

# 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 <b>JACK TALBERT CFPS</b>		6. Date <b>3-9-02</b>
2. Address <b>668 HUGHES RD</b>		7. ID Number

3. City <b>HAMPSTEAD</b>	4. State <b>NC</b>	5. Zip <b>28443</b>	8. Phone <b>270-3510</b>
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9. Type of Report <b>ORGANIZATIONAL</b>	10. Period Covered Start End <b>3-9-02</b>	11. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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  
**EMIL H. RUEGNER**

14. Assistant Treasurer Name(s)  
**N/A**

15. Custodian of Books Name  
**EMIL H. RUEGNER**

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
<b>FIRST CITIZENS BANK</b>	<b>FOR ALL CAMPAIGN EXPENSES</b>	<b>CFPS</b>	<b>\$ 2,000.00</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.

*Emil H. Ruegner*  
Signature of Appointed Treasurer or Candidate

**3-9-02**  
Date

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
JACK TALBERT		ORGANIZATIONAL			
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			\$ 0		
5) Cash on Hand at Start of Present Reporting Period		\$ <del>0</del>			
<b>RECEIPTS</b>					
6) Contributions from Individuals	(CRO-1210)	\$ 750.00	\$ 750.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$		
9) Loan Proceeds	(CRO-1410)	\$ 4900.00	\$ 4900.00		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ 0	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 5650.00	\$ 5650.00		
<b>EXPENDITURES</b>					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 4720.94	\$ 4720.94		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$		
14) Loan Repayments	(CRO-1420)	\$ 0	\$		
15) Refunds from Committee	(CRO-1320)	\$ 0	\$		
16) In-Kind Contributions	(CRO-1510)	\$ 0	\$		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 4720.94	\$ 4720.94		
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)	\$ 929.06	\$ 929.06		
<b>Additional Information</b>					
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)	\$			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
JACK TALBERT CFPS									
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		
	PAULINE WOOTEN P.O. BOX 69 (OLD MAPLE HILL RD) MAPLE HILL, N.C. 28454 1-910-259-3401	0	CHECK	2-17-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession RELATIVE; WIFE'S AUNT				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field RETIRED		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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		
	DAREL W. WOOTEN P.O. BOX 89 (5700 HWY 50) MAPLE HILL, NC 28454 1-910-259-4745	0	CHECK	2-11-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00		
	b. Job Title/Profession RELATIVE; MOTHER-IN-LAW				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field RETIRED		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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		
	DAVID E BUFFALO P.O. BOX 383 541 HUGHES RD HAMPSTEAD, N.C. 28443 1-910-270-4990	0		2-18-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession RETIRED BANKER				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field RETIRED		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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		
	WILLIAM A FUTCH	0	CK.	1-19-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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		
					<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: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$				
4. Total only this Page							\$ 750.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 750.00		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Disbursements

1. Name of Committee or Fund <b>JACK TALBERT CFPS</b>						2. ID Number	
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
	HAMPSTEAD PRINTING & SIGN CO. 16865 US HIGHWAY 17 NORTH. HAMPSTEAD NC 28443 1-910-270-4974		BUMBER STOCKERS SIGNS + FRANCHISE SHIPPING FOR SIGNS	[REDACTED] 11 11 11	#1000 CHECK CHECK #1001 #1006	12-11-02 1-18-02 2-7-02	\$ 27825 <del>18729</del> \$ 221520 \$ 18729
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 2,680.74	
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
	ARNOLD HERRING 379 HALF WAY BRANCH SCHOOL RD ATKINSON, N.C. 28421 1-910-283-7848		TRI FOLD NAME CUTS BAL. OF TRI FOLD BIO CARD + FLYERS	[REDACTED] 11 11 11	CK # 1002 1003 1004	1-22-02 1-27-02 1-29-02	\$ 500.00 \$ 219.20 \$ 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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 1,219.20	
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
	ARNOLD HERRING 379 HALF WAY BRANCH SCHOOL RD ATKINSON N.C. 28421 1-910-283-7848		CARDS + HARD CUTS	[REDACTED]	CK # 1005	1-29-02	\$ 815.00
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 2,034.20	
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
	BANK CHARGES		BANK CHGS.	[REDACTED]	DRAFT		\$ 6.00
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
5. Total only this Page						\$ 4,710.94	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 4,710.94	
(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)							

**Loan Proceeds**

1. Name of Committee or Fund		2. ID Number				
JACK TALBERT CFPS						
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code	
	JACK TALBERT 668 HUGHES RD HAMPSTEAD NC 28443 1-910-270-3510	12-12-01		0 %	[REDACTED]	
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment		
	CANDIDATE			75		
	g. Security Pledged			CHECK		
h. If Amendment, choose change type:				k. Amount		
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 2000.00		
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code	
	JACK TALBERT 668 HUGHES RD. HAMPSTEAD NC 28443 1-910-270-3510	1-22-02		0 %	[REDACTED]	
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment		
	CANDIDATE			75		
	g. Security Pledged			CHECK		
h. If Amendment, choose change type:				k. Amount		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 2000.00		
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code	
	JACK TALBERT 668 HUGHES RD HAMPSTEAD NC 28443 1-910-270-3510	12-18-01		0 %	(CFP)	
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment		
	CANDIDATE			CHECK		
	g. Security Pledged			k. Amount		
h. If Amendment, choose change type:				\$ 900.00		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete						
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code	
				%		
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment		
	g. Security Pledged			k. Amount		
h. If Amendment, choose change type:				\$		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code	
				%		
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment		
	g. Security Pledged			k. Amount		
h. If Amendment, choose change type:				\$		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code	
				%		
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment		
	g. Security Pledged			k. Amount		
h. If Amendment, choose change type:				\$		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						
4. Total only this Page					\$ 4,900.00	
5. Total of ALL CRO-1410 Pages (only show on last page)					\$ 4,900.00	
(This line must be on line 9 of Detailed Summary Page CRO-1100)						

**15. Treasurer Information**

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Emil Ruegner	123 Circle Dr	HAMPSTEAD	NC	28443	910 270-3893
g. Email Address					

**16. Assistant Treasurer Information**

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

**17. Custodian of Books Information**

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Emil Ruegner	123 Circle Dr	HAMPSTEAD	NC	28443	910 270-3893
g. Email Address					

**18. Bank/Depository/Credit Account Information**

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
FIRST CITIZENS BANK	HWY 17	HAMPSTEAD	NC	28443	[REDACTED]
g. Purpose					
CAMPAIGN FUNDING				h. Code	
				CEPS	
g. Purpose					

**19. Certification of Threshold (for Candidate and Party Committees Only)**

I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

**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 and correct.

Emil H. Ruegner  
Signature of Appointed Treasurer or Candidate

2-27-02  
Date