Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund				6. Date
DANNY LONG FOR SHERIFF				3/5/02
2. Address				7. ID Number
PO Box 1580				
3. City	4. State	5. Zip		8. Phone
Burgaw	N.C.	28425		910-259-3729

9. Type of Report	10. Period Covered		11. Amendment
Organizational	Start	3/5/02	☐ Yes
	End		☑ No

12. Type of Committee or Fund *(Check one)*

- ☑ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ "Booster Fund"
- ☐ PAC
- ☐ Referendum
- ☐ Soft Money Account
- ☐ Building Fund
- ☐ Other Fund: _____

13. Treasurer Name

Susan Rivenbark

14. Assistant Treasurer Name(s)

DANNY LONG

15. Custodian of Books Name

DANNY LONG + SUSAN Rivenbark

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
FNB Southeast	Sheriff Campaign	DL	$ 0
			$
			$
			$
			$
			$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Signature of Appointed Treasurer or Candidate

3/5/02
Date

MAR 0 3 2002

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
DANNY LONG FOR SHERIFF		

Start of Election Cycle: January 1, 20____		Total this Period	Total this Election Cycle	*For Office Use Only*
4) Cash on Hand at Start of Election Cycle			$	
5) Cash on Hand at Start of Present Reporting Period		$ 0		
RECEIPTS				
6) Contributions from Individuals	*(CRO-1210)*	$ 5102.00	$	
7) Contributions from Political Party Committees	*(CRO-1220)*	$	$	
8) Contributions from Other Political Committees	*(CRO-1230)*	$	$	
9) Loan Proceeds	*(CRO-1410)*	$	$	
10) Refunds & Reimbursements to Committee	*(CRO-1240)*	$ 1100.00	$	
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)*	$ 1725.16	$	
12) TOTAL RECEIPTS *(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)*		$ 7927.16	$	
EXPENDITURES				
13) Disbursements	*(CRO-1310)*			
13a) Operating Expenditures	*(CRO-1310)*	$ 4768.19	$	
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 1250.00	$	
13c) Coordinated Party Expenditures	*(CRO-1310)*	$	$	
14) Loan Repayments	*(CRO-1420)*	$	$	
15) Refunds from Committee	*(CRO-1320)*	$	$	
16) In-Kind Contributions	*(CRO-1510)*	$ 732.00	$	
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 6750.19	$	
18) Cash on Hand at End of Reporting Period *(For this Period, add lines 5 and 12 together, then subtract line 17)* *(For this Election Cycle, add lines 4 and 12 together, then subtract line 17)*		$ 1176.97	$	
Additional Information				
19) Non-Monetary Gifts Given to Committees	*(CRO-1330)*	$		
20) Outstanding Loans (including ones from other campaigns)	*(CRO-1430)*	$		
21) Debts and Obligations owed BY the Committee	*(CRO-1610)*	$		
22) Debts and Obligations owed TO the Committee	*(CRO-1620)*	$ 150.00		
23) Parent Entity's Administrative Support	*(CRO-1710)*	$		

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	J.T.L.	DL	CASH	5/22/01			$ 40.00
	b. Job Title/Profession						$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 40.00

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	R.E.S.	DL	Check	9/20/01			$ 25.00
	b. Job Title/Profession						$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 25.00

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	H.R.	DL	Check	9/21/01			$ 50.00
	b. Job Title/Profession						$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 50.00

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	N. H.	DL	Check	9/25/01			$ 25.00
	b. Job Title/Profession						$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 25.00

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JRT	DL	Check	9/26/01			$ 100.00
	b. Job Title/Profession						$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 100.00

