

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 Friends of Steve Arnold | | | 6. Date 1/6/03 | |
| 2. Address 1610 Bridges Drive | | | 7. ID Number | |
| 3. City High Point | 4. State NC | 5. Zip 27262 | 8. Phone 336 887-8383 | |
| 9. Type of Report 2002 4th Quarter Report | | 10. Period Covered Start 10/20/02 End 12/31/02 | | 11. Amendment <input type="checkbox"/> Yes <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"/> "Booster Fund" |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Soft Money Account | <input type="checkbox"/> Building Fund |
| <input type="checkbox"/> Other Fund: _____ | | | |

13. Treasurer Name
Steve Arnold

14. Assistant Treasurer Name(s)

15. Custodian of Books Name

16. Bank/Depository/Credit Account Information

| a. Name | b. Purpose | c. Code | d. Period Begin Balance |
|------------------------------|-------------------------|---------|-------------------------|
| High Point Bank + Trust, Co. | "for all campaign exp." | | \$ 1,238. ⁵⁸ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

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.

Steve Arnold
Signature of Appointed Treasurer or Candidate

1/6/03
Date

Detailed Summary

| 1. Name of Committee or Fund | 2. Type of Report | 3. ID Number | |
|---|-----------------------------|--------------------------|---------------------------|
| Friends of Steve Arnold | '03 4 th Quarter | | |
| Start of Election Cycle: January 1, 20 <u>02</u> | | Total this Period | Total this Election Cycle |
| 4) Cash on Hand at Start of Election Cycle | | | \$ 138.58 |
| 5) Cash on Hand at Start of Present Reporting Period | | \$ 1238.58 | |
| RECEIPTS | | | |
| 6) Contributions from Individuals | (CRO-1210) | \$ | \$ |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees (PAC) | (CRO-1230) | \$ 300. ⁰⁰ | \$ 800. ⁰⁰ |
| 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 (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14) | | \$ 300. ⁰⁰ | \$ 800. ⁰⁰ |
| EXPENDITURES | | | |
| 16) Disbursements | (CRO-1310) | | |
| 16a) Operating Expenditures | (CRO-1310) | \$ | \$ |
| 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) | | \$ | \$ |
| 22) 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) | | \$ | \$ |
| 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) | \$ 60,147. ⁰⁰ | |
| 26) Debts and Obligations owed TO the Committee | (CRO-1620) | \$ | |
| 27) Parent Entity's Administrative Support | (CRO-1710) | \$ | |
| 28) Account Transfers | (CRO-1720) | \$ | |

(PACs)

Contributions from OTHER POLITICAL COMMITTEES

| 1. Name of Committee or Fund | | 2. ID Number | | | | |
|---|--|--|--------------------|-------------------------------------|--------------------------|-----------------------|
| Friends of Steve Arnold | | | | | | |
| 3. 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. In-Kind | f. Amount |
| | NC Realtors PAC 421 Fayetteville St., Mall Ste. 1109 Raleigh, NC 27601 | 040 142 388 | Check | 10/28/02 | <input type="checkbox"/> | \$ 300. ⁰⁰ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| g. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County: _____ | | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Election Cycle Sum to Date \$ | | |
| 3. 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. In-Kind | f. Amount |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____ | | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Election Cycle Sum to Date \$ | | |
| 3. 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. In-Kind | f. Amount |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____ | | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Election Cycle Sum to Date \$ | | |
| 3. 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. In-Kind | f. Amount |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____ | | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Election Cycle Sum to Date \$ | | |
| 3. 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. In-Kind | f. Amount |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | \$ |
| g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____ | | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Election Cycle Sum to Date \$ | | |
| 4. Total only this Page | | | | | \$ 300. ⁰⁰ | |
| 5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 300. ⁰⁰ | |

Debts and Obligations Owed BY the Committee

| 1. Name of Committee or Fund | | 2. ID Number | | | |
|--|---|--|-----------------------|--------------------------|--------------------------------------|
| Friends of Steve Arnold | | | | | |
| 3. Creditor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Starting Balance | c. Amount Incurred | d. Amount Paid | e. Ending Balance |
| | Steve + Nicole Arnold 1610 Bridges Dr. High Point, NC 27262 336-887-8383 | \$ 0 | \$ 147. ⁰⁰ | \$ 0 | \$ 147. ⁰⁰ |
| | f. Description Filing fee | g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | h. If Credit Acct, list Number/Code: |
| 3. Creditor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Starting Balance | c. Amount Incurred | d. Amount Paid | e. Ending Balance |
| | Steve Arnold (same as above) | \$ 60,000. ⁰⁰ | \$ 0 | \$ 0 | \$ 60,000. ⁰⁰ |
| | f. Description debt from previous campaigns | g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | h. If Credit Acct, list Number/Code: |
| 3. Creditor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Starting Balance | c. Amount Incurred | d. Amount Paid | e. Ending Balance |
| | | \$ | \$ | \$ | \$ |
| | f. Description | g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | h. If Credit Acct, list Number/Code: |
| 3. Creditor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Starting Balance | c. Amount Incurred | d. Amount Paid | e. Ending Balance |
| | | \$ | \$ | \$ | \$ |
| | f. Description | g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | h. If Credit Acct, list Number/Code: |
| 3. Creditor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Starting Balance | c. Amount Incurred | d. Amount Paid | e. Ending Balance |
| | | \$ | \$ | \$ | \$ |
| | f. Description | g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | h. If Credit Acct, list Number/Code: |
| 3. Creditor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Starting Balance | c. Amount Incurred | d. Amount Paid | e. Ending Balance |
| | | \$ | \$ | \$ | \$ |
| | f. Description | g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | h. If Credit Acct, list Number/Code: |
| 4. Total only this Page | | | | \$ 60,147. ⁰⁰ | |
| 5. Total of ALL CRO-1610 Pages (only show on last page) | | | | \$ 60,147. ⁰⁰ | |
| (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | | | |