

# **Disclosure Report Cover Sheet**

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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.

| Non-Committee or Fund                            |  | ·                    | 6. Date                                |
|--|--|----------------------|--|
| I. Name of Committee or Fund                     | OV CIEDV                               |                      | 7/10/02                                |
| COMMITTEE TO ELECT HOLBRO                        | OK CLERK                               |                      | 7/10/02<br>7.1D Number                 |
| 2. Address                                       |  | <u></u>              |  |
| 1068 West Fourth Street                          |  |                      |  |
| 3. City  | 4. State                               | 5. Zip               | 8. Phone                               |
| Winston-Salem                                    | NC                                     | 27101                | 748-8887                               |
| 9. Type of Report                                |  | 10. Period Cover     |  |
|  |  | Start 4/2<br>End 6/3 | 21/02 Yes<br>30/02 No                  |
| 12. Type of Committee or Fund (Check one)        |  |                      |  |
| X Candidate Campaign Party                       | Joint Fundraiser                       |                      | Booster Fund"<br>uilding Fund          |
| PAC Referendum                                   | Soft Money Act                         |                      | inuing rund                            |
| Other Fund:                                      |  |                      |  |
|  |  |                      | <b>1</b> 5 <b>1</b>                    |
| Thomas L. Nesbit                                 |  |                      | 0                                      |
| 14. Assistant Treasurer Name(s)                  | ······································ | <u></u> ,            | C ~                                    |
| Marlene Johnson                                  |  |                      |  |
|  |  |                      |  |
| 15. Custodian of Books Name                      |  | -                    |  |
|  |  |                      |  |
| Thomas L. Nesbit                                 |  |                      | ······································ |
| 16. Bank/Depository/Credit Account Information   | ation                                  |                      | d. Period Begin Balance                |
| a. Name  | b. Purpose                             | c. Code              |  |
| First Citizens Bank                              |  |                      | \$ 7,434.39                            |
|  |  |                      | \$                                     |
|  |  |                      | \$                                     |
|  |  |                      |  |
|  |  |                      | \$                                     |
|  |  |                      | S                                      |
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|  |  |                      | •                                      |
| CERTIFICATION                                    |  |                      |  |
| l certify that the Committee is in compliance w  | ith all provisions of Article 22A, in  | cluding that no fund | is are commingled with                 |
| funds for a federal or out-of-state PAC. I funth | er say that this report is complete,   | true and correct.    |  |
|  | $\backslash$                           |                      |  |
|  | 1                                      | July                 | 10, 2002                               |
| Signature of Appointed Treasure                  | r or Candidate                         |                      | Date                                   |
|  |  |                      |  |

