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.

1. Name of Committee or Fund			6. Date
John Palmer for Commissioner			1/10/03
2. Address			7.ID Number
c/o John Anthony, Treasurer 3630 Winding Creek Way			
3. City	4. State	5. Zip	8. Phone
Winston-Salem	NC	27106	765-3804

9. Type of Report	10. Period Covered		11. Amendment
2002 Fourth Qtr Report	Start	10/20/02	☐ Yes
	End	12/31/02	☑ No

12. Type of Committee or Fund *(Check one)*

- ☑ Candidate Campaign
- ☐ PAC
- ☐ Other Fund:
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser
- ☐ Soft Money Account
- ☐ "Booster Fund"
- ☐ Building Fund

13. Treasurer Name

John A. Anthony III

14. Assistant Treasurer Name(s)

15. Custodian of Books Name

RECEIVED
JAN 10 03
BOARD OF ELECTIONS

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
Lexington State Bank	Checking		$
			$
			$
			$
			$
Ending balance	on 1/9/03		$ 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.

John A. Anthony III
Signature of Appointed Treasurer or Candidate

1/10/03
Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
John Palmer for Commissioner	2002 Fourth Qtr Rpt	

Start of Election Cycle: January 1, 20____		Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle			$ 0
5) Cash on Hand at Start of Present Reporting Period		$ 1637.84	
RECEIPTS			
6) Contributions from Individuals	(CRO-1210)	$ 1240.00	$ 7649.00
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds and Reimbursements TO theCommittee	(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) Contributions based on Forgiven Loans	(CRO-1440)	$	$
14) 48-Hour Notice Reports Sum		$	$
15) TOTAL RECEIPTS *(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)*		$ 1240.00	$ 7649.00
EXPENDITURES			
16) Disbursements	(CRO-1310)		
16a) Operating Expenditures	(CRO-1310)	$ 2865.42	$ 7601.58
16b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 25.00	$ 60.00
16c) Coordinated Party Expenditures	(CRO-1310)	$	$
17) Loan Repayments	(CRO-1420)	$	$
18) Forgiven Loans	(CRO-1440)	$	$
19) Refunds and Reimbursements FROM the Committee	(CRO-1320)	$	$
20) In-Kind Contributions	(CRO-1510)	$	$
21) TOTAL EXPENDITURES *(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)*		$ 2890.42	$ 7661.58
22) Cash on Hand at End of Reporting Period *(For this Period, add lines 5 and 15 together, then subtract line 21)* *(For this Election Cycle, add lines 4 and 15 together, then subtract line 21)*		$ (-)12.58	$ (-) 12.58
Additional Information			
23) Non-Monetary Gifts Given to Committees	(CRO-1330)	$	
24) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	$	
25) Debts and Obligations owed BY the Committee	(CRO-1610)	$	
26) Debts and Obligations owed TO the Committee	(CRO-1620)	$	
27) Parent Entity's Administrative Support	(CRO-1710)	$	
28) Account Transfers	(CRO-1720)	$	

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
John Palmer for Commissioner	

3. Contributor	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
a. Thomas E. Roberts, 955 Watson Ave, W-S 27103 b. Job Title/Profession: Col. Professor c. Employer's Name/Specific Field: WFU		check	10/16	☐	☑	$ 100
a. Patsy Jent Calhoun, 2278 Olivet Church Rd, W-S 27106 b. Job Title/Profession: Retired c. Employer's Name/Specific Field:		check	10/16	☐	☑	$ 100
a. Bert L. Bennett, P.O. Box 2736, W-S 27102 b. Job Title/Profession: Executive c. Employer's Name/Specific Field: Quality Oil		check	10/17	☐	☑	$ 200
a. Milton A. Goetz, 190 Ashton Placed Cir, W-S 27106 b. Job Title/Profession: Retired c. Employer's Name/Specific Field:		check	10/18	☐	☐	$ 25
a. David A. Newcomb, 808 Nassau Rd, Cocoa Beach, Fl 32931 b. Job Title/Profession: Retired c. Employer's Name/Specific Field:		check	10/15	☐	☑	$ 50

j. If Amendment, choose change type:	k. Election Cycle Sum to Date
☐ Add ☐ Delete	$