4. Total only this Page	$ 240.00
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

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	C.M.W.	DL	Check	9/26/01	☐	☐	$ 100.00
	b. Job Title/Profession				☐	☐	$
					☐	☐	$
					☐	☐	$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 100.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	MAX B.	DL	Check	9/26/01	☐	☐	$ 100.00
	b. Job Title/Profession				☐	☐	$
					☐	☐	$
					☐	☐	$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 100.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	PANSY D.	DL	Check	9/2 /01	☐	☐	$ 100.00
	b. Job Title/Profession				☐	☐	$
					☐	☐	$
					☐	☐	$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 100.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Amy D.	DL	Check	9/28/01	☐	☐	$ 50.00
	b. Job Title/Profession				☐	☐	$
					☐	☐	$
					☐	☐	$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 50.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Tommy M.	DL	Check	9/28/01	☐	☐	$ 25.00
	b. Job Title/Profession				☐	☐	$
					☐	☐	$
					☐	☐	$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 25.00		

4. Total only this Page	$ 375.00
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

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	R.W.	DL	CASH	9/28/01			100.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 100.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	M.B.L.	DL	CASH	9/28/01			100.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 100.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	J.E.L.	DL	CASH	9/28/01			100.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 100.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Timothy P. Fife 5414 Highsmith Rd. Rocky Point, N.C. 28457	DL	check	9/28/01			200.00
	b. Job Title/Profession ENGINEER						
	c. Employer's Name/Specific Field GOVERNMENT	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 200.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	T.R.	DL	CASH	9/28/01			100.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 100.00		

4. Total only this Page	$ 600.00
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

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
S.R.	DL	CASH	10/23/01			75.00
b. Job Title/Profession						
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 75.00		

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
Myrtle B. Long 270 Foxwood Dr. Rocky Point, NC 28457	DL	check				130.00
b. Job Title/Profession: Plant Mgr. Ret'd						
c. Employer's Name/Specific Field: Manufacturing	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 230.00		

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
T.A.R.	DL	check	11/11/01			75.00
b. Job Title/Profession						
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 75.00		

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
Tom Freeman 2178 Rebecca Renwedy Rocky Point, N.C. 28457	DL	check	11/11/01			500.00
b. Job Title/Profession: Bus. owner						
c. Employer's Name/Specific Field: Construction	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 500.00		

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
Michael Freeman 9311 Old River Rd. Burgaw, N.C. 28425	DL	check	11/11/01			500.00
b. Job Title/Profession: Bus. owner						
c. Employer's Name/Specific Field: Construction	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $ 500.00		

4. Total only this Page	$ 1280.00
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

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	G. Hub.	DL	check	11/11/01			50.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 50.00

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Bill C.	DL	CASH	11/11/01			50.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 500.00

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	S.M.	DL	CASH	11/11/01			100.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 100.00

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	M.R.	DL	check	11/11/01			25.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 25.00

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	T.W.	DL	CASH	11/11/01			75.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		$ 75.00

4. Total only this Page	$ 300.00
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

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	C.R.	DL	CASH	11/11/01			25.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 25.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	James T. Long 270 FOXWOOD DR ROCKY POINT, N.C. 28457	DL	CASH	11/11/01			100.00
	b. Job Title/Profession: Ret'd Plant Mgr.						
	c. Employer's Name/Specific Field: MANUFACTURING	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 140.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Lola T.	DL	CASH	11/11/01			100.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 100.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Frank H.	DL	Check	2/18/02			100.00
	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 100.00		

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Ella Faye Mayberry PO Box 965 DALLAS, N.C. 28034	DL	Check	2/18/02			200.00
	b. Job Title/Profession: Plant Mgr.						
	c. Employer's Name/Specific Field: MANUFACTURING	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date		
					$ 200.00		

4. Total only this Page	$ 525.00
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

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
	Charles Melvin Wood PO Box 294 Newton, N.C. 28658	DL	check				$ 50.00		
	b. Job Title/Profession: Law Enforcement								
	c. Employer's Name/Specific Field: GOVERNMENT							Add / Delete	$ 150.00
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
	Tommy C. Spivey 1700 Softwind Way Wilmington, N.C. 28403	DL	Check	2/28/02			$ 500.00		
	b. Job Title/Profession: BUS. OWNER								
	c. Employer's Name/Specific Field: Transportation							Add / Delete	$ 500.00
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
	Kristin P. Faircloth PO Box 10586 Wilmington, N.C. 28404	DL	Check	2/28/02			$ 500.00		
	b. Job Title/Profession: BUS. Owner								
	c. Employer's Name/Specific Field: Construction							Add / Delete	$ 500.00
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
		DL					$		
	b. Job Title/Profession								
	c. Employer's Name/Specific Field							Add / Delete	$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
		DL					$		
	b. Job Title/Profession								
	c. Employer's Name/Specific Field							Add / Delete	$

