Disclosure Report Cover

Amendment ☐ Yes ☑ No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
David A. Stewart for Sheriff, Cumberland County	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
P.O. Box 65000 Fayetteville, NC 28306	11/04/2005
	e. Phone Number
	910-426-2347

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
11/01/2005	11/09/2005	11/21/2005	Della G Jordan

6. Type of Committee *(Check one)*

- ☑ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum

7. Type of Fund *(if applicable, check one)*

- ☐ Soft Money Account
- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☑ Organizational	☑ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First Plus	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third Plus	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**9. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Account Information

a. Financial Institution Full Name		
BB&T of NC		
b. Purpose	**c. Code**	
Checking	1	
	d. Period Begin Balance	
	$ 0.00	

10. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Code**
	d. Period Begin Balance
	$

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.

Della G Jordan	Della G Jordan	11/21/2005
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: 11-21 Employee: [illegible]

Date Postmarked: Employee:

Date Scanned: Employee:

RECEIVED NOV 21 2005 NC State Board of Elections

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed

Detailed Summary

Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
David A. Stewart for Sheriff, Cumberland County	Organizational Quarterly	

Start of Election Cycle: January 1, 2005		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0.00	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6) Contributions from Individuals	*(CRO-1210)*	$	$
7) Contributions from Political Party Committees	*(CRO-1220)*	$	$
8) Contributions from Other Political Committees	*(CRO-1230)*	$	$
9) Loan Proceeds	*(CRO-1410)*	$ 2,193.61	$ 2,193.61
10) Refunds/Reimbursements To the Committee	*(CRO-1240)*	$	$
11) Other Receipt Sources	*(CRO-1250)*		
11a) Interest on Bank Accounts	*(CRO-1250)*	$	$
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$	$
11c) Outside Sources of Income	*(CRO-1250)*	$	$
12) "Goods and Services" Contributions	*(CRO-1260)*	$	$
13) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)*		$ 2,193.61	$ 2,193.61
EXPENDITURES			
14) Disbursements	*(CRO-1310)*		
14a) Operating Expenditures	*(CRO-1310)*	$	$
14b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$	$
14c) Coordinated Party Expenditures	*(CRO-1310)*	$	$
15) Loan Repayments	*(CRO-1420)*	$	$
16) Refunds/Reimbursements From the Committee	*(CRO-1320)*	$	$
17) In-Kind Contributions	*(CRO-1510)*	$	$
18) TOTAL EXPENDITURES *(Add lines 14a, 14b, 14c, 15, 16, and 17)*		$ 0	$ 0.00
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 2,193.61	$ 2,193.61
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$	
22) Debts and Obligations owed By the Committee	*(CRO-1610)*	$	
23) Debts and Obligations owed To the Committee	*(CRO-1620)*	$	
24) Account Transfers Within the Committee	*(CRO-1720)*	$	
25) Administrative Support	*(CRO-1710)*	$	$
26) Forgiven Loans	*(CRO-1440)*	$	$
27) 48-Hour Notice Reports Sum		$	$

Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
David A. Stewart for Sheriff, Cumberland County	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 0.00

Disbursements

Pg 1 of 1 Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
David A. Stewart for Sheriff, Cumberland County	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

5. Total only this Page	$
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 0.00

Loan Proceeds

Pg 1 of 1 Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
David A. Stewart for Sheriff, Cumberland County	

3. Lender Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
David A. Stewart 8717 Cherry Blossom Lane Hope Mills, NC 28348	Police Trainer	start up camp. funds
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	DynCorp Int'l FZ-LLC	
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		1	debit/credit card	$ 2,193.61

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

5. Total of ALL CRO-1410 Pages *(This line must be on line 9 of Detailed Summary Page CRO-1100)*	$ 2,193.61

Outstanding Loans

Pg 1 of 1 Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
David A. Stewart for Sheriff, Cumberland County	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$	$

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$	$

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$	$

k. Full Name of Lending Institution	l. Loan Number

4. Total only this Page	$
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 0.00