

# COPY

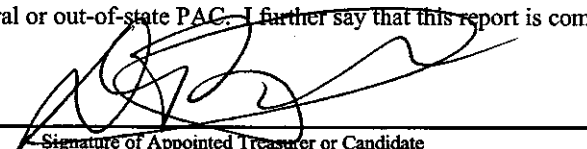
## Disclosure Report Cover Sheet

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<br><b>DAVE PLYLER CAMPAIGN COMMITTEE</b>                                                                                                   |                  |                       |                                                                       | 6. Date<br><b>10-22-2002</b>    |                                                                                         |
| 2. Address<br><b>211 HARMON LANE</b>                                                                                                                                    |                  |                       |                                                                       | 7. ID Number                    |                                                                                         |
| 3. City<br><b>KERNERSVILLE</b>                                                                                                                                          |                  | 4. State<br><b>NC</b> | 5. Zip<br><b>27284</b>                                                | 8. Phone<br><b>336-993-4675</b> |                                                                                         |
| 9. Type of Report<br><b>2002 THIRD QUARTER PLS</b>                                                                                                                      |                  |                       | 10. Period Covered<br>Start <b>8/25/2002</b><br>End <b>10/19/2002</b> |                                 | 11. Amendment<br><input type="checkbox"/> Yes<br><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<br><b>RICHARD GRAVES</b>                                                                                                                             |                  |                       |                                                                       |                                 |                                                                                         |
| 14. Assistant Treasurer Name(s)                                                                                                                                         |                  |                       |                                                                       |                                 |                                                                                         |
| 15. Custodian of Books Name<br><b>RICHARD GRAVES</b>                                                                                                                    |                  |                       |                                                                       |                                 |                                                                                         |
| 16. Bank/Depository/Credit Account Information                                                                                                                          |                  |                       |                                                                       |                                 |                                                                                         |
| a. Name                                                                                                                                                                 | b. Purpose       | c. Code               | d. Period Begin Balance                                               |                                 |                                                                                         |
| <b>LEXINGTON STATE BANK</b>                                                                                                                                             | <b>PAY BILLS</b> | <b>A</b>              | <b>\$ 3828.65</b>                                                     |                                 |                                                                                         |
|                                                                                                                                                                         |                  |                       | \$                                                                    |                                 |                                                                                         |
|                                                                                                                                                                         |                  |                       | \$                                                                    |                                 |                                                                                         |
|                                                                                                                                                                         |                  |                       | \$                                                                    |                                 |                                                                                         |
|                                                                                                                                                                         |                  |                       | \$                                                                    |                                 |                                                                                         |
|                                                                                                                                                                         |                  |                       | \$                                                                    |                                 |                                                                                         |

### 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.

  
\_\_\_\_\_  
Signature of Appointed Treasurer or Candidate

**001 23, 2002**  
\_\_\_\_\_  
Date

## Detailed Summary

|                                                                                                                                                                                                       |                     |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| 1. Name of Committee or Fund                                                                                                                                                                          | 2. Type of Report   | 3. ID Number              |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                                                                                                                        | 2002 THIRD QTR PLUS |                           |
| Start of Election Cycle: January 1, 2002                                                                                                                                                              | Total this Period   | Total this Election Cycle |
| 4) Cash on Hand at Start of Election Cycle                                                                                                                                                            |                     | \$ 1769.16                |
| 5) Cash on Hand at Start of Present Reporting Period                                                                                                                                                  | \$ 3828.65          |                           |
| <b>RECEIPTS</b>                                                                                                                                                                                       |                     |                           |
| 6) Contributions from Individuals (CRO-1210)                                                                                                                                                          | \$ 4710.00          | \$ 7085.00                |
| 7) Contributions from Political Party Committees (CRO-1220)                                                                                                                                           | \$                  | \$                        |
| 8) Contributions from Other Political Committees (CRO-1230)                                                                                                                                           | \$                  | \$                        |
| 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<br>(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)                                                                                                                       | \$ 4710.00          | \$ 7085.00                |
| <b>EXPENDITURES</b>                                                                                                                                                                                   |                     |                           |
| 16) Disbursements (CRO-1310)                                                                                                                                                                          |                     |                           |
| 16a) Operating Expenditures (CRO-1310)                                                                                                                                                                | \$ 5489.63          | \$ 5805.14                |
| 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<br>(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)                                                                                                                               | \$ 5489.63          | \$ 5805.14                |
| 22) Cash on Hand at End of Reporting Period<br>(For this Period, add lines 5 and 15 together, then subtract line 21)<br>(For this Election Cycle, add lines 4 and 15 together, then subtract line 21) | \$ 3049.02          | \$ 3049.02                |
| <b>Additional Information</b>                                                                                                                                                                         |                     |                           |
| 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)                                                                                                                                            | \$                  |                           |
| 26) Debts and Obligations owed TO the Committee (CRO-1620)                                                                                                                                            | \$                  |                           |
| 27) Parent Entity's Administrative Support (CRO-1710)                                                                                                                                                 | \$                  |                           |
| 28) Account Transfers (CRO-1720)                                                                                                                                                                      | \$                  |                           |

