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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 Campaign to Elect CC McGee Sheriff of Forsyth Co					6. Date 4/22/02	
2. Address 330 CONRAD RD (PO Box 344)					7. ID Number	
3. City LEWISVILLE		4. State NC	5. Zip 27023	8. Phone (336) 945-5558		
9. Type of Report 1st Quarter Plus Report				10. Period Covered Start 1/1/02 End 4/20/02		11. Amendment ☐ 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 Michael W Thrower						
14. Assistant Treasurer Name(s)						
15. Custodian of Books Name Michael W Thrower						
16. Bank/Depository/Credit Account Information						
a. Name		b. Purpose		c. Code	d. Period Begin Balance	
BB&T, Lewisville NC		Campaign Account			\$ 2,282.08	
					\$	
					\$	
					\$	
					\$	
					\$	

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.

Michael W Thrower
Signature of Appointed Treasurer or Candidate

4/22/02
Date

Detailed Summary

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1. Name of Committee or Fund <i>Campaign to Elect C. McLoose Sheriff</i>		2. Type of Report		3. ID Number	
Start of Election Cycle: January 1, 20____		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ 3100 ⁰⁰		
5) Cash on Hand at Start of Present Reporting Period		\$ 2,282.08			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 1,655 ⁰⁰	\$		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
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)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS		\$ 1,655 ⁰⁰	\$ 4755 ⁰⁰		
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)					
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 1,145.13	\$ 1920 ⁰⁵		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$	\$		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES		\$ 1,145.13	\$ 1923.05		
(Add lines 13a, 13b, 13c, 14, 15, and 16)					
18) Cash on Hand at End of Reporting Period		\$ 2791.95	\$ 2791.95		
(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)					
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)	\$			

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		
	Tom Joseph 801 HORNCASTLE RD WINSTON-SALEM, NC 27104 766-5969	XXXXXXXXXX	CASH	2/18/02	☐	☐	\$ 500.00		
	b. Job Title/Profession				☐	☐	\$		
	RETIRED				☐	☐	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		☐ Add ☐ Delete			\$ 500.00				
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		
	ANGELA McKeenolds 1920 MEADOWLAND DR (277287) WINSTON-SALEM NC 27023	XXXXXXXXXX	CHECK	2/18/02	☐	☐	\$ 155.00		
	b. Job Title/Profession				☐	☐	\$		
	MAK				☐	☐	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
WS/FC SCHOOLS		☐ Add ☐ Delete			\$ 155.00				
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 D. MCGEE 7645 CROSSING RIDGE DR BELLEVILLE, NC 27009 595-1374	XXXXXXXXXX	CHECK	4/2/02	☐	☐	\$ 1000.00		
	b. Job Title/Profession				☐	☐	\$		
	RETIRED				☐	☐	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		☐ Add ☐ Delete			\$ 1000.00				
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:			k. Election Cycle Sum to Date				
		☐ Add ☐ Delete			\$				
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:			k. Election Cycle Sum to Date				
		☐ Add ☐ Delete			\$				

4. Total only this Page

\$ 1,655.00

5. Total of ALL CRO-1210 Pages

(only show on last page)

\$ 1,655.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Disbursements

1. Name of Committee or Fund							2. ID Number	
Campaign to Elect CC McGee 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		
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		
Forsyth Co. Board of Elections 680 W. Fourth St Winston-Salem, NC 2701 727-2162		Filing Fee		check	2/18/02	\$ 658.94		
		Voter List		check	1/15/02	\$ 21.50		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:			i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
					☐ Add ☐ Delete		\$ 685.44	
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		
Town of Lenoirville Shallowford Rd Lenoirville, NC 27023 945-5558		Rent Com. ctr.		check	2/12/02	\$ 20.00		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:			i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
					☐ Add ☐ Delete		\$ 20.00	
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		
JERRY Hobbs 601 Brightfield Ct Lenoirville, NC 27025 945-2914		WEB SITE		check	4/2/02	\$ 98.95		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:			i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
					☐ Add ☐ Delete		\$ 98.95	
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		
KAREN CARLSON 601 Brightfield Ct Lenoirville, NC 27025 945-2914		Print Fliers		check	4/8/02	\$ 214.07		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:			i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
					☐ Add ☐ Delete		\$ 214.07	
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		
TIME WARNER Winston-Salem PO Box 580121 Charlotte, NC 28258 785-3390		WEB SITE		check	4/11/02	\$ 101.67		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:			i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
					☐ Add ☐ Delete		\$ 101.67	
5. Total only this Page							\$ 1,620.13	
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)								

1. Name of Committee or Fund Campaign to Elect CC McGehee Sheriff						2. ID Number	
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
	Gole Memorial AME Zion Church 630 N. Patterson Ave Winston-Salem, NC 27101 724-9411		Memorial Evening Event	00000000	Check	4/11/02	\$ 25.00
	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 \$ 25.00
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
							\$
	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
							\$
	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
							\$
	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
							\$
	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
							\$
	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							\$ 25.00
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$ 1145.13
(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)							