

**Political Organization  
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

**A** For the period beginning **JULY 1**, 2002 and ending **SEPTEMBER 30**, 2002

**B** Check applicable boxes:  Initial report  Change of address  Amended report  Final report

**1** Name of organization **CLASS OF 2002 SOUTHSIDE LEADERSHIP FUND** **Employer identification number**  
**01 0688086**

**2** Mailing address (P.O. Box or number, street, and room or suite number)  
**PO BOX 2**

City or town, state, and ZIP code  
**CHATHAM VA 24531**

**3** E-mail address of organization **rhurt@gamewood.net** **4** Date organization was formed  
**MAY 16, 2002**

**5a** Name of custodian of records **ROBERT HURT** **5b** Custodian's address  
**PO BOX 30**  
**CHATHAM VA 24531**

**6a** Name of contact person **ROBERT HURT** **6b** Contact person's address  
**PO BOX 30**  
**CHATHAM VA 24531**

**7** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  
 City or town, state, and ZIP code

**8** Type of report (check only one box)

a  First quarterly report (due by April 15)

b  Second quarterly report (due by July 15)

c  Third quarterly report (due by October 15)

d  Year-end report (due by January 31)

e  Mid-year report (Non-election year only-due by July 31)

f  Monthly report for the month of: \_\_\_\_\_  
 (due by the 20th day following the month shown above, except the December report, which is due by January 31)

g  Pre-election report (due by the 12th or 15th day before the election)  
 (1) Type of election: \_\_\_\_\_  
 (2) Date of election: \_\_\_\_\_  
 (3) For the state of: \_\_\_\_\_

h  Post-general election report (due by the 30th day after general election)  
 (1) Date of election: \_\_\_\_\_  
 (2) For the state of: \_\_\_\_\_

<b>9</b> Total amount of reported contributions (total from all attached Schedules A)	<b>9</b>	<b>500.00</b>
<b>10</b> Total amount of reported expenditures (total from all attached Schedules B)	<b>10</b>	<b>3039.97</b>

**Sign Here** Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official: *Joe Helph* Date: **10/9/02**

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G Form **8872** (7-2000)

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 180 OCT 11 2002 IRS-OSC  
 OGDEN, UT

SCANNED OCT 17 2002

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<b>Schedule A Itemized Contributions</b>		Schedule A page <b>1</b> of <b>1</b>
Name of organization <b>CLASS OF 2002 SOUTHSIDE LEADERSHIP FUND</b>		Employer identification number <b>01 0688086</b>
Contributor's name, mailing address and ZIP code <b>VA SOCIETY OF ANESTHESIOLOGISTS PAC PO BOX 1320 RICHMOND VA 23218</b>	Name of contributor's employer <b>N/A</b>	Amount of contributions reported for this period  <b>\$ 500.00</b>
	Contributor's occupation <b>N/A</b>	
	Aggregate contributions year-to-date . . . ▶ <b>\$ 500.00</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ <b>\$</b>	
<b>Subtotal</b> of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶		<b>\$ 5300.00</b>

**Schedule B Itemized Expenditures**

Name of organization  
**CLASS OF 2002 SOUTHSIDE LEADERSHIP FUND**

Employer identification number  
**01 0688086**

Recipient's name, mailing address and ZIP code <b>DANNY MARSHALL ELECTION CAMPAIGN                  PO BOX 439                  DANVILLE VA 24541</b>	Name of recipient's employer <b>N/A</b>	Amount of each expenditure reported for this period  <b>\$ 538.97</b>
	Recipient's occupation <b>N/A</b>	
Recipient's name, mailing address and ZIP code <b>DOMINION LEADERSHIP TRUST PAC INC.                  106 CARTER ST                  FALMOUTH VA 22405</b>	Name of recipient's employer <b>N/A</b>	Amount of each expenditure reported for this period  <b>\$ 2500.00</b>
	Recipient's occupation <b>N/A</b>	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
<b>Subtotal</b> of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		<b>\$ 3038.97</b>