

RECEIVED
JUL 27 2005

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.

I. Committee Information

a. Full Name Asa Buck for Sheriff **c. ID Number**

b. Mailing Address (include City, State and Zip Code) W Jack Millis, Treasurer
128 Arborvitae Dr
Pine Knoll Shores, NC 28512 **d. Date Filed**

e. Phone Number 247-5985

2. Report Year 2005 **3. Period Start Date (mm/dd/yyyy)** 05/11/2005 **4. Period End Date (mm/dd/yyyy)** 06/30/2005 **5. Treasurer Full Name** W Jack Millis

6. Type of Committee (Check one)
 Candidate Campaign Party
 Joint Fundraiser PAC
 Refundation

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 |
|---|---|--|
| <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pro-primary <input type="checkbox"/> Pro-election <input type="checkbox"/> Pro-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Pina <input type="checkbox"/> Second <input type="checkbox"/> Third Pina <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 | <input type="checkbox"/> Organizational <input type="checkbox"/> Pro-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |

9. Special Report Name

10. Account Information

a. Financial Institution Full Name Wachovia Bank, N. A.

b. Purpose Receipt/disbursement Of campaign funds **c. Code**

d. Period Begin Balance \$ 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.

W Jack Millis 07/27/2005
 Printed Name of Signer Signature of Appointed Treasurer Date

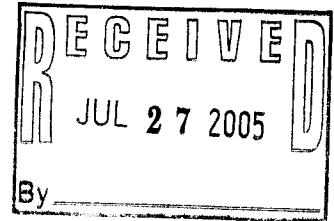
FOR OFFICE USE ONLY

Date Received: 7-27-05 Employee: SR

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method
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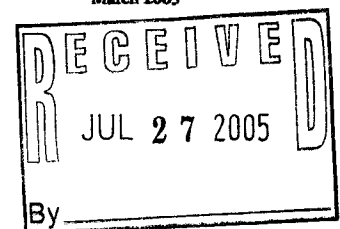
Detailed Summary

Amendment
 Yes No

| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 2. ID Number | |
|--|--|-----------------------------|--|---------------------------|--|
| Asa Buck for Sheriff | | 2005 Semi-Annual | | | |
| Start of Election Cycle: January 1, 2005 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 0 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 725.00 | | \$ 725.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 2,200.00 | | \$ 2,200.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ | |
| 9) Loan Proceeds (CRO-1410) | | \$ 100.00 | | \$ 100.00 | |
| 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> | | \$ 3,025.00 | | \$ 3,025.00 | |
| EXPENDITURES | | | | | |
| 14) Disbursements (CRO-1310) | | | | | |
| 14a) Operating Expenditures (CRO-1310) | | \$ 44.00 | | \$ 44.00 | |
| 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> | | \$ 44.00 | | \$ 44.00 | |
| 19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i> | | \$ 2,981.00 | | \$ 2,981.00 | |
| 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 | | \$ | | \$ | |

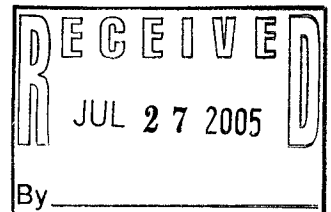
Contributions from Individuals

| | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|--------------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| Asa Buck for Sheriff | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| Holden Ballou 1540 Ann St Beaufort, NC 28516 | | | | Retired | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | e. Election Cycle Sum to Date | | |
| \$ 200.00 | | | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | Check | | 05/13/2005 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| Debbie Eisenman 148 Glenda Dr Beaufort, NC 28516 | | | | Phlebotomist | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | e. Election Cycle Sum to Date | | |
| \$ 1,000.00 | | | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | Check | | 06/13/2005 | \$ 500.00 | |
| <input type="checkbox"/> | | Check | | 06/19/2005 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| Christopher Manousaridis 122 Jefferson St Beaufort, NC 28516 | | | | Restaurant owner | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | e. Election Cycle Sum to Date | | |
| \$ 300.00 | | | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | Check | | 06/21/2005 | \$ 300.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,500.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | |



Contributions from Individuals

| | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|--------------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| Asa Buck for Sheriff | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| George Kosmidis 122 Jefferson St Beaufort, NC 28516 | | | | Restaurant owner | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | e. Election Cycle Sum to Date | | |
| | | | | \$ | 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | Check | | 06/21/2005 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| Dr. Leon Morrison 116 Brandywine Blvd. Morehead City, NC 28557 | | | | Physician | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | e. Election Cycle Sum to Date | | |
| | | | | \$ | 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | Check | | 06/23/2005 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| | | | | | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | 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 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,200.00 | |



Disbursements

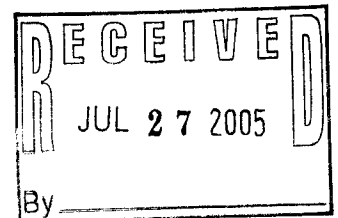
Pg 1 of 1 Amendment Yes No

| | | | | | |
|---|----------------------|---|---|---|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Asa Buck for Sheriff | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" 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>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Harland Checks P O Box 20767 Greensboro, NC 27499-5014 | | | c. Level Registered (Specify) | | e. Election Cycle Sum to Date |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | \$ 19.00 |
| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| | x-fer from chkg acct | | 05/15/2005 | \$ 19.00 | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Carteret County Board of Elections 1510 Live Oak St Beaufort, NC 28516 | | | c. Level Registered (Specify) | | e. Election Cycle Sum to Date |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | \$ 25.00 |
| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| | Check | Purchase voter list | 06/08/2005 | \$ 25.00 | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & 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 | | | | \$ 44.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | \$ 44.00 | |
| <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> | | | | | |

CRO-1310

NC State Board of Elections

March 2003



Loan Proceeds

Amendment
Pg 1 of 1 Yes No

| | | | |
|---|----------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Asa Buck for Sheriff | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| Asa B. Buck, III 319 Country Club Lane Newport, NC 28570 | | | To open account |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | | 05/11/2005 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment |
| 0 % | | | x-fer fr pers acct |
| | | | k. Amount |
| | | | \$ 100.00 |
| l. Full Name of Lending Institution | | | m. Loan Number |
| | | | |
| 4. Endorsers/Makers <i>(The people who guarantee the loan.)</i> | | | |
| 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 | | | \$ 100.00 |
| <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i> | | | |

CRO-1410

NC State Board of Elections

March 2003

