



# STATE BOARD OF ELECTIONS

6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT  
Executive Director

MAILING ADDRESS:  
P.O. BOX 27255  
RALEIGH, NC 27611-7255

## CERTIFICATION

I certify that the Committee is in compliance with all provisions of Chapter 163 and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer who has completed mandatory treasurer training. The legislation also requires the State Board of Elections to provide training on the duties of a treasurer or assistant treasurer in person, through regional seminars, and through interactive electronic means. I have not completed this training, but am signing this report with the understanding that I will complete treasurer training no later than three months of receipt of notification that the State Board has interactive electronic means available for treasurer training.

I understand that I may complete training in person before interactive electronic means are available. Within thirty days of completion of the required training, by whatever means, I will review this report and make any necessary amendments to it.

I understand that if I make this certification knowing it to be untrue, I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

JACK ASKEW for Sheriff Campaign Fund  
Name of Committee

Joseph Wade Varron

Printed name of appointed treasurer

Joseph Wade Varron  
Signature of appointed treasurer

10/23/06

Date

**RECEIVED**  
OCT 27 2006

*Final Report J.A.  
2*

**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**

<b>a. Full Name</b> <i>Jack Askew for Sheriff Campaign Fund</i>	<b>c. ID Number</b>
<b>b. Mailing Address (include City, State and Zip Code)</b> <i>113 Greyson Lane Newport, NC 28570</i>	<b>d. Date Filed</b> <i>10-27-06</i>
	<b>e. Phone Number</b> <i>252-726-5060</i>

<b>2. Report Year</b> <i>2006</i>	<b>3. Period Start Date (mm/dd/yyyy)</b> <i>July 1, 2006</i>	<b>4. Period End Date (mm/dd/yyyy)</b> <i>October 21, 2006</i>	<b>5. Treasurer Full Name</b> <i>Joseph Wade Varson</i>
--------------------------------------	---	---	--

<b>6. Type of Committee (Check one)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC	<b>8. Type of Report (check only one type of report from one category)</b> <b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input checked="" type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input checked="" type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<b>9. Special Report Name</b>

<b>10. Account Information</b>		<b>10. Account Information</b>	
<b>a. Financial Institution Full Name</b> <i>First Citizens Bank</i>	<b>a. Financial Institution Full Name</b>	<b>b. Purpose</b> <i>All Campaign Expenses</i>	<b>b. Purpose</b>
<b>c. Code</b> <i>1</i>	<b>c. Code</b>	<b>d. Period Begin Balance</b> <i>\$ 4,200.00</i>	<b>d. Period Begin Balance</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.

*JACK ASKEW*                      *Jack Askew*                      *10-27-06*  
Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<u>Delivery Method</u>
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
		<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed

# Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
<i>Track Asked for Sheriff Campaign Fund</i>			
Start of Election Cycle: <i>January 1, 2006</i>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ <i>4,200<sup>00</sup></i>	\$ <i>2,322<sup>81</sup></i> JA	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <i>- 0 -</i>	\$ <i>4,880<sup>00</sup></i>	
6) Contributions from Individuals (CRO-1210)	\$ <i>- 0 -</i>	\$ <i>14,095<sup>00</sup></i>	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$ <i>198<sup>08</sup></i>	
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 <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ <i>4,200<sup>00</sup></i>	\$ <i>21,495<sup>89</sup></i>	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ <i>4,200<sup>00</sup></i>	\$ <i>21,495<sup>89</sup></i>	
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 <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ <i>4,200<sup>00</sup></i>	\$ <i>21,495<sup>89</sup></i>	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>	
<b>ADDITIONAL INFORMATION</b>			
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	\$	\$	

**Disbursements**

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JACK ASKEW for Sheriff Campaign Fund					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
JEAN PRESTON for Senate P.O. Box 5107 Emerald Isle, NC 28594					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 700 <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	check	Political Donation	9-13-06	\$ 700 <sup>00</sup>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
PAT McELRAFT for House 306 Governor Stafford Ln. Emerald Isle, N.C. 28594					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 400 <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	check	Political Donation	9-13-06	\$ 400 <sup>00</sup>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CARL TILGHMAN for Judge P.O. Box 748 Beaufort, N.C. 28516					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 400 <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	check	Political Donation	9-13-06	\$ 400 <sup>00</sup>	
				\$	
5. Total only this Page				\$ 1,500 <sup>00</sup>	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$	

**Disbursements**

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
<i>JACK ASKEW FOR SHERIFF CAMPAIGN FUND</i>					
<b>3. Type of Disbursement</b> <small>(Please use separate CRO-1310 forms for each type of Disbursement.)</small>					
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
<i>ASA BACK FOR SHERIFF P.O. BOX 24117 BEAUFORT, NC 28516</i>			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b> \$ <i>600<sup>00</sup></i>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
	<i>Check</i>	<i>Political Donation</i>	<i>9-13-06</i>	\$ <i>600<sup>00</sup></i>	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
<i>GREG LEWIS FOR COMMISSIONER 2702 ONE IRON ST. MOREHEAD CITY, NC 28557</i>			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b> \$ <i>400<sup>00</sup></i>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
	<i>Check</i>	<i>Political Donation</i>	<i>9-13-06</i>	\$ <i>400<sup>00</sup></i>	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
<i>JONATHAN ROBINSON FOR COMMISSIONER 682 SEASHORE DR. ATLANTIC, NC, 28511</i>			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b> \$ <i>400<sup>00</sup></i>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
	<i>Check</i>	<i>Political Donation</i>	<i>9-13-06</i>	\$ <i>400<sup>00</sup></i>	
				\$	
<b>5. Total only this Page</b>				\$ <i>1,400<sup>00</sup></i>	
<b>6. Total of ALL CRO-1310 Pages</b>				\$	
<small>(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)</small>					

**Disbursements**

1. Committee Full Name (and Fund if applicable)			2. ID Number	
JACK ASKEW FOR SHERIFF CAMPAIGN FUND				
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>				
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures				
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments
RAY MUNS FOR COMMISSIONER 3000 MARKET ST. NEWPORT, N.C. 28570				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 400 <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Political Donation	9-13-06	\$ 400 <sup>00</sup>
				\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments
WADE NARROW P.O. Box 1342 Morehead City, N.C. 28557				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200 <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	PLACING & REMOVING GAS-SIGNS / MATERIALS	9-13-06	\$ 200 <sup>00</sup>
				\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments
Carteret County Domestic Violence P.O. Box 2279 Morehead City, N.C. 28557				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 350 <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Donation	9-13-06	\$ 350 <sup>00</sup>
				\$
5. Total only this Page				\$ 950 <sup>00</sup>
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$

**Disbursements**

1. Committee Full Name (and Fund if applicable) <i>Jack Askew for Sheriff Campaign Fund</i>				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>Hope Mission Soup Kitchen 1410 Bridges St. Morehead City, NC 28557</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <i>350<sup>00</sup></i>	
f. Account Code	g. Form of Payment <i>Check</i>	h. Purpose <i>Donation</i>	i. Date (mm/dd/yyyy) <i>9-13-06</i>	j. Amount \$ <i>350<sup>00</sup></i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ <i>350<sup>00</sup></i>	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ <i>4,200<sup>00</sup></i>	