4. Total only this Page	$ 475
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)*	$ 475

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
3. Contributor	DANIEL V. BESSE PO BOX 15306 W-S 27113	City Alderman			check	10718	☐	☑	$ 100	☐ Add ☐ Delete	$
3. Contributor	Christy Cox Spencer 4440 Green Brier Farm Rd W-S 27106	Small bus. owner			check	10725	☐	☑	$ 150	☐ Add ☐ Delete	$
3. Contributor	Margaret Scruggs 4525 Thacker Hill Dr W-S 27106	Retired			check	10730	☐	☐	$ 50	☐ Add ☐ Delete	$
3. Contributor	Robert L. Roberts 1801 Budding Brook Ln W-S 27106	Retired			check	10729	☐	☐	$ 25	☐ Add ☐ Delete	$
3. Contributor	Shirley T. Ice 1549 Shore Rd Rural Hall 27045	School Teacher	WSFC System		check	10729	☐	☐	$ 50	☐ Add ☐ Delete	$

4. Total only this Page	$ 275
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)*	$ 850

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number

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
Jimmy R. Walker 126 Jefferson Church Rd King 27021		check	10/25	☐	☐	$ 25
b. Job Title/Profession: Ins Agent				☐	☐	$
c. Employer's Name/Specific Field				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ 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
Diann C. Cherney 500 Knollwood St W-S 27103		check	10/28	☐	☐	$ 50
b. Job Title/Profession: Teacher				☐	☐	$
c. Employer's Name/Specific Field: WS/FC Schools				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ 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
William B. Gibson 1315 Brookstown Ave W-S ~~27103~~ 27101		check	10/27	☐	☑	$ 50
b. Job Title/Profession: Attorney				☐	☐	$
c. Employer's Name/Specific Field				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ 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
Geraldine Kartanson 441 Chadbourne Ct W-S 27104		check	10/24	☐	☑	$ 50
b. Job Title/Profession: Retired				☐	☐	$
c. Employer's Name/Specific Field				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ 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
James P. Richardson 400 Clayton St W-S 27105		check	10/26	☐	☐	$ 50
b. Job Title/Profession: Retired				☐	☐	$
c. Employer's Name/Specific Field				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		

4. Total only this Page	$ 225
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)*	$ 1075

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number

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
RONALD L. SIGRIST 4383 CREEKRIDGE LN KERNERSVILLE 27284		CHECK	10/24	☐	☑	$ 25
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: WACHOVIA SYSTEMS ANALYST

c. Employer's Name/Specific Field:

j. If Amendment, choose change type: ☐ Add ☐ 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
SANDRA P. BRAY 6312 HAMPTON RD CLEMMONS 27012		CASH		☐	☐	$ 50
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: MANAGER

c. Employer's Name/Specific Field: RJR INC.

j. If Amendment, choose change type: ☐ Add ☐ 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
RICHARD D. RIERSON 1310 W. CLEMMONSVILLE RD W-S 27127		CHECK	11/1	☐	☐	$ 40
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: RETIRED

c. Employer's Name/Specific Field:

j. If Amendment, choose change type: ☐ Add ☐ 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
MARSHALL M. MILLER, JR. 2627 GLENHAVEN LN W-S 27106		CHECK	11/1	☐	☐	$ 50
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: RETIRED

c. Employer's Name/Specific Field:

j. If Amendment, choose change type: ☐ Add ☐ 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
				☐	☐	$
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession:

c. Employer's Name/Specific Field:

j. If Amendment, choose change type: ☐ Add ☐ Delete

k. Election Cycle Sum to Date: $

4. Total only this Page	$ 165
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)***	$ 1240

Disbursements

1. Name of Committee or Fund	2. ID Number
John Palmer for Commissioner	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ 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
WXII TV 700 Coliseum Dr W-S 27106	WK# 2 TV Advertising	#1026	Check	10/21	$ 726.25
					$
					$
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete				j. Election Cycle Sum To Date $