## Contributions from INDIVIDUALS

Page 1 of 2

| 1. Name of Committee or Fund                                    |                                                                        |                                                              |                       | 2. ID Number                  |                          |                          |            |
|-----------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------|-------------------------------|--------------------------|--------------------------|------------|
| DAVE PLYLER CAMPAIGN COMMITTEE                                  |                                                                        |                                                              |                       |                               |                          |                          |            |
| 3. Contributor                                                  | a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  | d. Account<br>Number/Code                                    | e. Form of<br>Payment | f. Date<br>(mm/dd/yyyy)       | g. In-<br>Kind           | h. Prior<br>Report       | i. Amount  |
|                                                                 | BARBARA BERRY<br>217 GREENLAWN DR.<br>KENNERSVILLE, NC 27284           | A                                                            | CHECK                 | 8/30/2002                     | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00  |
|                                                                 |                                                                        |                                                              |                       |                               | <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 |                          |                          |            |
|                                                                 | 453                                                                    | <input type="checkbox"/> Add <input type="checkbox"/> Delete |                       | \$ 500.00                     |                          |                          |            |
| 3. Contributor                                                  | a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  | d. Account<br>Number/Code                                    | e. Form of<br>Payment | f. Date<br>(mm/dd/yyyy)       | g. In-<br>Kind           | h. Prior<br>Report       | i. Amount  |
|                                                                 | JOHN A COCKLEREECE, JR<br>2308 ROBINHOOD RD<br>WINSTON-SALEM, NC 27104 | A                                                            | CHECK                 | 8/31/2002                     | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150.00  |
|                                                                 |                                                                        |                                                              |                       |                               | <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 |                          |                          |            |
|                                                                 | ATTY                                                                   | <input type="checkbox"/> Add <input type="checkbox"/> Delete |                       | \$ 150.00                     |                          |                          |            |
| 3. Contributor                                                  | a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  | d. Account<br>Number/Code                                    | e. Form of<br>Payment | f. Date<br>(mm/dd/yyyy)       | g. In-<br>Kind           | h. Prior<br>Report       | i. Amount  |
|                                                                 | DEBBIS HAYCHELL<br>1875 RUONYMEDE RD.<br>WINSTON-SALEM, NC 27104       | A                                                            | CHECK                 | 9/23/2002                     | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00  |
|                                                                 |                                                                        |                                                              |                       |                               | <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 |                          |                          |            |
|                                                                 | PRES                                                                   | <input type="checkbox"/> Add <input type="checkbox"/> Delete |                       | \$ 250.00                     |                          |                          |            |
| 3. Contributor                                                  | a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  | d. Account<br>Number/Code                                    | e. Form of<br>Payment | f. Date<br>(mm/dd/yyyy)       | g. In-<br>Kind           | h. Prior<br>Report       | i. Amount  |
|                                                                 | BEVERLY H. PALMER<br>145 HARTGROVE RD<br>KING, NC 27021                | A                                                            | CHECK                 | 9/23/2002                     | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00  |
|                                                                 |                                                                        |                                                              |                       |                               | <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 |                          |                          |            |
|                                                                 | SECR.                                                                  | <input type="checkbox"/> Add <input type="checkbox"/> Delete |                       | \$ 500.00                     |                          |                          |            |
| 3. Contributor                                                  | a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  | d. Account<br>Number/Code                                    | e. Form of<br>Payment | f. Date<br>(mm/dd/yyyy)       | g. In-<br>Kind           | h. Prior<br>Report       | i. Amount  |
|                                                                 | GERALD H. LONG<br>7631 LASATER RD<br>CLEMMONS, NC 27012                | A                                                            | CHECK                 | 9/30/2002                     | <input type="checkbox"/> | <input type="checkbox"/> | \$ 750.00  |
|                                                                 |                                                                        |                                                              |                       |                               | <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 |                          |                          |            |
|                                                                 | RETIRED                                                                | <input type="checkbox"/> Add <input type="checkbox"/> Delete |                       | \$ 750.00                     |                          |                          |            |
| 4. Total only this Page                                         |                                                                        |                                                              |                       |                               |                          |                          | \$ 2150.00 |
| 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

