POLITICAL COMMITTEE DISCLOSURE REPORT

	SBOE ID Number	
Name of Committee		
Brunstetter for County Commissioner		
Address of Committee	Type of Report	e e e e e e e e e e e e e e e e e e e
3210 Kinnamon RA.	Semi-annual	
City State ZIP	Period Covered	
Winston-Salem NC 27/04	From 1102	
Type of Committee (check one)	To 6 30 02	
🗙 Candidate Campaign 🛛 PAC 🔲 Party 🛛	Referendum 🗆 Inc	dividual
Treasurer Name Stephen C. Mathis Pho	one Number (optional)	765-1233
Street Address 3210 Kinnamon Rd.		
City/State/Zip Winston-Salem, NC 27	104	
Assistant Treasurer Name None Pho Street Address Pho City/State/Zip	one Number (optional)	
	one Number (optional)	
reet Address		
City/State/Zip		
Depository <u>CCB- Salem Grouf</u> Address <u>2140 Country Club Rd.</u>	, Winston - Salen	A10 201011
	, Winston - Salen	NC LINF
Account Number(s)		

VERIFICATION BY OATH OR AFFIRMATION

State Month Carolina

County <u>Forsigth</u>

Being duly sworn, I depose (affirm) and say 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 PAGAI further say that this report is complete, true and correct.

Signature of Appointed Treasurer

Subscribed and sworn (affirmed) to before me, this _____ day of July_____, +9.2002___

anay S. Hurst. Notary Public

OFFICIAL SEAL Notary Public, North Carolina COUNTY OF FORSYTH NANCY S. HURST My Commission Expires September 18, 2004

Is this an amendment? yes NCSBOE/CR/D (may be copied)

My commission expires _

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

A day is

NAME OF COMMITTEE Brunstetter for County Com	SBOE ID Number	
Brunstetter for County Com	Total this Period	This Election
2.000 Cash on Hand January 1, 19-2002	XXXXXXXXXXX	
Cash on Hand at Beginning of Reporting Period Receipts 1. Contributions From: (a) Individuals other than Political Committees	1,802.89	XXXXXXXXXXX
(i) Itemized		8,100,00
(ii) Unitemized		7,844,00
(iii) Total		15,944.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		1,400.00
(d) Total Contributions		17, 344.00
2. Loan Proceeds		1, 259, 24
3. Interest Earned on Bank Accounts		
4. Refunds		13.23
5. Total Receipts	-0-	18,616,47
Disbursements		
6. Operating Expenditures	27,49	16,507.73
7. Contributions to Candidates/Political Committees		333,34
8. Coordinated Party Expenditures		
9. Loan Repayments		
10. Total Disbursements	27,49	16,841.07
Cash on Hand at End of Reporting Period	1, 775, 40	1,775,40
Debts and Obligations owed TO the Committee	None	
Debts and Obligations owed BY the Committee	5,966.08	

Page _____ of ____ For Line Number _6____ Use separate forms for each category of the summary

TEMIZED DISBURSEMENTS

, , , , ,

	for County Com	Date (month,	Amount of each
ull Name, Address and Zip Code	Purpose of Disbursement	day, year)	Disbursement this period
CCB - Salem Group	Service charges		13.64
2140 Country Club Rd, Winston - Salem, NC	Dervice Charges	1/ /02 2/19/02	13,85
Winston - Salem, NC			
27/04	Election Sum to Date \$ 125,64		
Full Name, Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this period
	Election Sum to Date \$		
		Date (month,	Amount of each
Full Name, Address and Zip Code	Purpose of Disbursement	day, year)	Disbursement this period
	Election Sum to Date \$	- ·	
	Election Sum to Date \$		
Full Name, Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this period
	Election Sum to Date \$	-	
T UNITED Address and Zin Code	Purpose of Disbursement	Date (month,	Amount of each
Full Name, Address and Zip Code		day, year)	Disbursement this period
	Election Sum to Date \$	-	
Full Name, Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement this perio
	Election Sum to Date \$		
		D. (Amount of each
Full Name, Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Disbursement this perio
•	Election Sum to Date \$	-	
1	Election Sum to Date 3		

NCSBOE/CR/E (may be copied)

Page _____ of ____

mittee 7 4160

1	bts and Obligations Owed BY the Collame of Committee or Fund			2. ID Number	
		Commission	er		
	Brunstetter for County-	b. Starting Balance	c. Amount	d. Amount Paid	e. Ending Balance
	(include city, state, and zip)	_	Incurred		
Į	Datas Brunctottor	\$ 5,966.08	s –	\$ -	\$ 5,966,08
	feter Brunstetter 3641 Will Scarlet Rd	f. Description		·	
;	Winston- Salem	campaign expenses			
'			hoose change type:	h. If Credit Acct, l	ist Number/Code:
	760 - 4413	Add	Delete	d Amount Paid	e. Ending Balance
Τ	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	Incurred	u. Anoum I usu	
	(Include city, state, and mp)	s	\$	\$	\$
3. CI CUINO		f. Description	<u> </u>		······
		I. DESCRIPTION			
5		a If Amendment, c	hoose change type:	h. If Credit Acct, I	ist Number/Code:
		Add	Delete		
-	a. Full Name, Mailing Address & Phone	b. Starting Balance		d. Amount Paid	e. Ending Balance
	(include city, state, and zip)		<u>Incurred</u>	\$	\$
Creattor		\$	\$		·
		f. Description	<u> </u>	<u> </u>	
5		i		h. If Credit Acct,	Ket Number/Code
		g. If Amendment, o	hoose change type:	n. II Credit Acct,	nativumber/Cone
	a. Full Name, Mailing Address & Phone	b. Starting Balance		d. Amount Paid	e. Ending Balanc
	(include city, state, and zip)		Incurred	<u> </u>	
5		\$	\$	\$	\$
3. Ureauor		f. Description			
5					·
		7	choose change type:	h. If Credit Acct,	list Number/Code
		Add	Delete	d. Amount Paid	e. Ending Balanc
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balanc	Incurred		_
-	(Incluse City, State) and mp	\$	\$	s	\$
dito		f. Description	·	· · · · · · · · · · · · · · · · · · ·	
3. Creditor					
m		g. If Amendment,	choose change type:	h. If Credit Acct,	list Number/Code
		Add	Delete		
	a. Full Name, Mailing Address & Phone	b. Starting Balance	e c. Amount Incurred	d. Amount Paid	e. Ending Balan
	(include city, state, and zip)	e	S Incurred	\$	\$
		\$			
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Creditor		f. Description		· · · · · · · · · · · · · · · · · · ·	
3. Creditor			aboasa shansa tuma	h If Credit Acet	list Number/Code
3. Creditor		g. If Amendment,	choose change type:	: h. If Credit Acct	, list Number/Code
÷	Total only this Page		choose change type:	h. If Credit Acct	
4.	Total only this Page	g. If Amendment,		h. If Credit Acet	list Number/Code
- 	Total of ALL CRO-1610 Pages (only show of	g. If Amendment,		h. If Credit Acct	\$ 5,966.08 \$ 5,966.08
4. 5.	Total of ALL CRO-1610 Pages (only show of his line must be on line 25 of Detailed Summary Page CRO-1100)	g. If Amendment,		h. If Credit Acct	\$ 5,966.08 \$ 5,966.08
4 5. 7	Total of ALL CRO-1610 Pages (only show of this line must be on line 25 of Detailed Summary Page CRO-1100)	g. If Amendment, Add m last page)		h. If Credit Acet	



Treasure

7/22/02

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Stephen C. Mathi