


Rec 9-3-02  
CT 2:40

**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.

<b>1. Name of Committee or Fund</b>				<b>6. Date</b>	
BJ Barnes for Sheriff				9-3-2002	
<b>2. Address</b>				<b>7. ID Number</b>	
PO Box 19707					
<b>3. City</b>		<b>4. State</b>	<b>5. Zip</b>	<b>8. Phone</b>	
Greensboro		NC	27419		
<b>9. Type of Report</b>			<b>10. Period Covered</b>		<b>11. Amendment</b>
2002 Interim Report			Start	7-1-2002	<input type="checkbox"/> Yes
			End	8-24-2002	<input type="checkbox"/> No
<b>12. Type of Committee or Fund (Check one)</b>					
<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: _____					
<b>13. Treasurer Name</b>					
BJ Barnes					
<b>14. Assistant Treasurer Name(s)</b>					
n/a					
<b>15. Custodian of Books Name</b>					
Same					
<b>16. Bank/Depository/Credit Account Information</b>					
<b>a. Name</b>	<b>b. Purpose</b>	<b>c. Code</b>	<b>d. Period Begin Balance</b>		
Branch Banking and Trust	Campaign expenses	7454	\$37,643 <sup>56</sup>		
	Campaign CD	0224	\$36,592 <sup>88</sup>		
			\$		
			\$		
			\$		
			\$		
<b>CERTIFICATION</b>					
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				9-3-2002 _____ Date	

## Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
BJ Barnes for Sheriff			
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle			\$ 73,762 <sup>88</sup>
5) Cash on Hand at Start of Present Reporting Period		\$ 74,236 <sup>44</sup>	
<b>RECEIPTS</b>			
6) Contributions from Individuals	(CRO-1210)	\$ 6,020 <sup>00</sup>	\$ 6,320 <sup>00</sup>
7) Contributions from Political Party Committees	(CRO-1220)	\$ -0-	\$ 250 <sup>00</sup>
8) Contributions from Other Political Committees	(CRO-1230)	\$ -0-	\$ 1,000 <sup>00</sup>
9) Loan Proceeds	(CRO-1410)	\$ -0-	\$ -0-
10) Refunds and Reimbursements TO the Committee	(CRO-1240)	\$ -0-	\$ -0-
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 199 <sup>93</sup>	\$ 1,389 <sup>78</sup>
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ -0-	\$ -0-
11c) Outside Sources of Income	(CRO-1250)	\$ -0-	\$ -0-
12) "Goods and Services" Contributions	(CRO-1260)	\$ -0-	\$ -0-
13) Contributions based on Forgiven Loans	(CRO-1440)	\$ -0-	\$ -0-
14) 48-Hour Notice Reports Sum		\$ -0-	\$ -0-
15) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)		\$ 80,456 <sup>37</sup>	\$ 82,722 <sup>66</sup>
<b>EXPENDITURES</b>			
16) Disbursements (CRO-1310)			
16a) Operating Expenditures	(CRO-1310)	\$ 4,294 <sup>52</sup>	\$ 6,310 <sup>81</sup>
16b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 400 <sup>00</sup>	\$ 290 <sup>00</sup>
16c) Coordinated Party Expenditures	(CRO-1310)	\$ -0-	\$ -0-
17) Loan Repayments (CRO-1420)		\$ -0-	\$ -0-
18) Forgiven Loans (CRO-1440)		\$ -0-	\$ -0-
19) Refunds and Reimbursements FROM the Committee (CRO-1320)		\$ -0-	\$ -0-
20) In-Kind Contributions (CRO-1510)		\$ -0-	\$ -0-
21) TOTAL EXPENDITURES (Add lines 16a, 16b, 16c, 17, 18, 19, and 20)		\$ 4,334 <sup>52</sup>	\$ 6,600 <sup>81</sup>
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)		\$ 76,121 <sup>85</sup>	\$ 76,121 <sup>85</sup>
<b>Additional Information</b>			
23) Non-Monetary Gifts Given to Committees (CRO-1330)		\$ -0-	
24) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$ -0-	
25) Debts and Obligations owed BY the Committee (CRO-1610)		\$ -0-	
26) Debts and Obligations owed TO the Committee (CRO-1620)		\$ -0-	
27) Parent Entity's Administrative Support (CRO-1710)		\$ -0-	
28) Account Transfers (CRO-1720)		\$ 36,792 <sup>81</sup>	

