

Disclosure Report Cover Sheet

* Final Report * Amended

COPY

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: Bob Blakely for Sheriff 6. Date: 10/27/02

2. Address: P.O. Box 403 7. ID Number:

3. City: Kernersville 4. State: NC 5. Zip: 27284 8. Phone: 336-996-6511

9. Type of Report: Treasurer 10. Period Covered: Start 8/25/02 End 10/27/02 11. Amendment: Yes No

12. Type of Committee or Fund (Check one): Candidate Campaign Party Joint Fundraiser "Booster Fund" PAC Referendum Soft Money Account Building Fund Other Fund:

13. Treasurer Name: Mike Blackburn (336) 993-4445

14. Assistant Treasurer Name(s):

15. Custodian of Books Name: Mike Blackburn

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
<u>BBJ T</u>	<u>Candidate Campaign</u>		<u>\$ 2211.82</u>
			\$
			\$
			\$
			\$
			\$
			\$

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.

J. Michael Blackburn
Signature of Appointed Treasurer or Candidate

10/27/02
te

Detailed Summary

1. Name of Committee or Fund		3. ID Number	
Bob Blakely for Sheriff			
Start of Election Cycle: January 1, 20	Total this Period	Total this Election Cycle	
4) Cash on Hand at Start of Election Cycle		\$	
5) Cash on Hand at Start of Present Reporting Period	\$ 2211.82		
RECEIPTS			
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds and Reimbursements TO the 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)	\$ 90.00	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) Contributions based on Forgiven Loans (CRO-1440)	\$	\$	
14) 48-Hour Notice Reports Sum	\$	\$	
15) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)	\$ 90.00	\$	
EXPENDITURES			
16) Disbursements (CRO-1310)			
16a) Operating Expenditures (CRO-1310)	\$ 2301.82	\$	
16b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
16c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
17) Loan Repayments (CRO-1420)	\$	\$	
18) Forgiven Loans (CRO-1440)	\$	\$	
19) Refunds and Reimbursements FROM the Committee (CRO-1320)	\$	\$	
20) In-Kind Contributions (CRO-1510)	\$	\$	
21) TOTAL EXPENDITURES (Add lines 16a, 16b, 16c, 17, 18, 19, and 20)	\$ 2301.82	\$	
22) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 15 together, then subtract line 21) (For this Election Cycle, add lines 4 and 15 together, then subtract line 21)	\$ -0-	\$	
Additional Information			
23) Non-Monetary Gifts Given to Committees (CRO-1330)	\$		
24) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$		
25) Debts and Obligations owed BY the Committee (CRO-1610)	\$		
26) Debts and Obligations owed TO the Committee (CRO-1620)	\$		
27) Parent Entity's Administrative Support (CRO-1710)	\$		
28) Account Transfers (CRO-1720)	\$		

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Bob Blakely 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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Total only this Page							\$ 0
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 0
(This line must be on line 6 of Detailed Summary Page CRO-1100)							\$ 0

Other Receipt Sources

1. Name of Committee or Fund Bob Blakely for Sheriff			2. ID Number		
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Fundraiser			9/26/02	\$ \$ 90.⁰⁰ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 90
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ 90
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

1. Name of Committee or Fund Bob Blakely for Sheriff		2. ID Number				
3. Type of Disbursement <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) Rainbow Catering 4683 Yad Kinville Rd Pittsboro NC 27040	d. Purpose Fundraiser	e. Account Number/Code	f. Form of Payment CK	g. Date (mm/dd/yyyy) 9/5/02	h. Amount \$ 150.⁰⁰
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Exp, list Cand/Comm:	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) Winston-Salem Journal 418 N Marshall St W-Salem NC 27101	d. Purpose Adv	e. Account Number/Code	f. Form of Payment CK	g. Date (mm/dd/yyyy) 9/5/02	h. Amount \$ 981.²⁰
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Exp, list Cand/Comm:	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) Carter Publishing 300 E. Mountain St Kernersville NC 27284	d. Purpose Adv	e. Account Number/Code	f. Form of Payment CK	g. Date (mm/dd/yyyy)	h. Amount \$ 300.⁰⁰
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Exp, list Cand/Comm:	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) Commercial Printing 902 Graves St. Kernersville NC 27284	d. Purpose Posters	e. Account Number/Code	f. Form of Payment CK	g. Date (mm/dd/yyyy) 9/8/02	h. Amount \$ 662.50
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Exp, list Cand/Comm:	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) Carter Publishing 300 E. Mountain St Kernersville NC 27284	d. Purpose Adv	e. Account Number/Code	f. Form of Payment CK	g. Date (mm/dd/yyyy) 9/26/02	h. Amount \$ 191.62
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Exp, list Cand/Comm:	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					\$ 2042.00 2301.80	
6. Total of ALL CRO-1310 Related Pages (only show on last page)					\$ 2042.00 2301.80	
<small>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						

Forgiven Loans

A statement (CRO-6200) for each forgiven loan MUST be included with the report.

1. Name of Committee or Fund Bob Blakely for Sheriff	2. ID Number
--	--------------

3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip) Robert Blakely P.O. Box 403 Kernersville, NC 27285	b. Original Loan Date (mm/dd/yyyy) 01-21-01	c. Forgiven Date (mm/dd/yyyy) 01-09-03	d. Election Cycle Sum to Date \$
		e. Original Loan Amount \$ 2,713.⁰⁰	f. Remaining Balance of Loan \$ 2713.⁰⁰	g. Forgiven Amount \$ 2713.⁰⁰
	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. Original Loan Date (mm/dd/yyyy)	c. Forgiven Date (mm/dd/yyyy)	d. Election Cycle Sum to Date \$
		e. Original Loan Amount \$	f. Remaining Balance of Loan \$	g. Forgiven 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. Original Loan Date (mm/dd/yyyy)	c. Forgiven Date (mm/dd/yyyy)	d. Election Cycle Sum to Date \$
		e. Original Loan Amount \$	f. Remaining Balance of Loan \$	g. Forgiven 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. Original Loan Date (mm/dd/yyyy)	c. Forgiven Date (mm/dd/yyyy)	d. Election Cycle Sum to Date \$
		e. Original Loan Amount \$	f. Remaining Balance of Loan \$	g. Forgiven 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. Original Loan Date (mm/dd/yyyy)	c. Forgiven Date (mm/dd/yyyy)	d. Election Cycle Sum to Date \$
		e. Original Loan Amount \$	f. Remaining Balance of Loan \$	g. Forgiven 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. Original Loan Date (mm/dd/yyyy)	c. Forgiven Date (mm/dd/yyyy)	d. Election Cycle Sum to Date \$
		e. Original Loan Amount \$	f. Remaining Balance of Loan \$	g. Forgiven Amount \$
	h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			

RECEIVED

4. Total on this Page	\$ 2713.⁰⁰
5. Total of ALL CRO-1440 Pages (only show on last page)	\$ 2713.⁰⁰

(This line is part of the 13 and 18 of Detailed Summary Page CRO-1100)

Forgiven Loan Statement

Name of Lender:	Robert Blakely
Committee receiving loan:	Bob Blakely for Sheriff
Date of loan:	4-21-01
Amount of original loan:	\$ 2713. ⁰⁰
*Amount of loan to be forgiven:	

I, Robert J. Blakely, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Robert J. Blakely
Signature of Lender

Michael Blackba
Signature of Committee Treasurer