4. Total only this Page	$ 1050.00
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)*	$ ~~[illegible]~~

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
DANNY LONG 110 FOXWOOD DR. ROCKY POINT, NC 28457	DL		02/10/00	✓		$ 75.00
b. Job Title/Profession: LAW ENFORCEMENT						
c. Employer's Name/Specific Field: GOVERNMENT	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $		

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
DANNY LONG 110 FOXWOOD DR ROCKY POINT, NC 28457	DL		04/25/00	✓		$ 55.00
b. Job Title/Profession: LAW ENFORCEMENT						
c. Employer's Name/Specific Field: GOVERNMENT	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $		

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
DANNY LONG 110 FOXWOOD DR. ROCKY POINT, NC 28457	DL		06/10/00	✓		$ 42.00
b. Job Title/Profession: LAW ENFORCEMENT						
c. Employer's Name/Specific Field: GOVERNMENT	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $		

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
SONNY PARKER BBQ CATERING Pineywoods Rd. WATHA, N.C.	DL		11/11/01	✓		$ 560.00
b. Job Title/Profession:						
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $		

3. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	DL					$
b. Job Title/Profession:						
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add / Delete			k. Election Cycle Sum to Date $		

4. Total only this Page	$ 732
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)*	$ 5102.00

Other Receipt Sources

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

Interest | Contributions from Not-for-Profit Organizations | ✓ Outside Sources of Income

4. Contributor a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
BBQ Plate Sale 80 plates @ $5 each	DL	CASH	2/18/00	400.00
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
DANNY LONG	DL	CASH	2/18/00	19.80 $ (19.80)
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
BBQ Plate Sale 121 plates @ $5 each	DL	CASH	4/17/00	605
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
DANNY LONG	DL	CASH	4/17/00	3.29 $ (23.09)
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
Chicken Plate Sale 67 plates @ $5 each	DL	CASH	5/8/00	335.00
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

5. Total only this Page	$1363.09
6. Total of ALL CRO-1250 Related Pages *(only show on last page)* *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$

Other Receipt Sources

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

Interest | Contributions from Not-for-Profit Organizations | ✓ Outside Sources of Income

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Spaghetti Plate Sale 33 plates @ $5 each	DL	CASH	6/12/00	165 00
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	DANNY LONG	DL	CASH	6/12/00	4.56 (27.65)
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	DANNY LONG	DL	CASH	5/22/01	20 00 (47.65)
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	DANNY LONG	DL	CASH	10/01/01	25 00 (72.65)
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	DANNY LONG 110 FOXWOOD DR. ROCKY POINT, N.C. 28457	DL	CASH	11/11/01	100 00 (172.65)
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

5. Total only this Page	$ 314 56
6. Total of ALL CRO-1250 Related Pages *(only show on last page)* *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$

Other Receipt Sources

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

Interest | Contributions from Not-for-Profit Organizations | ✓ Outside Sources of Income

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	DANNY LONG 110 FOXWOOD DR. ROCKY POINT, N.C. 28457	DL	CASH	2/18/02	4751 $ (220.16) $ $
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					$ $ $
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					$ $ $
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					$ $ $
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					$ $ $
	f. If Outside Source of Income, explain:	g. If Amendment, choose change type: Add / Delete		h. If Not-for-Profit, list Fed ID #:	

5. Total only this Page	$ 47.51
6. Total of ALL CRO-1250 Related Pages *(only show on last page)* *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ 1725.16

Disbursements

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*

✓ Operating Expenses | Contributions to Candidates Political Committees | Coordinated Party Expenditures

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type: (Add / Delete)	j. Election Cycle Sum To Date
Clarks Sausage Hwy 133 Rocky Point, NC 28457			BBQ	DL	check	2/11/01	$ 45.00		$ 45.00
SAm's Club Wilmington, N.C.			Fundraising Equipment	DL	check	2/11/01	$ 408.14		$ 408.14
IGA Food Store Castle Hayne, N.C. 28429			Campaign Promo-cookout	DL	check	2/11/01	$ 39.85		$
Johnson's Corner Grill Currie, N.C.			Fuel Door to Door Canvassing	DL	check	2/17/01	$ 15.00		$ 15.00
Johnson's Corner Grill Currie, N.C.			Fuel Door to Door Canvassing	DL	check	3/4/01	$ 25.00		$ 40.00

5. Total only this Page $532.99

6. Total of ALL CRO-1310 Related Pages *(only show on last page)* $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Disbursements

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*

✓ Operating Expenses Contributions to Candidates Political Committees Coordinated Party Expenditures

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Circuit City Wilmington, NC	Phone for campaign office	DL	check	03/04/01	$ 56.14
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete		j. Election Cycle Sum To Date	$ 56.14

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Majestic Designs Rocky Point, N.C. 28457	Signs	DL	Check	03/16/01	$ 55.12
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete		j. Election Cycle Sum To Date	$ 55.12

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Clarks Sausage Hwy 133 Rocky Point NC 28457	BBQ for plate Lunches sale	DL	Check	03/16/01	$ 250.00
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete		j. Election Cycle Sum To Date	$ 295.00

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Danny Long 110 Foxwood Dr. Rocky Point, NC 28457	Pig Cooker/Fish Comb. for campaign	DL	check	03/30/01	$ 300.00
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete		j. Election Cycle Sum To Date	$ 300.00

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Image Products Dawson St. Wilmington, N.C.	Campaign T-Shirts	DL	Check	05/18/01	$ 321.13
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete		j. Election Cycle Sum To Date	$ 321.13

5. Total only this Page	$982.39
6. Total of ALL CRO-1310 Related Pages *(only show on last page)* *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

Disbursements

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*

✓ Operating Expenses Contributions to Candidates Political Committees Coordinated Party Expenditures

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Alphagraphics Racine Dr. Wilmington, N.C.			Brochures	DL	check	09/28/01	600.94	Add / Delete	$ 600.94
Signs of Success Wilmington, N.C.			Bumper Stickers	DL	Check	10/23/01	326.43	Add / Delete	$ 326.43
Majestic Designs Hwy 133 Rocky Point, NC 28457			Signs	DL	check	10/03/01	106.00	Add / Delete	$ 161.12
Breakforth Web Svcs. Wilmington, N.C.			Web hosting svc. for www.Longforsheriff.com	DL	Check	10/16/01	97.70	Add / Delete	$ 97.70
Leland Postmaster Village Dr. Leland, N.C.			Stamps	DL	check	10/25/01	68.00	Add / Delete	$ 68.00

5. Total only this Page $ 1199.07

6. Total of ALL CRO-1310 Related Pages *(only show on last page)* $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Disbursements

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*
Operating Expenses | Contributions to Candidates, Political Committees | Coordinated Party Expenditures

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Coastal Carolina Country Club E. Wilmington St. Burgaw, N.C. 28425	Clubhouse Rental for Rally	DL	check	11/07/01	$150.00
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Piggly Wiggly Burgaw, N.C. 28425	Assorted food items for rally.	DL	check	11/09/01	$39.78
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$ 39.78

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Coastal Carolina Country Club E. Wilmington St. Burgaw, N.C. 28425	Clean clubhouse	DL	check	11/11/01	$100.00
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$ 250.00

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Political USA	Campaign posters	DL	check	12/07/01	$1,112.40
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$ 1,112.40

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Advance Auto Parts Village Dr. Leland, N.C.	Lighting for Campaign float Burgaw XMAS parade	DL	check	12/13/01	$35.59
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$35.59