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
~~Elaine Parmon Committee~~ Earline Parmon Comm. 3873 Barkwood Dr WS 27105	political Contribution	#1027	check	10/21	$ 2500
					$
					$
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete				j. Election Cycle Sum To Date $

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
The Chronicle 610 N. Liberty St W-S 27101	Campaign Advertising	#1028	Check		$ 195.60
					$
					$
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete				j. Election Cycle Sum To Date $

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
Clemmons Courier Clemmons Rd Clemmons NC	political Advertising	#1029	Check	10/28	$ 90.00
					$
					$
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete				j. Election Cycle Sum To Date $

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
WXII TV 700 Coliseum Dr W-S 27106	WK # 3 TV Advertising	#1030	Check	10/28	$ 276.25
					$
					$
b. If Contribution to County Committee, specify: / c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete				j. Election Cycle Sum To Date $

5. Total only this Page	$ 1313.60
6. Total of ALL CRO-1310 Related Pages *(only show on last page)* *(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)*	$

Disbursements

1. Name of Committee or Fund	2. ID Number
John Palmer for Commissioner	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type: ☐ Add ☐ Delete	j. Election Cycle Sum To Date
Winston-Salem Journal 418 N. Marshall St W-S 27101			Political Advertising	#1031	~~check~~ check	10/31	$531.30 $ $		$
WXII TV 700 Coliseum Dr W-S 27106			WK # 4. TV Advtsg	#1032	check	10/31	$425.00 $ $		$
Forsyth Co. Democratic Party P.O. Box 20621 W-S 27120			election night refreshments	#1034	check	11/4	$50 $ $		$
Michael's Arts & Crafts 1805 S. Stratford Rd W-S			poster frames	#1035	check	11/14	$72.82 $ $		$
Meredith McLeod 781 Somerset Dr W-S 27103			campaign services	#1036	check	11/15	$50 $ $		$

5. Total only this Page	$ 1129.12
6. Total of ALL CRO-1310 Related Pages *(only show on last page)* *(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)*	$ 2442.72

Disbursements

1. Name of Committee or Fund	2. ID Number
JOHN PALMER for COMMISSIONER	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
JAMES R. JONES 1641 Jonestown Rd W-S 27103			CAMPAIGN services	# 1037	check	11/25	$ 60	☐ Add ☐ Delete	$
JOHN A. ANTHONY III 3630 WINDING CREEK WAY W-S 27106			CAMPAIGN services	# 1038	check	11/26	$ 60	☐ Add ☑ Delete	$
Carter Pub. Co. Inc 300 E. MOUNTAIN ST KERNERSVILLE 27284			CAMPAIGN ADS	# 1040	check	12/12	$ 204.40	☐ Add ☐ Delete	$
JOHN G. PALMER * 315 GATEWOOD DR W-S 27104			to close ACCOUNT		CASH	1/9	$ 81.05	☐ Add ☐ Delete	$
LEXINGTON STATE BANK 3384 ROBINHOOD RD W-S 27106			checking fee		Auto Debit	3/31/02 **	$ 17.25	☐ Add ☐ Delete	$

5. Total only this Page	$ ~~105.70~~ 422.70
6. Total of ALL CRO-1310 Related Pages *(only show on last page)* *(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)*	2865.42 $ ~~26 18.19~~

* check written to ELAINE MARSHALL ($35.00) never presented for payment. When combined with checkbook balance of 46.05, the sum is 81.05.

** previously omitted by mistake - supported by ACCOUNT checkbook