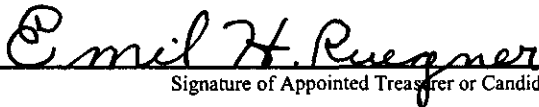


SEP 03 2002

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				9-2-02	
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		11. Amendment
3Q			Start	7-1-02	<input type="checkbox"/> Yes
			End	9-2-02	<input 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"/> Soft Money Account	
				<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	\$ 1107.77		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
<b>CERTIFICATION</b>					
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				9-2-02 Date	

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
JACK TALBERT CFPS		THIRD QUARTER			
Start of Election Cycle: January 1, 20 <u>02</u>		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		\$ 1107.77			
<b>RECEIPTS</b>					
6) Contributions from Individuals (CRO-1210)		\$ 250 <sup>00</sup>	\$ 1825 <sup>00</sup>		
7) Contributions from Political Party Committees (CRO-1220)		\$ —	\$ —		
8) Contributions from Other Political Committees (CRO-1230)		\$ —	\$ —		
9) Loan Proceeds (CRO-1410)		\$ 3000 <sup>00</sup>	\$ 8900 <sup>00</sup>		
10) Refunds & Reimbursements to Committee (CRO-1240)		\$ —	\$ —		
11) Other Receipt Sources (CRO-1250)					
11a) <del>Interest on Bank Accounts</del> REVERSAL OF BANK CHARGES (CRO-1250)		\$ —	\$ 600		
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)		\$ 3250 <sup>00</sup>	\$ 10731 <sup>00</sup>		
<b>EXPENDITURES</b>					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 181516	\$ 818839		
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)		\$ 181516	\$ 818839		
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)		\$ 254261	\$ 254261		
<b>Additional Information</b>					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$ 8900 <sup>00</sup>			
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**

<b>1. Name of Committee or Fund</b>						<b>2. ID Number</b>			
JACK TALBERT CFPS									
<b>3. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
	HEATHER L. MORGAN 225 TAMWORTH DR. WILLOW SPRING, NC. 27592 661-6386			CFPS	#6321 CHECK	6-27-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>c. Employer's Name/Specific Field</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<b>j. If Amendment, choose change type:</b>		<b>k. Election Cycle Sum to Date</b>	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 50.00	
<b>3. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
	JEAN TALBERT 668 HUGHES RD. HAMPSTEAD, NC 28443 1-910-270-3510			CFPS	#0685 CHECK	8-19-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>c. Employer's Name/Specific Field</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<b>j. If Amendment, choose change type:</b>		<b>k. Election Cycle Sum to Date</b>	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 700.00	
<b>3. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
							<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>c. Employer's Name/Specific Field</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<b>j. If Amendment, choose change type:</b>		<b>k. Election Cycle Sum to Date</b>	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
<b>3. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
							<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>c. Employer's Name/Specific Field</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<b>j. If Amendment, choose change type:</b>		<b>k. Election Cycle Sum to Date</b>	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
<b>3. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
							<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	<b>c. Employer's Name/Specific Field</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
						<b>j. If Amendment, choose change type:</b>		<b>k. Election Cycle Sum to Date</b>	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
<b>4. Total only this Page</b>								\$ 250.00	
<b>5. Total of ALL CRO-1210 Pages</b> (only show on last page)								\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>									

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
	TOPSAIL VOICE PO. BOX 830, US Hwy 17 HAMPSTEAD, NC. 28443 1-910-270-2944			NEWS PAPER ADVERTISING	#1013	CHECK	8-12-02	\$ 200.40
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			\$ 200.40	
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 1-910-259-9111			NEWS PAPER ADVERTISING	#1014	CHECK	8-12-02	\$ 157.50
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			\$ 157.50	
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
	THE PENDER CHRONICLE 108 COURTHOUSE AVE. BURGAW, NC. 28425 1-910-259-2504			NEWS PAPER ADVERTISING	#1015	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			\$ 173.25	
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 HERRING 379 HALFWAY BRANCH SCHOOL RD ATKINSON, NC. 28421 1-910-283-7848			PRINTING BY-FOLD HANDOUTS	#1016	CHECK	8-10-02	\$ 356.46
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			\$ 2390.66	
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
	ALPHA GRAPHICS 120 RACINE DR. WILMINGTON, NC. 28403 1-910-392-0800			PRINTING BY-FOLD HANDOUTS	#1017	CHECK	8-10-02	\$ 356.40
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			\$ 398.20	
5. Total only this Page							\$1244.01	
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 <b>JACK TALBERT CFPS</b>						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 VOICE P O Box 830, US Hwy 17 HAMPSTEAD, NC. 28443 1-910-270-2944			NEWS PAPER ADVERTISING	[REDACTED]	#1018 CHECK	8-16-02	\$ 200.40
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		\$ 400.80
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 COURT HOUSE AVE. BURGAW, NC. 28425 1-910-259-2504			NEWS PAPER ADVERTISING	[REDACTED]	#1019 CHECK	8-19-02	\$ 173.25
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		\$ 346.50
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
	THE PENDER POST 210 FREEMONT ST. BURGAW, NC. 28425 1-910-259-9111			NEWS PAPER ADVERTISING	[REDACTED]	#1021 CHECK	8-19-02	\$ 197.50
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		\$ 355.00
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
								\$
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								\$ 571.15
6. Total of ALL CRO-1310 Related Pages (only show on last page)								\$ 1815.16
(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		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 28443 1-910-270-3510	6-30-02	8-24-02	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	
	h. If Amendment, choose change type:			k. Amount
	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 3000.00
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	i. Account Number/Code
		g. Security Pledged		j. Form of Payment
				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	i. Account Number/Code
		g. Security Pledged		j. Form of Payment
				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	i. Account Number/Code
		g. Security Pledged		j. Form of Payment
				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	i. Account Number/Code
		g. Security Pledged		j. Form of Payment
				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	i. Account Number/Code
		g. Security Pledged		j. Form of Payment
				k. Amount
	h. If Amendment, choose change type:			\$
	<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Total only this Page				\$
5. Total of ALL CRO-1410 Pages (only show on last page)				\$ 3000.00
(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 C FPS					
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 1-900-270-3516	6-30-02	8-24-02		\$ 8900.00
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$ 8900.00
	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					\$
5. Total of ALL CRO-1430 Pages (only show on last page)					\$ 8900.00
(This line must be on line 20 of Detailed Summary Page CRO-1100)					