

# 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	
COMMITTEE TO ELECT CHIQUITA TILLMAN MCALLISTER			12/30/02	
2. Address			7. ID Number	
4009 TRAPPERS RUN COURT				
3. City	4. State	5. Zip	8. Phone	
HIGH POINT NC 27265	NC	27265	812-8763	
9. Type of Report		10. Period Covered		11. Amendment
		Start		<input type="checkbox"/> Yes
		End		<input 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  
 CHIQUITA TILLMAN MCALLISTER

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
BB&T	CHECKING		\$ -0-
			\$
			\$
			\$
			\$
			\$

**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.

*Chiquita J. McAllister* (by telephone)  
 CHIQUITA TILLMAN MCALLISTER

12/30/2002

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Signature of Appointed Treasurer or Candidate
Date

## Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Committee to Elect Chiquita Tillman		Final		03-0402114	
Start of Election Cycle: January 1, 20 <sup>02</sup>		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ -0-		
5) Cash on Hand at Start of Present Reporting Period		\$906.45			
<b>RECEIPTS</b>					
6) Contributions from Individuals (CRO-1210)		\$500.00	\$4,715.00		
7) Contributions from Political Party Committees (CRO-1220)		\$	\$		
8) Contributions from Other Political Committees (CRO-1230)		\$	\$		
9) Loan Proceeds (CRO-1410)		\$	\$		
10) Refunds & Reimbursements to 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)		\$177.79	\$177.79		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$677.79	\$4,892.79		
<b>EXPENDITURES</b>					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$1,584.24	\$4,892.79		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$		
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$		
14) Loan Repayments (CRO-1420)		\$	\$		
15) Refunds from Committee (CRO-1320)		\$	\$		
16) In-Kind Contributions (CRO-1510)		\$	\$		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$1,584.24	\$4,892.79		
18) 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)		\$ -0-	\$ -0-		
<b>Additional Information</b>					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$			
21) Debts and Obligations owed BY the Committee (CRO-1610)		\$			
22) Debts and Obligations owed TO the Committee (CRO-1620)		\$			
23) Parent Entity's Administrative Support (CRO-1710)		\$			

Disbursements

1. Name of Committee or Fund Committee to Elect Chiquita Tillman McAllister						2. ID Number 03-04 02114		
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) Color Express 3406-B W. Wendover Ave. Greensboro, NC 27407 855-4575			d. Purpose campaign buttons	e. Account Number/Code	f. Form of Payment check	g. Date (mm/dd/yyyy) 10/25/02	h. Amount \$206.25
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		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) Office Depot 274 East Chester Dr. #183 High Point, NC 27602 889-8744			d. Purpose copies	e. Account Number/Code	f. Form of Payment check	g. Date (mm/dd/yyyy) 10/24/02	h. Amount \$138.44
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		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) US Postal Service Hwy 65 CPU 0265 High Point, NC			d. Purpose stamps	e. Account Number/Code	f. Form of Payment check	g. Date (mm/dd/yyyy) 11/1/02	h. Amount \$40.70
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		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) Staples 2645 N. Main St. High Point, NC 27600 887-0043			d. Purpose brochures	e. Account Number/Code	f. Form of Payment check	g. Date (mm/dd/yyyy) 11/1/02	h. Amount \$107.25
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		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) Dragon Wok 1589 Skoff Club Rd. High Point, NC 885-8868			d. Purpose chicken-volunteers	e. Account Number/Code	f. Form of Payment check	g. Date (mm/dd/yyyy) 11/4/02	h. Amount \$72.42
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		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								\$ 861.83
6. Total of ALL CRO-1310 Related Pages (only show on last page)								\$
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								\$
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								\$
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								\$



Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Committee to Elect Chiquita Tillman McAllister				03-0402114			
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
	Henry Frye 1401 Benbow Rd. Greensboro, NC 27407 674-3709		check	10/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Retired Judge/Professor		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
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
	Ronald Barbee 8504 Adar Hollow Rd. Greensboro, NC 27455 643-9191		check	10/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Attorney		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
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
	Ray Edwards 500 Burning Tree Circle High Point, NC 27265 869-6877		check	10/31/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
manager - cleaners		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
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
	Pamela Hunter 2424 Wildcrest Ct. High Point, NC 27265 882-2685		check	10/31/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
college professor		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
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
	Suzanne Brammer 326 Ridgeland Dr. High Point, NC 27262 883-7597		check	10/31/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Accountant		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field							
<b>4. Total only this Page</b>							\$ 450.00
<b>5. Total of ALL CRO-1210 Pages</b> (only show on last page)							\$
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

**Contributions from INDIVIDUALS**

1. Name of Committee or Fund						2. ID Number	
Committee to Elect Chiquita Tillman McAllister						03-0462114	
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
	Steve Arnold 1610 Bridges Dr. High Point, NC 27262 887-8383		check	10/31/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	County Commissioner				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	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"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
<b>4. Total only this Page</b>							\$ 50.00
<b>5. Total of ALL CRO-1210 Pages</b> (only show on last page)							\$ 500.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Other Receipt Sources

1. Name of Committee or Fund <b>Committee to Elect Chiquita Tillman McAllister</b>		2. ID Number <b>03-0402114</b>			
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 <i>(include city, state, and zip)</i> <b>Chiquita McAllister (candidate) 400 Trappers Run Ct. High Point, NC 27265</b>	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount <b>\$ 177.79</b>
					\$
					\$
	f. If Outside Source of Income, explain: <b>Cover overdraft / over-expenditure</b>		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 <i>(include city, state, and zip)</i>	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 <i>(include city, state, and zip)</i>	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 <i>(include city, state, and zip)</i>	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 <i>(include city, state, and zip)</i>	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				\$	
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i> <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>				\$ 177.79	