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 informa				the Staten	ent of Organization			
(CRO-2100)	to make those kinds of co	mmittee cha	inges.					
1. Name of Committee or Fund				6. Da	te			
JACK TALBERT CF	PS				-2-02			
2. Address	, <u></u>			7.ID	Number			
668 HUGHES RD				Į.	٠.			
3. City	4. Sta	te 5. Z	ip	8. Ph	one			
HAMPSTEAD	N	1C 2	2447		0-3510			
7. Type of Report		(10. Period Co	vered	11. Amendment			
$\sqrt{3Q}$			End 9	2 02	No No			
12. Type of Committee or Fund (Check one)								
Candidate Campaign Party PAC Referendum	☐ Joint Fur ☐ Soft Mor	ndraiser ney Account	t	"Booster Building				
Other Fund:		****						
13. Treasurer Ivaine		.		·				
EMIL H. RUEGNER								
14. Assistant Treasurer Name(s)								
N/A								
15. Custodian of Books Name		. <u>i</u>						
13. Custouran of Books Name								
,								
16. Bank/Depository/Credit Account Informat	ion							
a. Name	b. Purpose		c. Code	d. Per	iod Begin Balance			
FIRST CITIZENS BANK	CAMPAIGNE	XPENS	ESCFF	25 5 1	107.77			
				s				
				\$				
				s				
				s				
				\$				
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.								
Emil H. Russa Signature of Appointed Treaster of	197		9-	2-0	2			
Signature of Appointed Treasfrer or	Candidate			Dat	e			

Detailed Summary

1. Name of Committee or Fund	2. Type of R	eport	3. ID Numi	oer	
JACK TALBERT CFPS	THIRD QUART				
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		Period	\$ —	Ose Only	
5) Cash on Hand at Start of Present Reporting Period		\$1107.77		·	
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 25000	s 182500		
7) Contributions from Political Party Committees	(CRO-1220)	\$ —	s —		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 		
9) Loan Proceeds	(CRO-1410)	\$ 30000°	s 8900%		
10) Refunds & Reimbursements to Committee	(CRO-1240)		\$ —		
11) Other Receipt Sources	(CRO-1250)				
RTVERSAL OF BANK CHANGES	(CRO-1250)	s <u>'</u>	s 600		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	s	\$ <u> </u>		
11c) Outside Sources of Income	(CRO-1250)	s	s —		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 3.250°°	^{\$} 10731∞		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	s 181516	s 818839		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	s	s <u> </u>		
13c) Coordinated Party Expenditures	(CRO-1310)	s <u></u>	s <u> </u>		
14) Loan Repayments	(CRO-1420)	s —	s -		
15) Refunds from Committee	(CRO-1320)	s —	s —		
16) In-Kind Contributions	(CRO-1510)	s —	\$ —		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		s 181516	s 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)	-	s 25426!	s 254 261		
Additional Information	and the second s				
19) Non-Monetary Gifts Given to Committees	(CRO-1330)				
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	s 8900°°			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	1			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	s			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

CRO-1100 NC State Board of Elections February 2002

2 A

1. Name of Committee or Fund 2. ID Number								
ز	JACK TALBERT CFPS							
	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
	HEATHER L. MORGAN	CFPS	#6321				\$	50.00
3. Contributor	225 TAMWORTH DR.		CHECK	6-27-02			\$	JU.
ntri	WILLOW SPRING NC. 27592	THE PERSONNEL CONTRACTOR OF TH	and the contract of the contra	• 400			F00	m kracoc c sakoc - c mm - c - m say agenz
3. C	661-6386 b. Job Title/Profession			t was provided to the control of the	<u> </u>	LL.	\$	nativar ename
				·			\$	
	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change type Delete	pe:		tion Cycle		to Date
H	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-			i. Amount
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		
ı	JEAN TALBERT	CFPS	#0515 CHECK	8-19-02			\$	20000
ibut	668 HUGHES RD.						\$	
Contributor	HAMPSTEAD, NC 28443	and the second s	g in account of the contract makes the con-	er fande felden gjore være er er er er er er er			\$	ga, magamanan a akaban gandan
3. C	1-910-270-3510 b. Job Title/Profession	STATE TO THE REPORT OF THE SALE OF THE SAL	The state of the decision of the	TO THE RESERVE COMMUNICATION OF THE PARTY OF	<u> </u>		towardsolvé v en	nementary of the state of the same of the
	C. I. N. C. IC. F. I	: Y6 A d a la			[]. T21		\$	to Date
	c. Employer's Name/Specific Field	j. If Amendment, cho Add	Delete	oe:	S 7	ion Cycle		to Date
-	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior		i. Amount
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		
or							\$	
Contributor				•			\$	
		in the contract of the contrac					\$	MARKET N. C.
3. C	b. Job Title/Profession	t biological control	- John Carring Statement	And St No. of Consequence of the St. of Consequence of Conseq				percognización de la constitución de la constitució
	- Employer's Name/Specific Field	i If Amandmant abo	ora obanca tu		li, Flori	ion Cycle	\$	to Data
	c. Employer's Name/Specific Field	j. If Amendment, cho	Delete	Je:	\$	non Cycle	Sum	to Date
	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior		i. Amount
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	_	
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ributor							\$	
3. Conti							\$	
3. (b. Job Title/Profession	· · · · · · · · · · · · · · · · · · ·	· verment or management or a	CARAMAN III II MARAMATAN			\$	ragani resignario en 1900
	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change tyr	ne:	k Elect	tion Cycle		to Date
	e. Zaspiojor V. Maro, opecinic I loig	Add	Delete		\$	or cycle		
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	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	_	
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Contributor							\$	and the second second
3.	b. Job Title/Profession	The state of the s	Proposition of the section of the	e OPE = 1 - OPE Annothing a control of the cont	. n	П	\$	same cassos
	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change typ	oe:	k. Elect	ion Cycle		to Date
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4.	Total only this Page						\$	25000
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1. Name of Committee or Fund 2. ID Number							
JACK TALBERT CFPS							
3. T	3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)						
		Candidates/Political Com	nittees	Coordinated	Party Expenditures		
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	8	h. Amount	
ee	TOPSAIL VOICE	HEWS PAPER ADVERTISING		#1013 CHECK	8-12-02	\$ 20040	
Payee	PO. BOX B 30, US HWY 17 HAMPS TEAD, NC. 28443					\$	
4.	1-9/0~270 - 2944	der i immersordelijkhanspromerritim i til did i i kilologija, godinga i imple	try partition, american con an indianabete diabete decimates materials in a	The state of the said of the s	The second of th	· · · · · · · · · · · · · · · · · · ·	
	b. If Contribution to c. If Coordinated Party		·			4	
	County Committee, specify: Expense, list office:	i. If Amendment, choos			j. Election Cycle S		
		Add	Delete	·	\$ 200.40		
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ى	THE PENDER POST 210 FREEMONT ST.	ADVENTISING		CHECH	8-12-02	\$ 15750	
Payee						e .	
I. P	BURGAW, N.C. 28425		V				
4	1-9/0-259-9/// b. If Contribution to c. If Coordinated Party		:	r		\$	
	County Committee, specify: Expense, list office:	i. If Amendment, choos	e change type:		j. Election Cycle S	um To Date	
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	(include city, state, and zip)	u. i ui pose	Number/Code	Payment	(mm/dd/yyyy)	u. Amount	
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	Bungaw, N.C. 28425			_		\$	
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Payee	379 HALFWAY BRANCH SCHOOL RD	HANDOUTS 1		CHECK	8-10-06	576—	
Pa	ATKINSON, N.C. 28421			•		\$	
4	1-910-283-7848	and the control of th		M400 0110100000		•	
Ì	b. If Contribution to c. If Coordinated Party						
	County Committee, specify: Expense, list office:	i. If Amendment, choos			j. Election Cycle S		
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	a. Full Name, Mailing Address & Phone	d. Purpose	e. Account	f. Form of	g. Date	h. Amount	
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d 3	ALPHAGRAPHICS 120 RACINE DR.	HANDOUTS		CHECK	8-10-02	\$ 35,40	
4. Payee	WILMINGTON, N.C. 28403	Liver www.x.m.				\$	
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4	1-910-392-0800			:		\$	
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1. Name of Committee or Fund 2. ID Number							
JACK TALBERT CFPS							
3. T		CRO-1330 forms for each	type of Disbursem	ents.)			
	Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures						
	a. Full Name, Mailing Address & Phone	d. Purpose	e. Account	f. Form of	g. Date	h. Amount	
	(include city, state, and zip)	NEWS PAPER		Payment # 1018	(mm/dd/yyyy)		
a.	TOPSAIL VOICE	AOVERTISIN		TIDIO BUECK	P16-02	\$ 20040	
4. Payee	PO Box 830, US Huy 17	The second section of the second seco	and addressed a core of shortest all landons and			S	
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	b. If Contribution to c. If Coordinated Party	-				\$	
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۸.	THE PENDER CHRONICLE	ADVERTISING		# 1019	8-19-02	\$ 17325	
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1. Name of Committee or Fund					2. ID Number			
	JACK TALBERT CFPS							
	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			
er	JACK TALBERT	6-30-07 e. Job Title/Profession	8-24-02 f. Employer's Name/Specif	6 %	CEPS			
3. Lender	668 HUGHES RO	CANADATE g. Security Pledged			j. Form of Payment			
3.	HAMPSTEAD, NC 28443		,		CHECK k. Amount			
	1-910-270-3510	h. If Amendment, choose cha	ange type:		\$ 70000			
H	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy)	**************************************	d. Interest	i. Account			
	(include city, state, and zip)			Rate %	Number/Code			
der		e. Job Title/Profession	f. Employer's Name/Specif		Former			
3. Lender		g. Security Pledged			j. Form of Payment			
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der		e. Job Title/Profession	f. Employer's Name/Specifi	ic Field	j. Form of Payment			
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1.	1. Name of Committee or Fund 2. ID Number							
JACK TALBERT CFPS								
ĺ	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)		d. Interest Rate	h. Original Loan Amount			
Ĺ	JACK TALBERT	6-30-62 e. Job Title/Profession	f. Employer's Name/Specific	%	S 8900°C			
nde	668 HUGHES RO.	CANADATE	1. Employer s (vame/specific	riciu	i. Loan Balance			
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~``	HAMPSTEAD, NC 28443				s 890000			
	1-900-270-3516	j. If Amendment, choose cha Add	inge type: Delete					
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İ		j. If Amendment, choose cha	N					
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늘		e. Job Title/Profession	f. Employer's Name/Specific		S			
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ا يا	·	e. Job Title/Profession	f. Employer's Name/Specific		S			
3. Lender		Sagrada, Di-dd			i. Loan Balance			
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