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 Polite for Sheriff			1/10/03
2. Address			**7.ID Number**
1983 Emorywood Rd.			
3. City	**4. State**	**5. Zip**	**8. Phone**
Rural Hall	NC	27045	969-9438

9. Type of Report	10. Period Covered	11. Amendment
2002 4th Quarter Report	Start / End	☐ Yes ☐ No

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

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

13. Treasurer Name

Nadine Clements

14. Assistant Treasurer Name(s)

15. Custodian of Books Name

RECEIVED JAN 10 03 GUILFORD COUNTY BOARD OF ELECTIONS

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
BB&T Bank	For all campaign expenses		$
			$
			$
			$
			$
			$

RECEIVED JAN 10 03 GUILFORD COUNTY BOARD OF ELECTIONS

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. Polite (Candidate)
Signature of Appointed Treasurer or Candidate

01/10/03
Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
John Polite for Sheriff	4th Qtr.	

Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle	For Office Use Only
4) Cash on Hand at Start of Election Cycle			$	
5) Cash on Hand at Start of Present Reporting Period		$ 6,814.00		
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	$ 1560.00	$ 25,243.00	
7) Contributions from Political Party Committees	(CRO-1220)	$	$	
8) Contributions from Other Political Committees	(CRO-1230)	$	$	
9) Loan Proceeds	(CRO-1410)	$	$ 1751.00	
10) Refunds & Reimbursements to 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)	$ 150.00	$ 9281.00	
11c) Outside Sources of Income	(CRO-1250)	$	$	
12) TOTAL RECEIPTS *(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)*		$ 1710.00	$ 36,275.00	
EXPENDITURES				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	$ 8,486.86	$ 31,212.86	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$	
13c) Coordinated Party Expenditures	(CRO-1310)	$	$	
14) Loan Repayments	(CRO-1420)	$ 1270.96	$ 1270.96	
15) Refunds from Committee	(CRO-1320)	$	$	
16) In-Kind Contributions	(CRO-1510)	$	$	
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 9,757.82	$ 32,483.82	
18) Cash on Hand at End of Reporting Period *(For this Period, add lines 5 and 12 together, then subtract line 17)* *(For this Election Cycle, add lines 4 and 12 together, then subtract line 17)*		$ Ø	$ Ø	
Additional Information				
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	$		
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	$		
21) Debts and Obligations owed BY the Committee	(CRO-1610)	$		
22) Debts and Obligations owed TO the Committee	(CRO-1620)	$		
23) Parent Entity's Administrative Support	(CRO-1710)	$		

Other Receipt Sources

1. Name of Committee or Fund	2. ID Number
John Polite for Sheriff	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☐ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income

4. Contributor

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
Kappa Alpha Psi Fraternity, Inc. Delta Chi Chapter WSSU University	[redacted]	ck	10/27/02	$150.00
				$
				$
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: ☐ Add ☐ Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
				$
				$
				$
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: ☐ Add ☐ Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
				$
				$
				$
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: ☐ Add ☐ Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
				$
				$
				$
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: ☐ Add ☐ Delete		h. If Not-for-Profit, list Fed ID #:	

4. Contributor

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
				$
				$
				$
f. If Outside Source of Income, explain:	g. If Amendment, choose change type: ☐ Add ☐ Delete		h. If Not-for-Profit, list Fed ID #:	

5. Total only this Page	$
6. Total of ALL CRO-1250 Related Pages *(only show on last page)* *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$

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
Harold Kennedy, Jr. 3727 Spaulding Dr. W-S, N.C 27105	[redacted]	CK	10/21/02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
Attorney	☐ Add ☐ Delete	$

c. Employer's Name/Specific Field
Self-employed

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
Harvey Kennedy 301 N. Main St. W-S, N.C. 27101	[redacted]	CK	10/21/02	☐	☐	$ 200.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
Attorney	☐ Add ☐ Delete	$

c. Employer's Name/Specific Field
Self-employed

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 Moore 4105 Chatham Hill Rd W-S N.C. 27104	[redacted]	CK	10/23/02	☐	☐	$ 500.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
TSI/owner	☐ Add ☐ Delete	$