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
BS Barnes for Sheriff							
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
	Gary N Brown 5249 Larue Court Summerfield NC 27358	7454	check	8-10-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	Business Owner						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	GBA Systems 518	<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
	Ralph Noreom 601 Sherman Street Greensboro NC 27410	7454	check	8-21-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	Retired						\$
	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
	Gary McDaniel 191 Ferningfield Road McLeansville NC 27301	7454	check	8-21-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 750 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	Deputy Sheriff						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	922 Justice Public Safety	<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
	Bruce Morse 1607 Vernondale Road Greensboro NC 27406	7454	check	8-21-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	Business Owner						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	713 Amusement	<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
	George Rider 7215 Chapsworth Drive Trinity NC 27370	7454	check	8-21-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	Business Owner						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Riders in the Country 713	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page							\$ 2750 <sup>00</sup>
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
BJ Barnes for Sheriff							
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
	Tim Sessoms 6704 Feyan Road Summerfield NC 27358	7454	check	8-21-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Business owner	<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
	Vince Dow P.O. Box 1331 Kernersville NC 27285	7454	check	8-21-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Business owner	<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
	Scott Wheelihan 1210 Grayland Court Greensboro NC 27408	7454	check	8-21-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Manager	<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
	Tom Blanton 1204 Heathrow Drive Greensboro NC 27410	7454	check	8-23-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,000 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Administration	<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
	Trudy Wade 703 W. Main Street Jamesstown, NC 27282	7454	check	8-23-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Veterinarian	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page							\$ 2750 <sup>00</sup>
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

**Contributions from INDIVIDUALS**

1. Name of Committee or Fund						2. ID Number	
BT Barnes for Sheriff							
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
	Mary S. Irvin 2102 W. Market Street Greensboro NC 27403	7454	check	8-23-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	BUSINESS OWNER						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	531 Real Estate	<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
	Don G. Angell P.O. Box 1670 Clemmons NC 27012	7454	check	8-24-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250 <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	BUSINESS OWNER						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	Friendship Sporting Clays / 451	<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
	aggregated individual contribution	7454		8-24-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20 <sup>00</sup>
					<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:			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"/>	\$
	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"/>	\$
	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>						\$ 520 <sup>00</sup>	
<b>5. Total of ALL CRO-1210 Pages</b> (only show on last page)						\$ 6020 <sup>00</sup>	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

**Other Receipt Sources**

<b>1. Name of Committee or Fund</b>				<b>2. ID Number</b>	
BJ Barnes for Sheriff					
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
	Branch Banking & Trust 1300 Battleground Avenue Greensboro NC 27408	0224	credit	7-8-2002	\$ 199 <sup>93</sup>
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
4. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)	<b>e. Amount</b>
					\$
					\$
					\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>h. If Not-for-Profit, list Fed ID #:</b>	
<b>5. Total only this Page</b>					\$
<b>6. Total of ALL CRO-1250 Related Pages</b> <i>(only show on last page)</i>					\$ 199 <sup>93</sup>
<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>					

Disbursements

1. Name of Committee or Fund <b>BJ Barnes for Sheriff</b>						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
<input checked="" 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
	Chop House 106 S Holden Road Greensboro NC 27407			dinner meeting	7454	check	8-7-2002	\$381 <sup>10</sup>
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
	Wooten Graphic Inc. P.O. Box 8R Welcome, NC 27374			signs + bumper strips	7454	check	8-9-2002	\$3,471 <sup>90</sup>
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
	Childrens Miracle Network 4418 W Wendover Avenue Greensboro NC 27407			cups + spoons	7454	check	8-16-2002	\$10 <sup>00</sup>
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
	Sam's Club 4418 W Wendover Avenue Greensboro NC 27407			campaign supplies	7454	check	8-16-2002	\$694 <sup>6</sup>
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		\$431 <sup>52</sup>		
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							\$4,294 <sup>52</sup>	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$4,294 <sup>52</sup>	
(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)								

**Disbursements**

<b>1. Name of Committee or Fund</b>					<b>2. ID Number</b>		
BJ Barnes For Sheriff							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>							
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Greater Greensboro Republican Women 200 E. Erskine Drive Greensboro NC 27410		reception	7454	check	8-16-2002	\$ 40 <sup>00</sup>
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
<b>5. Total only this Page</b>							\$ 40 <sup>00</sup>
<b>6. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>							\$ 40 <sup>00</sup>
<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>							