

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.

RECEIVED

1. Name of Committee or Fund <i>Tackabery for School Board</i>			6. Date <i>4-24-2002</i>	
2. Address <i>3109 Gladstonbury Rd.</i>			7. ID Number <i>138865</i>	
3. City <i>Winston-Salem</i>	4. State <i>NC</i>	5. Zip <i>27104</i>	8. Phone <i>336-768-2501</i>	

9. Type of Report <i>2001 First Quarter</i>	10. Period Covered Start <i>Jan. 1, 2002</i> End <i>April 20, 02</i>	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
Marianne Bach

14. Assistant Treasurer Name(s)
Sheryll Strode

15. Custodian of Books Name
Marianne Bach

16. Bank/Depository/Credit Account Information			
a. Name	b. Purpose	c. Code	d. Period Begin Balance
<i>Southern Community Bank</i>	<i>Campaign fund-raising and expenses</i>	20010001	\$ <i>— 0 —</i>
			\$
			\$
			\$
			\$
			\$

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.

Marianne Bach
Signature of Appointed Treasurer or Candidate

4/24/02
Date

Detailed Summary

WESTERN COUNTY
BOARD OF ELECTIONS

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Tackabery For School Board		1st Quarter Plus		XXXXXXXXXX	
Start of Election Cycle: January 1, 2002		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		\$ - 0 -			
RECEIPTS					
6) Contributions from Individuals (CRO-1210)		\$ 3980.24	\$ 3980.24		
7) Contributions from Political Party Committees (CRO-1220)		\$ -	\$ -		
8) Contributions from Other Political Committees (CRO-1230)		\$ -	\$ -		
9) Loan Proceeds (CRO-1410)		\$ 3909.49	\$ 3909.49		
10) Refunds & Reimbursements to Committee (CRO-1240)		\$ -	\$ -		
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$ 1.73	\$ 1.73		
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$		
11c) Outside Sources of Income (CRO-1250)		\$	\$		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 7891.46	\$ 7891.46		
EXPENDITURES					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 3506.15	\$ 3506.15		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ -	\$ -		
13c) Coordinated Party Expenditures (CRO-1310)		\$ -	\$ -		
14) Loan Repayments (CRO-1420)		\$ -	\$ -		
15) Refunds from Committee (CRO-1320)		\$ -	\$ -		
16) In-Kind Contributions (CRO-1510)		\$ -	\$ -		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 3506.15	\$ 3506.15		
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)		\$ 4325.31	\$ 4325.31		
Additional Information					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$ 97.24			
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			
Tackabery for School Board				XXXXXXXXXX			
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 P. Turner 3404 Lochurst Ct. Pfafftown, NC 27040 924-4952	XXXXXXXXXX	CR.	03/06/02	<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:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> 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
	Bowen C. Houbt 441 Roller Mill Dr. Lewisville, NC 27023 336-945-9886	XXXXXXXXXX	CR.	03/04/02	<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:		k. Election Cycle Sum to Date			
Blanco, Tackabery, Matamoras		<input type="checkbox"/> Add <input type="checkbox"/> 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
	Gene Tarr 3852 Old Hwy 421 E Yadkinville, NC 27055 336-901-2052	XXXXXXXXXX	CR.	03/06/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.-
	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			
Blanco, Tackabery		<input type="checkbox"/> Add <input type="checkbox"/> 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
	David Blanco 360 Arbor Rd. Winston-Salem, NC 27104 336-721-1246	XXXXXXXXXX	CR.	03/06/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	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			
Member Ch. Blanco Tackab		<input type="checkbox"/> Add <input type="checkbox"/> 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
	Charles Nausev 948 Wellington Rd. Winston-Salem, NC 336-721-1948 27106	XXXXXXXXXX	CR.	03/06/02 4/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,000.-
	b. Job Title/Profession				<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 97.24
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Piedmont Med. Research		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page							\$ 1272.24
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	
Tackabery for School Board						00000000	
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
	Peter Juran 580 Knobview Dr. Winston-Salem, NC 27104 336-768-8818	00000000	ck.	03/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-
	b. Job Title/Profession Lawyer				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field Blanco Tackabery Law						k. Election Cycle Sum to Date \$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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
	Pamela S. Miller 3213 Hickory Ridge Dr. Winston-Salem, NC 27127 336-784-4067	00000000	ck.	03/20/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.-
	b. Job Title/Profession Secretary				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field Blanco Tackabery Law						k. Election Cycle Sum to Date \$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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
	Sarah I. DeLamus 463 Carolina Circle Winston-Salem, NC 27104 336-748-1952	00000000	ck.	03/22/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.-
	b. Job Title/Profession Homemaker				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field -						k. Election Cycle Sum to Date \$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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
	Reginald F. Combs 145 Windham Farm Ln. Lewisville, NC 27023	00000000	ck.	03/21/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.-
	b. Job Title/Profession Lawyer				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field Blanco Tackabery						k. Election Cycle Sum to Date \$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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
	Jane Spangler Poe 2745 Old Town Club Rd. Winston-Salem, NC 27106 336-724-7902	00000000	ck.	03/27/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75.-
	b. Job Title/Profession Homemaker				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field -						k. Election Cycle Sum to Date \$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete							
4. Total only this Page							\$ 425.-
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		
Tackabery for School Board						00000000		
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	
