

POLITICAL COMMITTEE DISCLOSURE REPORT

✓

7/12/00/e

Name of Committee <i>Friends of Lynn Snotherly</i>			SBOE ID Number
Address of Committee <i>4703 Laurel Oaks Drive</i>			Type of Report <i>2000 2nd Qtr Report</i>
City <i>Gboro</i>	State <i>NC</i>	ZIP <i>27406</i>	Period Covered From <i>4/15</i> To <i>7/12</i>

Type of Committee (check one)

- Candidate Campaign PAC Party Referendum Individual

Treasurer Name _____ Phone Number (optional) *674-8528*

Street Address _____

City/State/Zip _____

Assistant Treasurer Name _____ Phone Number (optional) _____

Street Address _____

City/State/Zip _____

Custodian of Books Name _____ Phone Number (optional) _____

Street Address _____

City/State/Zip _____

Depository _____

Address _____

Account Number(s) _____

VERIFICATION BY OATH OR AFFIRMATION

State NC

County Guilford

Being duly sworn, I depose (affirm) and say 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.

Lynn A. Snotherly

 Signature of Appointed Treasurer

Subscribed and sworn (affirmed) to before me, this 12th day of July, 2000.

Seal

ELRITA M. McRAE
 NOTARY PUBLIC
 GUILFORD COUNTY, NC
 My Commission Expires 4-15-2001

Elrita M. McRae (Washington)

 Notary Public
 My commission expires 4-15-2001

Is this an amendment? no
 NCSBOE/CR/D (may be copied)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

NAME OF COMMITTEE		SBOE ID Number
Friends of Lynn Snotherly		
	<u>Total this Period</u>	<u>This Election</u>
Cash on Hand January 1, 19 _____	XXXXXXXXXXXX	
Cash on Hand at Beginning of Reporting Period	455.00	XXXXXXXXXXXX
Receipts		
1. Contributions From:		
(a) Individuals other than Political Committees		
(i) Itemized _____	250.00	
(ii) Unitemized _____ 2/ 225	305.00	
(iii) Total _____	475.00	
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____		
(d) Total Contributions _____	475.00	
2. Loan Proceeds _____		
3. Interest Earned on Bank Accounts _____		
4. Refunds _____		
5. Total Receipts _____		
Disbursements		
6. Operating Expenditures _____		
7. Contributions to Candidates/Political Committees _____		
8. Coordinated Party Expenditures _____		
9. Loan Repayments _____	900.00	
10. Total Disbursements _____		
Cash on Hand at End of Reporting Period	170.00	
Depts and Obligations owed TO the Committee		
Depts and Obligations owed BY the Committee	315.90	

ITEMIZED RECEIPTS

Page _____ of _____

For Line Number _____

Use separate form for each category of the summary

Name of Committee (in full)			
Friends of Lynn Snotherly			
Full Name, Mailing Address & Zip Code Eric Morgan 6303 Reata Drive Summerfield, NC 27358	Job Title or Profession Land Surveyor	Date (month, day, year) 5/1/00	Amount of each receipt this period \$250.00
	Employer's Name or Specific Field Morgan Survey + Design		
	Election Sum to Date \$ 250.00		
Full Name, Mailing Address & Zip Code	Job Title or Profession	Date (month, day, year)	Amount of each receipt this period
	Employer's Name or Specific Field		
	Election Sum to Date \$		
Full Name, Mailing Address & Zip Code	Job Title or Profession	Date (month, day, year)	Amount of each receipt this period
	Employer's Name or Specific Field		
	Election Sum to Date \$		
Full Name, Mailing Address & Zip Code	Job Title or Profession	Date (month, day, year)	Amount of each receipt this period
	Employer's Name or Specific Field		
	Election Sum to Date \$		
Full Name, Mailing Address & Zip Code	Job Title or Profession	Date (month, day, year)	Amount of each receipt this period
	Employer's Name or Specific Field		
	Election Sum to Date \$		
Full Name, Mailing Address & Zip Code	Job Title or Profession	Date (month, day, year)	Amount of each receipt this period
	Employer's Name or Specific Field		
	Election Sum to Date \$		
Full Name, Mailing Address & Zip Code	Job Title or Profession	Date (month, day, year)	Amount of each receipt this period
	Employer's Name or Specific Field		
	Election Sum to Date \$		
Full Name, Mailing Address & Zip Code	Job Title or Profession	Date (month, day, year)	Amount of each receipt this period
	Employer's Name or Specific Field		
	Election Sum to Date \$		
Full Name, Mailing Address & Zip Code	Job Title or Profession	Date (month, day, year)	Amount of each receipt this period
	Employer's Name or Specific Field		
	Election Sum to Date \$		
TOTAL OF RECEIPTS THIS PAGE			\$ 250.00 /ew

LOAN PROCEEDS

Name of Committee (in full)				
Source of Loan Full Name, Address and Zip Code	Job Title or Profession	Date loan begins/ends	Amount of Endorsement	Rate of Interest Security Pledged
	Employer's Name or Specific Field			
Total Amount of Loan \$				
Source of Loan Full Name, Address and Zip Code	Job Title or Profession	Date loan begins/ends	Amount of Endorsement	Rate of Interest Security Pledged
	Employer's Name or Specific Field			
Total Amount of Loan \$				
TOTAL OF LOAN PROCEEDS THIS PAGE			\$	

LOAN REPAYMENTS

Name of Committee (in full) <i>Friends of Lynn Snotherly</i>				
Full Name, Address and Zip Code	Date of Repayment	Original Loan Date	Amount of Repayment	Balance of Loan
<i>Lynn Snotherly 4703 Laurel oaks Greensboro, NC 27406</i>	<i>5/1</i>	<i>3/24 + 3/15 \$ 1263.20</i>	<i>900.00</i>	<i>363.20</i>
Full Name, Address and Zip Code	Date of Repayment	Original Loan Date	Amount of Repayment	Balance of Loan
TOTAL OF LOAN REPAYMENTS THIS PAGE			\$ 900.00	

DEBTS AND OBLIGATIONS

Name of Committee (in full)				
Full Name, Mailing Address and Zip Code	Outstanding Balance Beginning this period	Amount Incurred this period	Payment this period	Outstanding Balance this period
Forest Oaks Community Assoc. 4506 Woodsfield Dr Gboro NC 27406	70.00	Ø		70.00
Nature of Debt (purpose) Ad				
Full Name, Mailing Address and Zip Code	Outstanding Balance Beginning this period	Amount Incurred this period	Payment this period	Outstanding Balance this period
Pleasant Garden Post PO BOX 429 PG, NC 27313	82.50			82.50
Nature of Debt (purpose) Ad				
Full Name, Mailing Address and Zip Code	Outstanding Balance Beginning this period	Amount Incurred this period	Payment this period	Outstanding Balance this period
Dove Publications 4001 Bradenton Dr Gboro NC 27406	163.40			163.40
Nature of Debt (purpose) Mail outs				
Full Name, Mailing Address and Zip Code	Outstanding Balance Beginning this period	Amount Incurred this period	Payment this period	Outstanding Balance this period
Nature of Debt (purpose)				
Full Name, Mailing Address and Zip Code	Outstanding Balance Beginning this period	Amount Incurred this period	Payment this period	Outstanding Balance this period
Nature of Debt (purpose)				
Full Name, Mailing Address and Zip Code	Outstanding Balance Beginning this period	Amount Incurred this period	Payment this period	Outstanding Balance this period
Nature of Debt (purpose)				
TOTAL OF DEBTS AND OBLIGATIONS THIS PAGE				\$ 315.90