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| 1. Name of Committee or Fund   |                                                                               |                        |                    | 2. ID Number                  |                          |                          |            |
|--------------------------------|-------------------------------------------------------------------------------|------------------------|--------------------|-------------------------------|--------------------------|--------------------------|------------|
| DAVE PLYLER CAMPAIGN COMMITTEE |                                                                               |                        |                    |                               |                          |                          |            |
| 3. Contributor                 | a. Full Name, Mailing Address & Phone<br>(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  |
|                                | RICHARD D. GRAVES<br>400 OLD HOLLOW RD<br>WINSTON-SALEM, NC 27105             | A                      | CHECK              | 10-2-2002                     | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150.00  |
|                                |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
| 3. Contributor                 | b. Job Title/Profession                                                       |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | PRES                                                                          |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | c. Employer's Name/Specific Field                                             |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | 454                                                                           |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
| 3. Contributor                 | j. If Amendment, choose change type:                                          |                        |                    | k. Election Cycle Sum to Date |                          |                          |            |
|                                | <input type="checkbox"/> Add <input type="checkbox"/> Delete                  |                        |                    | \$ 150.00                     |                          |                          |            |
|                                | a. Full Name, Mailing Address & Phone<br>(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  |
|                                | BILLY PALMER<br>145 HARTGROVE RD.<br>KING, NC 27021                           | A                      | CHECK              | 10-2-2002                     | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00  |
| 3. Contributor                 |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | b. Job Title/Profession                                                       |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | RETIRED                                                                       |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | c. Employer's Name/Specific Field                                             |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
| 3. Contributor                 | 312                                                                           |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | j. If Amendment, choose change type:                                          |                        |                    | k. Election Cycle Sum to Date |                          |                          |            |
|                                | <input type="checkbox"/> Add <input type="checkbox"/> Delete                  |                        |                    | \$ 250.00                     |                          |                          |            |
|                                | a. Full Name, Mailing Address & Phone<br>(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  |
| 3. Contributor                 | NC REALTORS PAC<br>421 FAYETTEVILLE ST.<br>MALL STE 1109<br>RALEIGH, NC 27601 | A                      | CHECK              | 10-17-2002                    | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 |
|                                |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | b. Job Title/Profession                                                       |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | PAC                                                                           |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
| 3. Contributor                 | c. Employer's Name/Specific Field                                             |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | j. If Amendment, choose change type:                                          |                        |                    | k. Election Cycle Sum to Date |                          |                          |            |
|                                | <input type="checkbox"/> Add <input type="checkbox"/> Delete                  |                        |                    | \$ 1000.00                    |                          |                          |            |
| 3. Contributor                 | a. Full Name, Mailing Address & Phone<br>(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  |
|                                | DONALD ADAMS<br>1850 GREENBRIAR RD.<br>WINSTON-SALEM, NC 27104                | A                      | CHECK              | 10/18/2002                    | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00  |
|                                |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | b. Job Title/Profession                                                       |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
| 3. Contributor                 | RETIRED                                                                       |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | c. Employer's Name/Specific Field                                             |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | SAI                                                                           |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | j. If Amendment, choose change type:                                          |                        |                    | k. Election Cycle Sum to Date |                          |                          |            |
| 3. Contributor                 | <input type="checkbox"/> Add <input type="checkbox"/> Delete                  |                        |                    | \$ 250.00                     |                          |                          |            |
|                                | a. Full Name, Mailing Address & Phone<br>(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  |
|                                | TOTAL OF 12 CONTRIBUTIONS<br>NONE OF WHICH EXCEED<br>\$100.00                 |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$ 910.00  |
|                                |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
| 3. Contributor                 | b. Job Title/Profession                                                       |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                | c. Employer's Name/Specific Field                                             |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
|                                |                                                                               |                        |                    |                               | <input type="checkbox"/> | <input type="checkbox"/> | \$         |
| 3. Contributor                 | j. If Amendment, choose change type:                                          |                        |                    | k. Election Cycle Sum to Date |                          |                          |            |
|                                | <input type="checkbox"/> Add <input type="checkbox"/> Delete                  |                        |                    | \$ 1835.00                    |                          |                          |            |
|                                | 4. Total only this Page                                                       | \$ 2560.00             |                    |                               |                          |                          |            |
|                                | 5. Total of ALL CRO-1210 Pages (only show on last page)                       | \$ 4710.00             |                    |                               |                          |                          |            |

