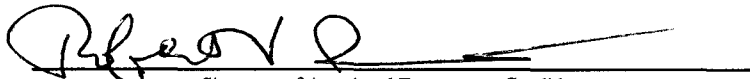


7/26/02/4W

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	
Robbie Perkins for City Council				7-31-02	
2. Address				7. ID Number	
309 Greenbrook Dr.					
3. City		4. State	5. Zip	8. Phone	
Greensboro N.C. 27			27408	282-5728	
9. Type of Report			10. Period Covered		11. Amendment
Mid Year			Start	1-1-02	<input type="checkbox"/> Yes
			End	6-30-02	<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"/> Soft Money Account		<input type="checkbox"/> Building Fund	
13. Treasurer Name					
Mike Murray					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name					
Robbie Perkins					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
BBCT	CHECKING ACCT		\$ 2259.03		
			\$		
			\$		
			\$		
			\$		
			\$		
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 or Candidate				7-31-02 Date	

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Robbie Perkins for City Council			
Start of Election Cycle: January 1, 2002 to June 30, 2002		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		\$ 2259 ⁰³	
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)	\$	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$
13) Contributions based on Forgiven Loans	(CRO-1440)	\$	\$
14) 48-Hour Notice Reports Sum		\$	\$
15) TOTAL RECEIPTS		\$	\$
<i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)</i>			
EXPENDITURES			
16) Disbursements	(CRO-1310)		
16a) Operating Expenditures	(CRO-1310)	\$ 64 ⁰⁰	\$
16b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
16c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
17) Loan Repayments	(CRO-1420)	\$ 2000	\$
18) Forgiven Loans	(CRO-1440)	\$	\$
19) Refunds and Reimbursements FROM the Committee	(CRO-1320)	\$	\$
20) In-Kind Contributions	(CRO-1510)	\$	\$
21) TOTAL EXPENDITURES		\$	\$
<i>(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)</i>			
22) Cash on Hand at End of Reporting Period		\$ 194 ⁰³	\$
<i>(For this Period, add lines 5 and 12 together, then subtract line 17)</i>			
<i>(For this Election Cycle, add lines 4 and 12 together, then subtract line 17)</i>			
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)	\$	

Refunds & Reimbursements TO Committee

1. Name of Committee or Fund			2. ID Number	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy) 1/14/02	h. Account Number/Code
	Robbie Perkins CANDIDATE	Employer's Name/Specific Field REM BASE	f. Date (mm/dd/yyyy)	i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose LOAN REPAYMENT	CHECK
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Amount \$ 2000
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)	i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose	j. Amount
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)	i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose	j. Amount
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)	i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose	j. Amount
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)	i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose	j. Amount
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Total only this Page				\$
5. Total of ALL CRO-1240 Pages (only show on last page)				\$
(This line must be on line 10 of Detailed Summary Page CRO-1100)				\$

Disbursements

1. Name of Committee or Fund						2. ID Number		
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
	POSTMASTER			P.O. Box Rent		CASH	1/11/02	\$ 64 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
								\$
								\$
								\$
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			\$	
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							\$ 64 ⁰⁰	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>							\$ 64 ⁰⁰	
<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>								