

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 <i>Latimer Alexander for Council</i>				6. Date <i>7/8/02</i>	
2. Address <i>1019 Sweetbriar Rd</i>				7. ID Number <i>N/A</i>	
3. City <i>High Point</i>		4. State <i>NC</i>	5. Zip <i>27266</i>	8. Phone <i>841-4023</i>	
9. Type of Report <i>2002 Second Quarter Report</i>			10. Period Covered		11. Amendment
			Start	<i>4/25/02</i>	<input type="checkbox"/> Yes
			End	<i>6/30/02</i>	<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 <i>Pandy Bradford</i>					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name <i>Pandy Bradford</i>					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
<i>High Point Bank + Trust</i>	<i>For all campaign expenses</i>		<i>\$ 1628.06</i>		
			<i>\$</i>		
			<i>\$</i>		
			<i>\$</i>		
			<i>\$</i>		
			<i>\$</i>		
			<i>\$</i>		

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.

Pandy Bradford

 Signature of Appointed Treasurer or Candidate

7-9-2002

 Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Lattimer Alexander for Council	Second Qtr Report	N/A	
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle			\$ 0
5) Cash on Hand at Start of Present Reporting Period		\$ 1623.06	
RECEIPTS			
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 5976.00
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		\$ 100.00	\$
<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)	\$ 33.34	\$ 4246.23
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		\$ 33.34	\$
<i>(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)</i>			
22) Cash on Hand at End of Reporting Period		\$ 1689.72	\$ 1689.72
<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)	\$ —	

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Lotimer Alexander For Council				N/A			
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
	Aggregated individual contributions		checks		<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
					<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	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			
				\$			
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	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			
				\$			
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	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			
				\$			
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	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			
				\$			
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	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			
				\$			
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	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			
				\$			
4. Total only this Page							\$ 100
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 100
<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		
Letimer Alexander for Council						N/A		
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
	PIP Printing High Point NC			printing		check	5/11/02	\$ 38.34
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		\$		
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							\$ 38.34	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$ 38.34	
<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>								