# Disbursements

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|                                                                                                        |                                                                                   |                                                                           |                                                 |                                                         |                                                              |                         |                               |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|-------------------------|-------------------------------|
| 1. Name of Committee or Fund<br><b>DAVE PLYLER CAMPAIGN COMMITTEE</b>                                  |                                                                                   |                                                                           |                                                 |                                                         |                                                              | 2. ID Number            |                               |
| 3. Type of Disbursement (Please use separate CRO-1310 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<br>(include city, state, and zip)           |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                                        | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | ROBERT P. SARTIN ADV. CO.<br>PO BOX 5108, ARDHOPE STA.<br>WINSTON-SALEM, NC 27113 |                                                                           | SIGOS +<br>BADGES                               | A                                                       | CHECK                                                        | 09/20/2002              | \$ 1083.33                    |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                               |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | 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<br>(include city, state, and zip)           |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                                        | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | STAPLES<br>210 HARMON CREEK RD<br>KERNERSVILLE, NC 27284                          |                                                                           | SUPPLIES                                        | A                                                       | CHECK                                                        | 09/23/2002              | \$ 29.79                      |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                               |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | 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<br>(include city, state, and zip)           |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                                        | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | POSTMASTER<br>KERNERSVILLE, NC 27284                                              |                                                                           | STAMPS                                          | A                                                       | CHECK                                                        | 09/23/2002              | \$ 74.00                      |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                               |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | 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<br>(include city, state, and zip)           |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                                        | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | CLEMMONS COURIER<br>CLEMMONS RD<br>CLEMMONS, NC 27012                             |                                                                           | ADVERTISING                                     | A                                                       | CHECK                                                        | 10/01/2002              | \$ 129.38                     |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                               |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | 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<br>(include city, state, and zip)           |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                                        | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | W-S JOURNAL<br>PO BOX 3159<br>WINSTON-SALEM, NC 27102                             |                                                                           | ADVERTISING                                     | A                                                       | CHECK                                                        | 10/01/2002              | \$ 1543.82                    |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                               |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | 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                                                                                |                                                                                   |                                                                           |                                                 |                                                         |                                                              | \$ 2860.32              |                               |
| 6. Total of ALL CRO-1310 Related Pages (only show on last page)                                        |                                                                                   |                                                                           |                                                 |                                                         |                                                              |                         |                               |
| (This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)                   |                                                                                   |                                                                           |                                                 |                                                         |                                                              |                         |                               |
| (This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) |                                                                                   |                                                                           |                                                 |                                                         |                                                              |                         |                               |
| (This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)       |                                                                                   |                                                                           |                                                 |                                                         |                                                              |                         |                               |