5. Total only this Page $1437.77

6. Total of ALL CRO-1310 Related Pages *(only show on last page)* $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Disbursements

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*

✓ Operating Expenses | Contributions to Candidates Political Committees | Coordinated Party Expenditures

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Pender Co. Bd. of Elections	Filing Fee	DL	Check	02/18/02	$ 437.00
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$ 437.00

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
BellSouth Charlotte, N.C.	Campaign Phone	DL	Check	02/27/02	$ 70.18
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$ 70.18

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Aggragated Non-Media Expend.	Bank Fee	DL	Draft	03/27/00	$ 6.00
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Aggragated Non-Media Expend.	Bank Fee	DL	Draft	04/24/00	$ 6.00
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
Aggragated Non-Media Expend.	Checks	DL	Draft	04/26/00	$ 21.59
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add / Delete			j. Election Cycle Sum To Date	$

5. Total only this Page	$540.77
6. Total of ALL CRO-1310 Related Pages *(only show on last page)* *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

Disbursements

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*

✓ Operating Expenses | Contributions to Candidates Political Committees | Coordinated Party Expenditures

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend			Checks	DL	Draft	05/03/00	17.00	Add / Delete	$
4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank Fee	DL	Draft	04/23/01	6.35	Add / Delete	$
4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank fee	DL	Draft	05/25/01	6.35	Add / Delete	$
4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank Fee	DL	Draft	06/25/01	6.00	Add / Delete	$
4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank fees	DL	Draft	07/23/01	6.00	Add / Delete	$

5. Total only this Page $ 41.70

6. Total of ALL CRO-1310 Related Pages *(only show on last page)* $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Disbursements

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*

✓ Operating Expenses | Contributions to Candidates Political Committees | Coordinated Party Expenditures

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank Fee	DL	Draft	08/27/01	6.00	Add / Delete	$
4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank fee	DL	Draft	10/22/01	7.05	Add / Delete	$
4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank Fee	DL	Draft	11/26/01	7.75	Add / Delete	$
4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank Fee	DL	Draft	01/28/02	6.35	Add / Delete	$
4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Aggregated Non-Media Expend.			Bank Fee	DL	Draft	02/25/02	6.35	Add / Delete	$

5. Total only this Page	$33.50
6. Total of ALL CRO-1310 Related Pages *(only show on last page)* *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$4768.19

Disbursements

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*

Operating Expenses ✔ Contributions to Candidates Political Committees Coordinated Party Expenditures

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
LONG FOR COMMISSIONER PO BOX 1580 Burgaw, NC 28425	LOAN TO COMMISSIONER campaign fund. DL		Check	9/20/00	750.00
					$
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
		Add Delete	$ 750.00

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
DANNY LONG-CANDIDATE PO Box 1580 Burgaw, N.C. 28425	Clothes FOR SHERIFF CAMPAIGN DL		Check	12/26/01	$ 500.00
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
		Add Delete	$ 500.00

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					$
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
		Add Delete	$

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					$
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
		Add Delete	$

4. Payee a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
					$
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
		Add Delete	$

5. Total only this Page	$ 1250.00
6. Total of ALL CRO-1310 Related Pages *(only show on last page)* *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 1250.00