NC State Board of Elections

## **Detailed Summary**

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| Detaneu Summer y  | 2. Type of Re             | eport                | 3. ID Number                 |  |  |
|---|---------------------------|----------------------|------------------------------|--|--|
| 1. Name of Committee or Fund<br>COMMITTEE TO ELECT HOLBROOK CLERK   |                           |                      |                              |  |  |
| Start of Election Cycle: January 1, 20  |                           | Total this<br>Period | Total this<br>Election Cycle | For Office<br>Use Only   |  |
| 4) Cash on Hand at Start of Election Cycle  |                           |                      | \$                           | A.   |  |
| 5) Cash on Hand at Start of Present Reporting Period  |                           | <b>\$</b> 7,434.39   |                              |  |  |
| 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)                | s                    | \$                           |  |  |
| 10) Refunds & Reimbursements to Committee   | (CRO-1240)                | \$                   | \$                           |  |  |
| 11) Other Receipt Sources   | (CRO-1250)                |                      |                              |  |  |
| 11a) Interest on Bank Accounts  | (CRO-1250)                | S                    | \$                           |  |  |
| 11b) Contributions from Not-for-Profit Organizations  | (CRO-1250)                | \$                   | S                            | <b> </b>   |  |
| 11c) Outside Sources of Income  | (CRO-1250)                | \$                   | \$                           | <b></b>  |  |
| 12) TOTAL RECEIPTS<br>(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)   |                           | <b>\$</b> −0−        | S                            |  |  |
| EXPENDITURES  | منبعة بداد والمتجميد بنان |                      |                              |  |  |
| 13) Disbursements   | (CRO-1310)                |                      |                              |  |  |
| 13a) Operating Expenditures   | (CRO-1310)                | \$                   | \$                           | <u> </u>   |  |
| 13b) Contributions to Candidates/Political Committees   | (CRO-1310)                |                      | \$ ·                         | +  |  |
| 13c) Coordinated Party Expenditures   | (CRO-1310)                |                      | \$                           |  |  |
| 14) Loan Repayments   | (CRO-1420)                |                      | \$                           |  |  |
| 15) Refunds from Committee  |                           |                      | \$                           |  |  |
| 16) In-Kind Contributions   | (CRO-1510)                |                      | <u>s</u>                     | <b></b>  |  |
| 17) TOTAL EXPENDITURES<br>(Add lines 13a, 13b, 13c, 14, 15, and 16)   |                           | \$ -0-               | \$                           | · ·  |  |
| 18) Cash on Hand at End of Reporting Period<br>(For this Period, add lines 5 and 12 together, then subtract line 17)<br>(For this Election Cycle, add lines 4 and 12 together, then subtract line 17, | <u> </u>                  | \$ 7,434,39          | )<br>s                       |  |  |
| Additional Information  |                           |                      |                              | and the second |  |
| 19) Non-Monetary Gifts Given to Committees  | (CRO-1330                 | » <b>s</b>           |                              |  |  |
| 20) Outstanding Loans (including ones from other campaign   | ls) (CRO-1430             | n s                  |                              |  |  |
| 21) Debts and Obligations owed BY the Committee   | (CRO-1610                 | 0) <b>S</b>          |                              |  |  |
| 22) Debts and Obligations owed TO the Committee   | (CRO-162                  | 0) \$                |                              |  |  |
| 23) Parent Entity's Administrative Support  | (CRO-171                  | 0) S                 |                              |  |  |