c. Employer's Name/Specific Field
Temporary Source Information

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

c. Employer's Name/Specific Field

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

c. Employer's Name/Specific Field

4. Total only this Page	$ 800.00
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)	

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
John Polite for Sheriff	

3. Contributor	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joseph R. Daniels 2200 Silas Creek Pkwy. Winston-Salem, NC. 27101 724-9257 b. Job Title/Profession Self-employed insurance agent c. Employer's Name/Specific Field	[redacted]	Check	11/2/02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Harden B. Wheeler, Jr. 147 N. Davidson Dr. Winston-Salem, N.C. 27107 769-1840 b. Job Title/Profession Retired Educator c. Employer's Name/Specific Field	[redacted]	Check	11/1/02	☐	☐	$ 200.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jonathan D. Wesbor, MD 495 N. Cleveland Ave Winston-Salem, NC 27101 b. Job Title/Profession Medical Doctor c. Employer's Name/Specific Field	[redacted]	Check	10/31/02	☐	☐	$ 400.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Carl F. Parrish 120 Aftonshire Ct W-S, NC 27104 b. Job Title/Profession Attorney c. Employer's Name/Specific Field Self-employed	[redacted]	Check	10/31/02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $		
a. Full Name, Mailing Address & Phone (include city, state, & zip) H.L. Satterwhite, Jr. 4641 Greendale Way W-S, NC. 27103 b. Job Title/Profession c. Employer's Name/Specific Field	[redacted]	Check	10/28/02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $		

4. Total only this Page	$ 900.00
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)*	$

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
John Polite for Sheriff	

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
Timothy Samuels 405 Wesley Park Dr. K'ville, NC 27284	[redacted]	ck	10/26/02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: Retired police officer						
c. Employer's Name/Specific Field: W-S Police Dept	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
Renita O. Thompkins 205 W. 3rd St. W-S	[redacted]	ck	10/27/02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: Attorney ~~Medical Doctor~~						
c. Employer's Name/Specific Field: Reis's Winston-East	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
Davida Martin 5005 Marble Arch Rd. W-S, NC. 27104	[redacted]	ck	10/27/02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
b. Job Title/Profession						
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: $	

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	$ 300.00
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)*	$

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
John Polite for Sheriff	

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
Contributions from various individuals $50.00 & under	dates vary as this is total of contributions of $50.00 or less during 4th qtr.			☐	☐	$ 360.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
b. Job Title/Profession						
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 $		

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 $		

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 $		

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	$ 360.00
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)*	$ ~~1560.00~~

Correction – 2720.00

Disbursements

1. Name of Committee or Fund	2. ID Number
John Polite for Sheriff	

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
Winston-Salem Journal P.O. Box 3159 W-S, NC 27102-3159			Advertisement	[redacted]	ck	10/31/02	$ 1,821.60	☐ Add ☐ Delete	$
WSJS P.O. Box 3018 W-S, NC. 27101			Ads.	[redacted]	ck.	10/30/02	$ 297.50	☐ Add ☐ Delete	$
WAAA Brownsboro Rd. W-S, NC.			Adv.	[redacted]	ck.	10/30/02	$ 540.00	☐ Add ☐ Delete	$
WSMX 1225 E. 5th St. Suite 104 W-S, NC. 27101			Ads	[redacted]	ck	10/30/02	$ 100.00	☐ Add ☐ Delete	$
Universal Printers 1049 Northwest Blvd. W-S, NC. 27102			Campaign literature	[redacted]	ck	10/28/02	$ 657.11	☐ Add ☐ Delete	$

5. Total only this Page	$ 3416.21
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 Polite for Sheriff	

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
Excalibur Enterprises, Inc. P.O. Box 7372 W-S, NC 27109-7372			post card mailing	[redacted]	ck	10/25/02	$ 2255.00 $ $		$
Universal Printers 1029 Northwest Blvd. W-S, NC 27102			poll cards	[redacted]	ck.	10/31/02	$ 452.63 $ $		$
Verizon Wireless P.O. Box 18000 Greenville, SC 29606-9000			Campaign phone	[redacted]	ck	11/14/02	$ 388.27 $ $		$
Staples 430 Hanes Mill Rd. W-S, N.C. 27105			Thank you notes	[redacted]	ck	11/12/02	$ 19.89 $ $		$
W.R. Vernon Produce Co. 1035 N. Cherry St. W-S, NC. 27105			fruit/poll workers	[redacted]	ck.	10/31/02	$ 25.00 $ $		$

5. Total only this Page	$ 3,140.79
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 Polite for Sheriff	

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
Meta's Restaurant Winston-Salem, N.C. 27101			Election Celebration	[redacted]	ck.	11/7/02	$ 316.84		
Time Warner Cable Adcast P.O. Box 36037 Charlotte, NC. 282366037			Ads	[redacted]	ck	11/8/02	$ 16.65		
Kinkos 232. S. Stratford Rd. W-S, NC. 27103			Poll cards	[redacted]	ck	11/4/02	$ 198.89		
Kinko's 232. S. Stratford Rd. W-S, NC. 27103			Poll cards	[redacted]	ck.	11/5/02	$ 147.50		
WPOL 4405 Providence Lane W-S, N.C. 27106			Ads	[redacted]	ck.	10/29/02	$ 320.00		