	Robert Edwards 4113 Gladstonburg Winston-Salem, NC 27104 336-768-3063	00000000	ck.	03/06/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.-	
	b. Job Title/Profession retired				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		k. Election Cycle Sum to Date
						<input type="checkbox"/> Add <input type="checkbox"/> 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	
	George Hollodick P.O. Box 25008 Winston-Salem, NC 27114 336-744-6108	00000000	ck.	03/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-	
	b. Job Title/Profession lawyer				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		k. Election Cycle Sum to Date
Blanca Tackabery						<input type="checkbox"/> Add <input type="checkbox"/> 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	
	Steve Garland 908 Arbor Rd. Winston-Salem, NC 27104 334-722-7374	00000000	ck.	03/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.-	
	b. Job Title/Profession lawyer				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		k. Election Cycle Sum to Date
Blanco Tackabery						<input type="checkbox"/> Add <input type="checkbox"/> 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	
	Jeffrey Patton 201 Dalewood Dr. - Apt. 46 Winston-Salem, NC 27104 334-760-2083	00000000	ck.	03/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-	
	b. Job Title/Profession lawyer				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		k. Election Cycle Sum to Date
Blanco Tackabery						<input type="checkbox"/> Add <input type="checkbox"/> 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	
	Don House 319 Crosby Blvd. Bermuda Run, NC 336-768-2225 27006	00000000	ck.	03/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.-	
	b. Job Title/Profession lawyer				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		k. Election Cycle Sum to Date
Self employed						<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Total only this Page							\$ 700.-	
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	
Tackabery for School Board						XXXXXXXXXX	
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 E. Tackabery 185 Duffers Ln. Southern Pines, NC 910-692-7407 28387	XXXXXXXXXX	CR.	03/31/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.-
	b. Job Title/Profession	retired		<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
	Kelley Blake Hancock 604 Spring Tree Ct. Winston-Salem, NC 336-740-9183 27104	XXXXXXXXXX	CR.	04/02/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.-
	b. Job Title/Profession	Homemaker		<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
	Sheryll B. Strade 114 Cedar Trail Winston-Salem, NC 336-659-7448 27104	XXXXXXXXXX	CR.	04/05/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.-
	b. Job Title/Profession	Banker		<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:	
Wachovia Bank & Trust						<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
	Paul Bruggs 929 Goodwood Rd. Winston-Salem, NC 336-725-6360 27104	XXXXXXXXXX	CR.	04/02/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.-
	b. Job Title/Profession	Retired		<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
	Joyce W. Preslar 4472 Bent Tree Farm Rd Winston-Salem, NC 336-922-4790 27106	XXXXXXXXXX	CR.	04/02/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.-
	b. Job Title/Profession	Homemaker		<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							\$ 1100
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		
Tackabery for School Board						XXXXXXXXXX		
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.C. Vaughn, JR. 2575 Club Park Rd. W-S, NC 27104 336-722-8068	XXXXXXXXXX	CR.	04/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. -	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<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						\$		
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	
	Melanie McCabe 440 Gloucestershire Winston-Salem, NC 27104 336-768-1146	XXXXXXXXXX	CR.	04/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25. -	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<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						\$		
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	
	Lori Geisinger 244 Stanford Winston-Salem, NC 27104 336-760-0035	XXXXXXXXXX	CR.	04/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 30. -	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<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						\$		
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	
	Ann McCuniff 1025 Wessington Rd. Winston Salem, NC 27104 334-760-2092	XXXXXXXXXX	CR.	04/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. -	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<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						\$		
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 Day 457 Dartmouth Rd. Winston-Salem, NC 27104 336-723-3138	XXXXXXXXXX	CR.	04/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 53. -	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<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						\$		
4. Total only this Page							\$ 308. -	
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		
Tackabery for School Board						XXXXXXXXXX		
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 Cassels 635 Roslyn Rd. Winston-Salem, NC 27104 334-723-8180	XXXXXXXXXX	CR.	04/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.--	
	b. Job Title/Profession owner/partner				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field Pike-Cassells Qdw.						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	
	Bronce M ^c Clain 312 Rockmont DR Winston-Salem, NC 27104 334-768-7622	XXXXXXXXXX	CR.	04/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. 25.--	
	b. Job Title/Profession partner				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field Body Check Health & Ftn.						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	
	Jill Ferrell 315 Beechcliff Ct. Winston-Salem, NC 27104 334-724-1754	XXXXXXXXXX	CR.	04/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.--	
	b. Job Title/Profession Kitchen designer				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field Cabinet Studio						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	
		XXXXXXXXXX			<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 \$
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	
		XXXXXXXXXX			<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							\$ 250.	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 175.--	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							\$ 3980.24	

