. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance	
		g. Security Pledged			\$
	j. 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 %	h. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance	
		g. Security Pledged			\$
	j. 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 %	h. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance	
		g. Security Pledged			\$
	j. 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 %	h. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance	
		g. Security Pledged			\$
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
4. Total only this Page					\$ 9100. ⁰⁰
5. Total of ALL CRO-1430 Pages <i>(only show on last page)</i> <i>(This line must be on line 20 of Detailed Summary Page CRO-1100)</i>					\$