

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			6. Date 8/27/02	
2. Address 330 Conrad Rd (PO Box 244)			7. ID Number	
3. City LEWISVILLE	4. State NC	5. Zip 27023	8. Phone 945-5538	
9. Type of Report 2002 Interim Report			10. Period Covered Start 7/1/02 End 8/24/02	
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		\$ 2641.95	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

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.



Signature of Appointed Treasurer or Candidate

8/27/02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Cannon to Elect CC McGee Sheriff		2002 Interim			
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			\$ 5205.00		
5) Cash on Hand at Start of Present Reporting Period		\$ 2641.95			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 4000.00	\$		
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)	\$ 4000.00	\$ 9205.00		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 4855.46	\$ 6918.51		
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		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 4855.46	\$ 7418.51		
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)	\$ 1786.49	\$ 1786.49		
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 McGee 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		
	Stephen G. Hampton 177 Dogwood Forest LP HARMONY, NC 28634 704-878-3412	[REDACTED]	CHECK	6/25/02	☐	☐	\$ 200.00		
	b. Job Title/Profession							\$	
	CHIEF of POLICE							\$	
c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
STATEWIDE POLICE DEPT	☐ Add ☐ Delete				\$ 200.00				
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		
	GAIL M. HIATT 800 MEADOWS DR WINSTON-SALEM NC 27104 659-4885	[REDACTED]	CHECK	6/29/02	☐	☐	\$ 200.00		
	b. Job Title/Profession							\$	
	PARADE							\$	
c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
SAPA LEE	☐ Add ☐ Delete				\$ 200.00				
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		
	PLATTEN Vienne VFW 8593 PO Box 401 PLATTEN, NC 27040 945-3900	[REDACTED]	CHECK	7/2/02	☐	☐	\$ 100.00		
	b. Job Title/Profession							\$	
	CIVIC							\$	
c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
	☐ Add ☐ Delete				\$ 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		
	WALTER L. HOBBS JR. 1101 HUNTINGDON RD WINSTON-SALEM NC 27104 765-5148	[REDACTED]	CHECK	7/2/02	☐	☐	\$ 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		
	LULA P. HOBBS 1101 HUNTINGDON RD WINSTON-SALEM, NC 2704 765-5148	[REDACTED]	CHECK	7/2/02	☐	☐	\$ 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				
4. Total only this Page							\$ 1500.00		
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)									

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	
	Howard O. Chise 4980 SKYLARK RD PFAFFTOWN, NC 27040 924-8328	[REDACTED]	CHECK	7/3/02	☐	☐	\$ 100.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 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	
	NICK GORDON, JR 8125 RED BANK RD BERMANTON, NC 27019 760414	[REDACTED]	CHECK	7/3/02	☐	☐	\$ 250.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 250.00			
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	
	JAMES W. ZYGLAR JR DDS PO Box 926 Rural Hill NC 27045 377-2794	[REDACTED]	CHECK	7/10/02	☐	☐	\$ 100.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 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	
	TOM JOSEPH 801 HORNWATTLE RD WINSTON-SALEM NC 27104 766-5429	[REDACTED]	CHECK	7/17/02	☐	☐	\$ 500.00	
	b. Job Title/Profession				☐	☐	\$	
	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	
	C.T. CHADWICKS JR 733 POLO OAKS DR WINSTON-SALEM, NC 27106 765-8139	[REDACTED]	CHECK	7/25/02	☐	☐	\$ 250.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 250.00			
4. Total only this Page							\$ 1200.00	
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)								

1. Name of Committee or Fund							2. ID Number		
<i>Campaign to Elect CC Meber Shuff</i>									
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		
	Melvin D. Eudy 650 AKLON DR WINSTON-SALEM NC 2705 767-1880	[REDACTED]	Check	7/22/02	☐	☐	\$ 200.00		
	b. Job Title/Profession				☐	☐	\$		
	c. Employer's Name/Specific Field				☐	☐	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
☐ Add ☐ Delete							\$ 200.00		
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		
	Michael T. Clay 6241 UNIVERSITY PKWY WINSTON-SALEM NC 27105 377-2086	[REDACTED]	Check	8/7/02	☐	☐	\$ 200.00		
	b. Job Title/Profession				☐	☐	\$		
	c. Employer's Name/Specific Field				☐	☐	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
☐ Add ☐ Delete							\$ 200.00		
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		
	Virginia Owen 7185 STYERS FERRY RD CLEMMONS, NC 27012 969-6341	[REDACTED]	Check	8/7/02	☐	☐	\$ 500.00		
	b. Job Title/Profession				☐	☐	\$		
	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		
	Margaret Lancaster 840 BETHANIA-LURAL HALL RD RURAL HALL, NC 27045 969-6341	[REDACTED]	Check	8/7/02	☐	☐	\$ 300.00		
	b. Job Title/Profession				☐	☐	\$		
	c. Employer's Name/Specific Field				☐	☐	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
☐ Add ☐ Delete							\$ 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		
	Marie P. Marshall 3003 AVALISE ST WAKEFORD, NC 27051	[REDACTED]	Check	8/1/02	☐	☐	\$ 100.00		
	b. Job Title/Profession				☐	☐	\$		
	c. Employer's Name/Specific Field				☐	☐	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
☐ Add ☐ Delete							\$ 100.00		
4. Total only this Page							\$ 1300.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 4000.00		
(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 C. Mcbee 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	
	Broderick Morrison Productions 650 Greenville Dr 2014 Winston-Salem, NC 27101 727-9684		Purchase of youth trophies		check	7/9/02	\$ 200.00	
	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 \$ 200.00	
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	
	KIC 275 S. Main St Kings, NC 27021 983-5171		Political signs		check	7/10/02	\$ 686.93	
	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 \$ 2197.10	
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	
	Sunrise Lakisen 601 Brightfield Ct Rural Hall, NC 27045 969-0133		Business cards		check	7/13/02	\$ 14.21	
	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 \$ 328.28	
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	
	JERRY Hobbs 601 Brightfield Ct Rural Hall, NC 27045 969-2414		Stakes + Printing		check	7/13/02	\$ 267.54	
	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 \$ 1797.48	
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	
	Right Turn for Youth 214 W. Spring St Winston-Salem, NC 27101 724-9923		Youth Benefit		check	7/26/02	\$ 165.00	
	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 \$ 165.00	
5. Total only this Page							\$ 3556.92	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$ 165.00	
(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	
<i>Campaign to Elect CC McGee Hunt</i>								
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	
	TIME WARNER CABLE PO Box 580121 Charlotte NC 28258 705-3390		WEB SITE		Check	7/17/02	\$ 50.00	
	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		\$ 251.67	
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	
	Winston-Salem Journal PO Box 3159 Winston-Salem, NC 27102 727-7211		Ad		Check	8/14/02	\$ 401.92	
	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		\$ 401.92	
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	
	Digiblock, Inc PO Box 11211 Winston-Salem, NC 27116 661-0778		Mailings		Check	8/14/02	\$ 796.62	
	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		\$ 796.62	
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:		j. Election Cycle Sum To Date	
					☐ Add ☐ Delete		\$	
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:		j. Election Cycle Sum To Date	
					☐ Add ☐ Delete		\$	
5. Total only this Page							\$ 1248.54	
6. Total of ALL CRO-1310 Related Pages							\$ 4855.40	
(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)								