Disbursements

1. Name of Committee or Fund Tackabery for School Board						2. ID Number XXXXXXXXXX		
3. Type of Disbursement (Please use separate CRO-1330 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 (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Jill Tackabery 4109 Gladstonbury W-S, NC 27104 768-2501			Mailing Supplies + Total 3/13/02 mtg.	XXXXXXXXXX	CR.	03/20/2002	\$ 70.68
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
	Wooden Graphics, Inc. P.O. Box 819 Welcome, NC 27374 336-731-4150			yard signs	XXXXXXXXXX	CR.	04/11/2002	\$2,435.4
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
	Nornt Strongach 315 N. Spruce St. Winston-Salem, NC 27101 336-721-2992			Yd signprod. Camp planning	XXXXXXXXXX	CR. #1003	04/11/2002	\$ 517.54
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
					XXXXXXXXXX			\$
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
					XXXXXXXXXX			\$
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							\$ 3481.78	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$ 3481.78	
(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	
Tackabery for School Board				XXXXXXXXXX	
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
	Jill A. Tackabery 3109 Gladstonbury Winston-Salem, NC 27104 336-760-3248	03/07/2002		0 %	XXXXXXXXXX
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged	h. If Amendment, choose change type:		k. Amount	
	none	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$3,909.49	
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	h. If Amendment, choose change type:		k. Amount	
		<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	h. If Amendment, choose change type:		k. Amount	
		<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	h. If Amendment, choose change type:		k. Amount	
		<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	h. If Amendment, choose change type:		k. Amount	
		<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	h. If Amendment, choose change type:		k. Amount	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Total only this Page					\$ 3909.49
5. Total of ALL CRO-1410 Pages (only show on last page)					\$ 3909.49
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

Other Receipt Sources

1. Name of Committee or Fund <i>Tackabery for School Board</i>			2. ID Number XXXXXXXXXX		
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> 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
	<i>Southern Community Bank P.O. Box 24134 Winston-Salem, NC 336-768-8500 27114</i>	XXXXXXXXXX	<i>3/29/02 auto deposit</i>	<i>03/29/2002</i>	<i>\$ 1.73</i>
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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: <input type="checkbox"/> Add <input type="checkbox"/> 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: <input type="checkbox"/> Add <input type="checkbox"/> 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: <input type="checkbox"/> Add <input type="checkbox"/> 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: <input type="checkbox"/> Add <input type="checkbox"/> 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: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 1.73
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ 1.73
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

332 Beechcliff Ct.
Winston Salem, NC 27104
April 24, 2002

Ms. Bonnie Myers
Forsyth County Board of Elections
680 W. Fourth St.
Winston Salem, NC 27101

Dear Ms. Myers:

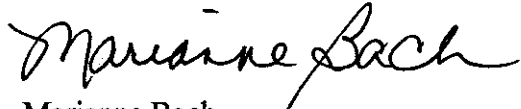
The two occupations that needed to be included with my First Quarter Plus report for the Tackabery for School Board Campaign are:

*On page 1 of the Contributions from Individuals, Michael Turner is Vice President of Planning and Community Initiatives for Family Services, Inc.

*On page 5 of the same form, Robert Vaughn is an attorney and partner in Vaughn, Perkinson, et al Law firm

Thanks for helping me on this.

Sincerely,



Marianne Bach
Treasurer

RECEIVED

APR 25 02

FORSYTH COUNTY BOARD OF ELECTIONS

Disbursements

1. Name of Committee or Fund Tackabery for School Board						2. ID Number 138865		
3. Type of Disbursement (Please use separate CRO-1330 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 (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Jill Tackabery 4109 Gladstonbury W-S, NC 27104 768-2501			Mailing Supplies + food 3/13/02 mtg.	0000000000	CR.	03/20/2002	\$ 70.68
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
	Wooten Graphics, Inc. P.O. Box 819 Welcome, NC 27374 336-731-4650			yard signs	0000000000	CR.	04/11/2002	\$2,643.54
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
	Norm + Stronach 315 W. Spruce St. Winston-Salem, NC 27101 336-721-2992			Yd. sign prod. camp. planning	0000000000 0000000000	CR. #1003 CR. #1004	04/11/2002 04/11/2002	\$ 517.54 250.-
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
	Jill Tackabery 4109 Gladstonbury W-S, NC 27104 768-2501			filing fee	0000000000	CR.	05/02/2002	\$ 84.37
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
					0000000000			\$
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							\$3566.15	\$ 3481.78
6. Total of ALL CRO-1310 Related Pages (only show on last page)								\$3566.15
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								\$ 3481.78
(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)								