Page 1 of 2 Statement of Organization 7. Date 1. Name of Committee 03/06/02 John Polite FOR SheriFF 2. Address of Committee 8. ID Number P.O. Box 16166 4. State 5. Zip 6. Phone 9. Amendment (334)Yes N.C. 27115-6166 969.9438 WINSTON-Salem X No (Check one and complete the respective information required below.) Type of Committee Primary Candidate Committee 10. Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.) b. Candidate ID Number c. Office d. Party Affiliation e. Dist/Cty/Mun SheriFF John Polite Forsyth Democrat Primary Candidate Committee 11. Joint Candidate Committee or Fundraiser b. If Fundraiser, Event Location a. If Fundraiser, Name of Event f. Party Affiliation g. Share of Profits e: Office d. Candidate ID Number c. Candidate Names % % % 12. Party Committee b. Party (Check one) a. Type Subordinate State National 13. General Political Committee (Check one) a. Category Conservative/Liberal Health Manufacturing Trade Banking/Finance **Utilities** Insurance Minority Building/Real Estate Environment Information Tech/Telecommunications Get Out the Vote Legal Religious Political Party not part of the Party Plan of Organization c. Definition of Type (Check one) b. Type Political Purpose Parent Entity Economic Interest d. Member Definition Connected Organization or Affiliated Committee g. Relationship f. Mailing Address (include city, state, & zip) e. Name 14. Referendum Committee (Check one) c. Declaration b. Referendum Date a. Name of Referendum Support

Oppose

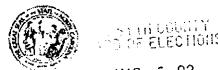
Page 2 of 2 Statement of Organization 15. Treasurer Information f. Phone c. City d. State e. Zip b. Address a. Name 336 Nadine Clements 3819 Pembrook Rd Winston- Salen 27106 992-6451 . Email Address 16. Assistant Treasurer Information c. City d. State e. Zip f. Phone b. Address a. Name g. Email Address 17. Custodian of Books Information c. City d. State e. Zip f. Phone a. Name 331 Rural Hall 1983 Emorywood Rd. N.C. JOHN 27043 969-9438 g. Email Address 18. Bank/Depository/Credit Account Information d. State f. Acct Type & c. City b. Address a. Name Number . Winston-Sulem Checking HANES Mill Rd. RBYT ADEL TERRITORION CAMPRIAN CONTRIBUTIONS AND EXPONSES h. Code g. Purpose h. Code Purpose (for Candidate and Party Committees Only) 19. Certification of Threshold I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report. I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required. 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

03/06/02

15 T	AND OF ELECTION				
15. Treasurer Information  a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
NAdine Clements		Winston-Salem	N.C	27106	922-6451
g. Email Address	NEUEIVED		<u> </u>	!	
			<del>-</del>	<del> </del>	
16. Assistant Treasurer Informatio			1. 6		C Dhara
a. Name	b. Address	c. City	d. State	е. Дір	f. Phone
g. Email Address	1	1			
17. Custodian of Books Informatio	n				
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
John Blite	1983 Emorywood Ad	Rural Hall	NC	27045	331 919-9438
g. Email Address			· ·		
18. Bank/Depository/Credit Accou	nt Information				
a. Name Tohn Pulitatorsheriff	b. Address	c. City		e. Zip	f. Acct Type & Number
BB+T	Hanesmill Rd	WINSTON-Sales	N-(-	27105	checking
g. Purpose Camparsa) Co	1x3 and snorthdistur	<del></del>	<u>.                                    </u>	h. Code	
E-Turpor   CHIM DUTSO CE	TOWN TOWN TARD CAT	San		<del> </del>	
		:			
g. Purpose				h. Code	
19. Certification of Threshold	(for Candidate and Party Comm	0.1.			
I certify that this committee interprocedures set forth in G.S. 163-committee. I further understand necessary for the person respons Campaign Reporting Office and all funds received and spent since required to file an organizationa.  I am amending this Statement of the required to file a report of all	nds to neither receive nor expend -278.10A. This certification will a that should the above circumstancible for filing financial reports to to commence filing campaign report the beginning of the committee a report.	more than \$3,000 du remain until the end of ces change at any time immediately notify to corts with the next so is current election cycles rtification to remain om the beginning of	of the eldine during the appropriate the duled cle. By consider the electrons of the electr	ection cycle the election priate Board report; such checking this e \$3000 thre tion cycle the	for this a cycle, it will be a of Elections report to include box, I am not shold. I will now at have not been
CERTIFICATION  I certify that the Committee is in confunds for a federal or out-of-state PA	npliance with all provisions of Ar AC. I further say that this report i	ticle 22A, including s complete, true and	that no fi	unds are con	nmingled with
Signature of Appoin	nted Treasurer or Candidate			4/29 Date	102



## North Carolina -5 0

## State Board of Elections at VED

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Certification of Treasurer**

FILED BY: Candidate Name:	John Polite	
Treasurer Name:	Nadine Clements  3819 Pembrook Road  Winston-Salem, N.C. 27106	
Treasurer Address:	3819 Pembrook Road	
(include city, state, & zip)	Winston-Salom, N.C. 27106	
Treasurer Phone:	(336) 922 - 6451	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

March Leth 2002

Date Signed

Signature of Candidate