5. Total only this Page	$ 999.88
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 Polite for Sheriff	

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
I'm About Catering Meta's Restaurant Winston-Salem, NC. 27101			Election Celebration	[redacted]	ck	11/4/02	$ 718.88		
Kim Nesbitt 2040 E. 23rd St W-S, NC. 27105			Poll luncheon	[redacted]	ck	11/4/02	$ 125.00		
Bell South P.O Box 33009 Charlotte, NC. 28243			telephone bill	[redacted]	ck	11/14/02	$ 86.10		
							$		
							$		

5. Total only this Page	$ 929.98
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)*	$ 8,486.86

Correction: 12,780.64

taken from 3rd Qtr Report

Disbursements

1. Name of Committee or Fund	2. ID Number
John Polike for Sheriff	

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
A.C. Phoenix 545 N. Trade St. W-S, N.C. 27101	Ad	[redacted]	ck.	10/23/02	$ 400.00
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
Bell South P.O. Box 33009 Charlotte, NC. 28243	pay phone bill	[redacted]	ck.	10/20/02	$ 87.56
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
Blaire Enterprises 1001 S. Marshall St W-S, N.C. 27101	Campaign T-Shirts	[redacted]	ck	10/26/02	$ 497.36
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
Carver Booster Club c/o Carver High School 3545 Carver Rd W-S, NC 27105	Ad	[redacted]	ck.	10/23/02	$ 60.00
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
Staples 430 Hanes Mill Rd. W-S, N.C. 27105	Office Supplies	[redacted]	ck.	10/21/02	$ 95.68
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	$ 140.60
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 Polite for Sheriff	

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
US Postal Service 7840 North Point Blvd W-S NC 27106			Mailing	[redacted]	CK	10/25/02	$ 10.77		$
US Postal Service 7840 North Point Blvd W-S NC 27106			Mailing postage	[redacted]	check	10/24/02	$ 108.91		$
WGHP/Fox8 418 Marshall St. W-S, NC. 27101			TV Ads	[redacted]	ck.	10/23/02	$ 1580.00		$
WXII 700 Coliseum Dr. W-S, NC 27116			TV Ads	[redacted]	ck	10/22/02	$ 1453.50		$
							$		$

5. Total only this Page	$ 3153.18
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)*	$

Page 1 of 1

Loan Repayments

1. Name of Committee or Fund: John Polite for Sheriff

2. ID Number:

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)
John Alexander Polite
1983 Emorywood Rd.
Rural Hall, NC 27045
(336) 969-9438

b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
3/17/02	12/2/02	[redacted]

d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	i. Repayment Amount
$ 751.00	$ 1.00	CK	$ 750.00

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

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)
John Alexander Polite
1983 Emorywood Rd.
Rural Hall, NC 27045
(336) 969-9438

b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
8/12/02	12/18/02 + 12/31/02	[redacted]

d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	i. Repayment Amount
$ 1000.00	$ 479.04	CK + Cash	$ 520.96

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

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)

b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code

d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	i. Repayment Amount
$	$		$

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

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)

b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code

d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	i. Repayment Amount
$	$		$

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

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)

b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code

d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	i. Repayment Amount
$	$		$

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

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)

b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code

d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	i. Repayment Amount
$	$		$

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

4. Total only this Page $ 1270.96

5. Total of ALL CRO-1420 Pages *(only show on last page)* $

(This line must be on line 14 of Detailed Summary Page CRO-1100)

Forgiven Loans

A statement (CRO-6200) for each forgiven loan MUST be included with the report.

1. Name of Committee or Fund	2. ID Number
John Polite for Sheriff	

3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Forgiven Date (mm/dd/yyyy)	d. Election Cycle Sum to Date	e. Original Loan Amount	f. Remaining Balance of Loan	g. Forgiven Amount	h. If Amendment, choose change type
3. Lender	John A. Polite 1983 Emorywood Rd. Rural Hall, N.C. 27045 (336) 969-9438	3/17/02	12/2/02	$ 751.00	$ 751.00	$ 1.00	$ 1.00	☑ Add ☐ Delete
3. Lender	John A. Polite 1983 Emorywood Rd. Rural Hall, NC 27045 (336) 969-9438	8/12/02	12/31/02	$ 1751.00	$ 1000.00	$ 479.04	$ 479.04	☑ Add ☐ Delete
3. Lender				$	$	$	$	☐ Add ☐ Delete
3. Lender				$	$	$	$	☐ Add ☐ Delete
3. Lender				$	$	$	$	☐ Add ☐ Delete
3. Lender				$	$	$	$	☐ Add ☐ Delete

4. Total only this Page	$ 480.04
5. Total of ALL CRO-1440 Pages *(only show on last page)* *(This line must be on lines 13 and 18 of Detailed Summary Page CRO-1100)*	$ 480.04