COPY

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
Campaign to Elect CC McCoee Sheriff of Forsyth Co			7/1/02
2. Address			7.ID Number
330 Conrad Rd (PO Box 344)			
3. City	4. State	5. Zip	8. Phone
Lewisville	NC	27023	(336) 945-5531

9. Type of Report	10. Period Covered		11. Amendment
2002 Second Quarter Report	Start	4/1/02	☐ Yes
	End	6/30/02	☑ 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

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		$ 2791.95
			$
			$
			$
			$
			$

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

7/01/02
Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
Campaign to Elect CC McGee Sheriff	2002 2nd Quarter	

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			$ 4755.00	
5) Cash on Hand at Start of Present Reporting Period		$ 2791.95		
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	$ 450.00	$	
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 *(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)*		$ 450.00	$ 5205.00	
EXPENDITURES				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	$ 100.00	$ 2063.05	
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)	$ 500.00	$ 500.00	
16) In-Kind Contributions	(CRO-1510)	$	$	
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 600.00	$ 2563.05	
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)*		$ 2641.95	$ 2641.95	
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)	$		

1. Name of Committee or Fund	2. ID Number
Campaign to Elect CC McBee 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
John Sullivan 5313 Ember Ln Kulk, NC 27284 784-5172	[redacted]	Check	5/15/02	☐	☐	$ 100.00
b. Job Title/Profession: OWNER				☐	☐	$
c. Employer's Name/Specific Field: Salem Salts Marketing				☐	☐	$
				☐	☐	$
j. If Amendment, choose change type: ☐ Add ☐ Delete				k. Election Cycle Sum to Date: $ 100.00		

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
Eugene McBee 4951 Lewisville Rd Kulk, NC 27284 7889293	[redacted]	Check	5/9/02	☐	☐	$ 300.00
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: $ 300.00		

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
Bailey E. Howard Jr 1009 Turtle Rock Ln Winston-Salem NC 27104 760-0258		Check	6/6/02	☐	☐	$ 50.00
b. Job Title/Profession: POLICE OFFICER				☐	☐	$
c. Employer's Name/Specific Field: WS Police Department				☐	☐	$
				☐	☐	$
j. If Amendment, choose change type: ☐ Add ☐ Delete				k. Election Cycle Sum to Date: $ 50.00		

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: ☐ 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	$ 450.00
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)*	$ 450.00

Refunds FROM Committee

1. Name of Committee or Fund: Campaign to Elect CC McGee for Sheriff

2. ID Number:

3. Payee

a. Full Name, Mailing Address & Phone (include city, state, and zip)
Tom Joseph
801 Horncastle Rd
Winston-Salem, NC 27104
766-5969

b. If refund from County Committee, specify:

c. Original Disbursement Date (mm/dd/yyyy) 2-18-02 ~~6-7-02~~

d. Date (mm/dd/yyyy) 6/7/02

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

f. Purpose: Refund of Cash Contribution

g. Account Number/Code: [redacted]

h. Form of Payment: Check

i. Amount: $ 500.00

3. Payee

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

b. If refund from County Committee, specify:

c. Original Disbursement Date (mm/dd/yyyy)

d. Date (mm/dd/yyyy)

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

f. Purpose

g. Account Number/Code

h. Form of Payment

i. Amount $

3. Payee

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

b. If refund from County Committee, specify:

c. Original Disbursement Date (mm/dd/yyyy)

d. Date (mm/dd/yyyy)

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

f. Purpose

g. Account Number/Code

h. Form of Payment

i. Amount $

3. Payee

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

b. If refund from County Committee, specify:

c. Original Disbursement Date (mm/dd/yyyy)

d. Date (mm/dd/yyyy)

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

f. Purpose

g. Account Number/Code

h. Form of Payment

i. Amount $

3. Payee

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

b. If refund from County Committee, specify:

c. Original Disbursement Date (mm/dd/yyyy)

d. Date (mm/dd/yyyy)

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

f. Purpose

g. Account Number/Code

h. Form of Payment

i. Amount $

3. Payee

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

b. If refund from County Committee, specify:

c. Original Disbursement Date (mm/dd/yyyy)

d. Date (mm/dd/yyyy)

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

f. Purpose

g. Account Number/Code

h. Form of Payment

i. Amount $

4. Total only this Page $ 500.00

5. Total of ALL CRO-1320 Pages *(only show on last page)* $ 500.00

(This line must be on line 15 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

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
Time Warner W/S PO Box 580121 Charlotte NC 28258 785-3290			WEB SITE [redacted]	[redacted]	check	5/2/02	$ 50.00		$ 100.00
			11	11	11	6/7/02	$ 50.00		
							$		
Tom Joseph 801 Horse Pasture Rd Winston-Salem, NC 27104 744-8269			Refund of [redacted] CASH Contribution		Check	6/19/02	$ ~~500.00~~		$ ~~500.00~~
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		

5. Total only this Page	$ 100.00
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)*	$ 100.00