CRO-1100

| Iditional Disclosure Report C            | Cover Sheet Information  | المحجود بيدو فيتبر             | Page 01                                |
|--|--|--------------------------------|--|
| the Direlos                              | sure Report Cover Sheet form (CRO-1000<br>o include any additions and attach it to the | ) to include al<br>Cover Sheet | l assistant treasurers o<br>form.      |
| accounts use this form to                | o monuos any additions and atmos it to are   | 2. ID N                        | lumber                                 |
| Name of Committee or Fund                |  |                                |  |
| COMMITTEE TO ELECT HOLB                  | ROOK CLERK   | · · · · ·                      |  |
| Assistant Treasurer Name(s)              |  |                                |  |
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| I. Bank/Depository/Credit Account Inforn | hation   | c. Code                        | d. Period Begin Balan                  |
| L, Name                                  |  |                                | <b>S</b> 3                             |
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| ( | Cq          | <b>ntributions from INDIVIDUAI</b>                     | _S   |  |                                       |                                       | Pag                                      | e of                                   |  |
|---|-------------|--|--|--|---------------------------------------|---------------------------------------|--|--|--|
| 1 | 1.1         | name of Committee or Fund                              |  |  |                                       | 2. ID                                 | Number                                   |  |  |
|   |             | COMMITTEE TO ELECT HOLBROO                             | OK CLERK   |  |                                       |                                       |  |  |  |
| 7 | -1          | a. Full Name, Mailing Address & Phone                  | d. Account   | e. Form of                                   | f. Date                               | g. In-                                | h. Prior                                 | i. Amount                              |  |
|   |             | (include city, state, & zip)                           | Number/Code  | Payment                                      | (mm/dd/yyyy)                          | Kind                                  | Report                                   |  |  |
| I |             |  |  |  | •                                     |                                       |  | \$ <sup>4</sup>                        |  |
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|   |             | b. Job Title/Profession                                |  | ··· ··· ··                                   |                                       |                                       | П. 9                                     | s                                      |  |
|   |             |  | 1. TC A  |  |                                       |                                       |  | Sum to Date                            |  |
|   |             | c. Employer's Name/Specific Field                      | j. If Amendment, cho<br>Add  | Delete                                       |                                       | S                                     | ion cycle a                              |  |  |
| ŀ |             | a. Full Name, Mailing Address & Phone                  | d. Account   | e. Form of                                   | f. Date                               | g. In-                                | h. Prior                                 | i. Amount                              |  |
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|   | 1           | c. Employer's Name/Specific Field                      | j. If Amendment, cho   |  |                                       | K. Lieci                              | ion Cycle a                              | Sum to Date                            |  |
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|   | Contributor |  |  | \$<br>•                                      |                                       |                                       |  | \$ <sup>`</sup>                        |  |
|   |             | b. Job Title/Profession                                |  | <u> </u>                                     |                                       |                                       |  | S                                      |  |
|   |             |  | 1  | <u>i</u>                                     | l                                     |                                       |  |  |  |
|   |             | c. Employer's Name/Specific Field                      | j. If Amendment, choose change type:   |  |                                       | k. Election Cycle Sum to Date         |  |  |  |
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|   | 3.0         | b. Job Title/Profession                                |  |  | fuquences and a second second pro-    | · · · · · · · · · · · · · · · · · · · | <b></b>                                  | S                                      |  |
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|   |             | c. Employer's Name/Specific Field                      | j. If Amendment, che   | Delete                                       | pe:                                   | k. Election Cycle Sum to Date         |  |  |  |
| ŀ |             | a. Full Name, Mailing Address & Phone                  | d. Account   | e. Form of                                   | f. Date                               | g. In-                                | h. Prior                                 | i. Amount                              |  |
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|   |             | b. Job Title/Profession                                |  |  |                                       |                                       |  | ······································ |  |
| I |             |  |  | <u> </u>                                     |                                       |                                       | ; • ,                                    |  |  |
|   |             | c. Employer's Name/Specific Field                      | j. If Amendment, ch  | Delete                                       | pe:                                   | K. Elec                               | uon Cycle                                | Sum to Date                            |  |
| ŀ | À           | Total only this Dama                                   | Add  | L Delete                                     |                                       | 14                                    |  | <b>\$</b> -0-                          |  |
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| 7 | 5.          | Total of ALL CRO-1210 Pages                            | (only show on last pa  | ge)  |                                       |                                       |  | <b>S</b> .                             |  |
| ( | Th          | is line must be on line 6 of Detailed Summary Page CRO | <u>+1100)</u>  |  |                                       | ·                                     |  |  |  |