In-Kind Contributions

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Contributor: a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	b. Type of Contributor	f. If Amendment, choose change type:	g. Election Cycle Sum to Date
DANNY LONG 110 FOXWOOD DR. ROCKY POINT, N.C. 28457	NAPKINS, plates, cutlery, NAPKINS for plate Lunches to be sold for campaign.	2/10/00	$ 75.00	✓ Individual; Party Committee; Other Political Committee; Other Receipt Source	Add; Delete	$ 75.00
3. Contributor: a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	b. Type of Contributor	f. If Amendment, choose change type:	g. Election Cycle Sum to Date
DANNY LONG 110 FOXWOOD DR. ROCKY POINT, NC 28457	Chicken, pastry, corn, bread for chicken plate sale	4/25/00	$ 55.00	✓ Individual; Party Committee; Other Political Committee; Other Receipt Source	Add; Delete	$ 130.00
3. Contributor: a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	b. Type of Contributor	f. If Amendment, choose change type:	g. Election Cycle Sum to Date
DANNY LONG 110 FOXWOOD DR. ROCKY POINT, N.C. 28457	ground beef, pasta, bread, salad items	6/10/00	$ 42.00	✓ Individual; Party Committee; Other Political Committee; Other Receipt Source	Add; Delete	$ 172.00
3. Contributor: a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	b. Type of Contributor	f. If Amendment, choose change type:	g. Election Cycle Sum to Date
Sonny Parkers BBQ CATERING Pineywoods Rd. Watha, N.C	BBQ Pork + Chicken for Announcement Ceremony Dinner.	11/11/01	$ 560.00	Individual; Party Committee; Other Political Committee; Other Receipt Source	Add; Delete	$ 560.00
3. Contributor: a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	b. Type of Contributor	f. If Amendment, choose change type:	g. Election Cycle Sum to Date
			$	Individual; Party Committee; Other Political Committee; Other Receipt Source	Add; Delete	$

4. Total only this Page	$ 732.00
5. Total of ALL CRO-1510 Pages *(only show on last page)* *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 732.00

Debts and Obligations Owed TO the Committee

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	DANNY LONG 110 FOXWOOD DR. ROCKY POINT, N.C. 28457	$ 500.00	$ 500.00	$ 350.00	$ 150.00
	f. Description	Loan from comm. to candidate for clothes			
	g. If Amendment, choose change type:	Add	Delete		

3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		$	$	$	$
	f. Description				
	g. If Amendment, choose change type:	Add	Delete		

3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		$	$	$	$
	f. Description				
	g. If Amendment, choose change type:	Add	Delete		

3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		$	$	$	$
	f. Description				
	g. If Amendment, choose change type:	Add	Delete		

3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		$	$	$	$
	f. Description				
	g. If Amendment, choose change type:	Add	Delete		

3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		$	$	$	$
	f. Description				
	g. If Amendment, choose change type:	Add	Delete		

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1610 Pages *(only show on last page)* *(This line must be on line 22 of Detailed Summary Page CRO-1100)*	$ 150.00

Refunds & Reimbursements TO Committee

1. Name of Committee or Fund	2. ID Number
DANNY LONG FOR SHERIFF	

	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
3. Contributor	LONG FOR COMMISSIONER PO BOX 1580 BURGAW, NC 28425	Employer's Name/Specific Field	09/20/00 f. Date (mm/dd/yyyy) 10/23/00	DL i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose Repay Loan to Long for Sheriff	Check j. Amount
		d. If Amendment, choose change type: Add Delete		$750.00

	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
3. Contributor	DANNY LONG 110 FOXWOOD DR. ROCKY POINT, N.C. 28457	Asst. Chief Employer's Name/Specific Field Law Enforcement	12/26/01 f. Date (mm/dd/yyyy) 02/18/02	DL i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose Repay Loan to Long for Sheriff	Check j. Amount
		d. If Amendment, choose change type: Add Delete		$150.00

	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
3. Contributor	DANNY LONG 110 FOXWOOD DR ROCKY POINT, NC 28457	Asst. Chief Employer's Name/Specific Field Law Enforcement	12/26/01 f. Date (mm/dd/yyyy) 02/28/02	DL i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose Repay Loan to Long for Sheriff	Check j. Amount
		d. If Amendment, choose change type: Add Delete		$200.00

	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
3. Contributor		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)	DL i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose	j. Amount
		d. If Amendment, choose change type: Add Delete		$

	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
3. Contributor		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)	i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose	j. Amount
		d. If Amendment, choose change type: Add Delete		$

	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)	h. Account Number/Code
3. Contributor		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)	i. Form of Payment
		c. If refund from County Committee, specify county:	g. Purpose	j. Amount
		d. If Amendment, choose change type: Add Delete		$

4. Total only this Page	$ 1100.00
5. Total of ALL CRO-1240 Pages *(only show on last page)* *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 1100.00