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# Disbursements

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|                                                                                                        |                                                                         |                                                                           |                                                 |                                                         |                                      |                         |                               |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|--------------------------------------|-------------------------|-------------------------------|
| 1. Name of Committee or Fund<br><b>DAVE PLYLER CAMPAIGN COMMITTEE</b>                                  |                                                                         |                                                                           |                                                 |                                                         |                                      | 2. ID Number            |                               |
| 3. Type of Disbursement (Please use separate CRO-1310 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<br>(include city, state, and zip) |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | KERNERSVILLE NEWS<br>300 E. MOUNTAIN ST.<br>KERNERSVILLE, NC 27284      |                                                                           | ADVERTISING                                     | A                                                       | CHECK                                | 10/01/2002              | \$ 277.86                     |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                     |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | i. If Amendment, choose change type: |                         | j. Election Cycle Sum To Date |
|                                                                                                        |                                                                         |                                                                           |                                                 |                                                         |                                      |                         | \$                            |
| 4. Payee                                                                                               | a. Full Name, Mailing Address & Phone<br>(include city, state, and zip) |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | THE SCREEN SCENE<br>212 N BROAD ST<br>WINSTON-SALEM, NC 27101           |                                                                           | T SHIRTS-<br>ADVERTISING                        | A                                                       | CHECK                                | 10/12/2002              | \$ 351.45                     |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                     |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | i. If Amendment, choose change type: |                         | j. Election Cycle Sum To Date |
|                                                                                                        |                                                                         |                                                                           |                                                 |                                                         |                                      |                         | \$                            |
| 4. Payee                                                                                               | a. Full Name, Mailing Address & Phone<br>(include city, state, and zip) |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | TIME WARNER CABLE<br>1410 TRADEMART BLVD<br>WINSTON-SALEM, NC 27127     |                                                                           | ADVERTISING<br>TV                               | A                                                       | CHECK                                | 10/14/2002              | \$ 1000.00                    |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                     |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | i. If Amendment, choose change type: |                         | j. Election Cycle Sum To Date |
|                                                                                                        |                                                                         |                                                                           |                                                 |                                                         |                                      |                         | \$                            |
| 4. Payee                                                                                               | a. Full Name, Mailing Address & Phone<br>(include city, state, and zip) |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | WTRU<br>4405 PROVIDENCE LN.<br>WINSTON-SALEM, NC 27106                  |                                                                           | RADIO ADVERTISING                               | A                                                       | CHECK                                | 10/14/2002              | \$ 500.00                     |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                     |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | i. If Amendment, choose change type: |                         | j. Election Cycle Sum To Date |
|                                                                                                        |                                                                         |                                                                           |                                                 |                                                         |                                      |                         | \$                            |
| 4. Payee                                                                                               | a. Full Name, Mailing Address & Phone<br>(include city, state, and zip) |                                                                           | d. Purpose                                      | e. Account<br>Number/Code                               | f. Form of<br>Payment                | g. Date<br>(mm/dd/yyyy) | h. Amount                     |
|                                                                                                        | WSTS<br>875 W. 5TH ST.<br>WINSTON-SALEM, NC 27101                       |                                                                           | RADIO ADVERTISING                               | A                                                       | CHECK                                | 10/16/2002              | \$ 500.00                     |
|                                                                                                        | b. If Contribution to<br>County Committee, specify:                     |                                                                           | c. If Coordinated Party<br>Exp, list Cand/Comm: |                                                         | i. If Amendment, choose change type: |                         | j. Election Cycle Sum To Date |
|                                                                                                        |                                                                         |                                                                           |                                                 |                                                         |                                      |                         | \$                            |
| 5. Total only this Page                                                                                |                                                                         |                                                                           |                                                 |                                                         |                                      | \$ 2629.31              |                               |
| 6. Total of ALL CRO-1310 Related Pages (only show on last page)                                        |                                                                         |                                                                           |                                                 |                                                         |                                      | \$ 5489.63              |                               |
| (This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)                   |                                                                         |                                                                           |                                                 |                                                         |                                      |                         |                               |
| (This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) |                                                                         |                                                                           |                                                 |                                                         |                                      |                         |                               |
| (This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)       |                                                                         |                                                                           |                                                 |                                                         |                                      |                         |                               |

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