CRO-1210

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| Dis  | sbursements  |                         |  |  |                                       |                         | or            |  |
|--|--|-------------------------|--|--|---------------------------------------|-------------------------|---------------|--|
| _  | ame of Committee or F  | rund                    |  |  |                                       | 2. ID Number            |               |  |
|  | COMMITTEE TO E   | LECT HOLBROO            |  |  |                                       |                         |               |  |
| 3. T   | ype of Disbursement  | (Please use separate C  | RO-1330 forms for each   | h type of Disbursem  | ents.)                                | Dente Proventing        |               |  |
|  | Operating Expenses   |                         | andidates/Political Com  |  |                                       | Party Expenditures      |               |  |
|  | a. Full Name, Mailing Addre<br>(include city, state, and zip         | ss & Phone              | d. Purpose   | e. Account<br>Number/Code  | f. Form of<br>Payment                 | g. Date<br>(mm/dd/yyyy) | h. Amount     |  |
|  | <u></u>  |                         |  |  |                                       |                         | \$            |  |
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| Payce  |  |                         | <b></b>  |  |                                       | J                       |               |  |
| 4  | b. If Contribution to  | c. If Coordinated Party |  |  |                                       | ·                       | \$            |  |
|  | County Committee, specify:   |                         | i. If Amendment, choos   |  |                                       | j. Election Cycle S     | um To Date    |  |
|  |  |                         | Add  | Delete   |                                       | \$                      |               |  |
| H  | a. Full Name, Mailing Addre  |                         | d. Purpose   | e. Account<br>Number/Code  | f. Form of<br>Payment                 | g. Date<br>(mm/dd/yyyy) | h. Amount     |  |
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|  |  | -                       | د.<br>۱۹۰۰ مه به د د محمد سرد و میر  | terrere a s  |                                       | · ~.                    | •             |  |
| 4. Payee   |  |                         |  | -<br>-   |                                       |                         | \$            |  |
| 4  |  |                         | անուն ու հանձաներությունը է հանձեն է հասեն է հաս է։<br>Դանուն հանձաներությունը է հանձաներությունը է հանձաներությունը է հանձաներությունը է հանձաներությունը է հանձաներո | e Reconcisione de la composition de la<br>Compositione de la composition de la com | • • • • • • •                         |                         | S             |  |
|  |  | c. If Coordinated Party | i. If Amendment, choos   | a abanga timat   | ·                                     | j. Election Cycle S     | um To Date    |  |
|  | County Committee, specify:   | Expense, list office:   |  | Delete   |                                       | S                       |               |  |
|  | a. Full Name, Mailing Addre  | ss & Phone              | d. Purpose   | e. Account   | f. Form of                            | g. Date                 | h. Amount     |  |
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| L P  |  |                         |  | . <u> </u>   | مرجعة مستاب المراجع                   | ، بیش .                 | e .           |  |
|  |  | c. If Coordinated Party |  | :  |                                       |                         | S 3           |  |
|  | County Committee, specify:   | Expense, list office:   | i. If Amendment, choo  |  |                                       | j. Election Cycle S     | um lo Date    |  |
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| 1  |  | 1.100                   |  |  |                                       | s .<br>4<br>1 -         | \$            |  |
| 1  | b. If Contribution to<br>County Committee, specify:                  | c. If Coordinated Party | i. If Amendment, choo  | se change type:  | 1                                     | j. Election Cycle       | Sum To Date   |  |
| 1  | County Committee, specity:   | Expense, use vince.     | Add  | Delete   |                                       | \$                      |               |  |
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| 4.4  |  |                         | <b> </b>   |  |                                       |                         | · S           |  |
|  | b. If Contribution to  | c. If Coordinated Party |  | •  |                                       | j. Election Cycle       | -             |  |
|  | County Committee, specify:   | Expense, list office:   | i. If Amendment, choo  |  |                                       | j. Election Cycle 3     | Juill IV Dale |  |
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|  | Total only this Pag  |                         |  | 1 .1   |                                       |                         |               |  |
| 6.   | Total of ALL CRO   | -1310 Related Pa        | <b>1</b>   | only show on last pag  | se/ .                                 |                         | S             |  |
| 1/77   | his line goes in line 13a of Det<br>his line goes in line 13b of Det | tailed Summary Pape CRO | )-] [00 if Contrib to Can  | didales/Political Co.  | mm) -                                 | ,                       |               |  |
| (This line goes in line 13d of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |  |                         |  |  |                                       |                         |               |  |

CRO-1310

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| Lo           | an Proceeds   |                                       |                                       |               |                    |  |  |
|--------------|---|---------------------------------------|---------------------------------------|---------------|--------------------|--|--|
|              | Jame of Committee or Fund   |                                       |                                       | 2. ID Numb    | per                |  |  |
| <u> </u>     | COMMITTEE TO ELECT HOI  | BROOK CLERK                           |                                       | . <u></u>     |                    |  |  |
|              | a. Full Name, Mailing Address & Phone                                   | b. Start Date (mm/dd/yyyy)            | c. End Date (mm/dd/yyyy)              | d. Interest   | i. Account         |  |  |
|              | (include city, state, and zip)  |                                       | · · · · · · · · · · · · · · · · · · · | Rate %        | <u>Number/Code</u> |  |  |
| <b> </b> [   | ·   | e. Job Title/Profession               | f. Employer's Name/Specif             |               | <u> </u>           |  |  |
| Lender       |   |                                       | <u> </u>                              |               | j. Form of Payment |  |  |
|              |   | g. Security Pledged                   |                                       |               |                    |  |  |
| ۳.           |   |                                       |                                       |               | k. Amount          |  |  |
|              |   | h. If Amendment, choose cha           | Delete                                |               | \$                 |  |  |
|              | a. Full Name, Mailing Address & Phone                                   | b. Start Date (mm/dd/yyyy)            | c. End Date (mm/dd/yyyy)              | d. Interest   | i. Account         |  |  |
|              | (include city, state, and zip)  |                                       |                                       | Rate %        | Number/Code        |  |  |
|              |   | e. Job Title/Profession               | f. Employer's Name/Specif             |               |                    |  |  |
| der          |   |                                       |                                       |               | j. Form of Payment |  |  |
| 3. Lender    |   | g. Security Pledged                   |                                       |               |                    |  |  |
| 3.           |   |                                       |                                       |               | k. Amount          |  |  |
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## Loan Repayments

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#### **Outstanding Loans** 2. ID Number 1. Name of Committee or Fund COMMITTEE TO ELECT HOLBROOK CLERK h. Original Loan c. End Date (mm/dd/yyyy) d. Interest b. Start Date (mm/dd/yyyy) a. Full Name, Mailing Address & Phone Amount (include city, state, and zip) % s f. Employer's Name/Specific Field e. Job Title/Profession i. Loan Balance Lender g. Security Pledged \$ r. . If Amendment, choose change type: Delete Add d. Interest h. Original Loan c. End Date (mm/dd/yyyy) b. Start Date (mm/dd/yyyy) a. Full Name, Mailing Address & Phone Rate Amount (include city, state, and zip) % s f. Employer's Name/Specific Field e, Job Title/Profession Lender i. Loan Balance g. Security Pledged S 1 . If Amendment, choose change type: Delete Add d. Interest h. Original Loan c. End Date (mm/dd/yyyy) b. Start Date (mm/dd/yyyy) a. Full Name, Mailing Address & Phone Amount Rate (include city, state, and zip) % S f. Employer's Name/Specific Field e. Job Title/Profession i. Loan Balance 3. Lender g. Security Pledged S j. If Amendment, choose change type: Delete h. Original Loan c. End Date (mm/dd/yyyy) d. Interest b. Start Date (mm/dd/yyyy) a. Full Name, Mailing Address & Phone Amount Rate (include city, state, and zip) % s f. Employer's Name/Specific Field e. Job Title/Profession i. Loan Balance Lender g. Security Pledged s . j. If Amendment, choose change type: Delete Add h. Original Loan d. Interest c. End Date (mm/dd/yyyy) a. Full Name, Mailing Address & Phone b. Start Date (mm/dd/yyyy) Amount Rate (include city, state, and zip) % s f. Employer's Name/Specific Field e. Job Title/Profession i. Loan Balance Lender g. Security Pledged \$ -. If Amendment, choose change type: Delete Add h. Original Loan c. End Date (mm/dd/yyyy) d. Interest b. Start Date (mm/dd/yyyy) a. Full Name, Mailing Address & Phone Amount Rate (include city, state, and zip) % S f. Employer's Name/Specific Field e. Job Title/Profession i. Loan Balance Lender g. Security Pledged \$ m If Amendment, choose change type: \_ Delete Add -0-S 4. Total only this Page (only show on last page) 5. Total of ALL CRO-1430 Pages S

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| 48-Hour Notice  |  |                            |  |                                 | _         |                            | age                                     | 01                                 |
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| To be   | Used by  | Committees to              | Report C   | ontributions                    | of over   | \$1,000                    |   |                                    |
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| CERTIFICATION   |  | ·                          |  | : -                             |           |                            |   | •                                  |
|   | the second s |                            |  |                                 |           |                            |   |                                    |
| I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with<br>funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were |  |                            |  |                                 |           |                            |   |                                    |
| runds for a federal or out-of-state F   | funds for a federal or out-of-state PAC. I further say that this report is complete, if de, convect, and no control of the reported on received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on  |                            |  |                                 |           |                            |   |                                    |
| the next scheduled filing report.   |  | \                          |  |                                 | •         |                            |   |                                    |
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| Signature of App  | ointed Trea  | surer or Candidat          | ė  |                                 |           | 1                          | Date                                    |                                    |
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