

Statement of Organization

1. Name of Committee John Polite For Sheriff						7. Date 03/06/02																																																																																					
2. Address of Committee P.O. Box 16166						8. ID Number																																																																																					
3. City Winston-Salem		4. State N.C.		5. Zip 27115-6166		6. Phone (336) 969-9438																																																																																					
						9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																					
Type of Committee (Check one and complete the respective information required below.)																																																																																											
<input checked="" type="checkbox"/> 10. Candidate Committee <input type="checkbox"/> Primary Candidate Committee																																																																																											
(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)																																																																																											
a. Name of Candidate John Polite		b. Candidate ID Number		c. Office Sheriff		d. Party Affiliation Democrat																																																																																					
						e. Dist/Cty/Mun Forsyth																																																																																					
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input checked="" type="checkbox"/> Primary Candidate Committee																																																																																											
a. If Fundraiser, Name of Event				b. If Fundraiser, Event Location																																																																																							
c. Candidate Names		d. Candidate ID Number		e. Office		f. Party Affiliation																																																																																					
						g. Share of Profits																																																																																					
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<input type="checkbox"/> 12. Party Committee <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">a. Type (Check one)</td> <td colspan="2">b. Party</td> </tr> <tr> <td><input type="checkbox"/> National</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Subordinate</td> <td colspan="2"></td> </tr> </table>								a. Type (Check one)			b. Party		<input type="checkbox"/> National	<input type="checkbox"/> State	<input type="checkbox"/> Subordinate																																																																												
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<input type="checkbox"/> 13. General Political Committee <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6">a. Category (Check one)</td> </tr> <tr> <td><input type="checkbox"/> Banking/Finance</td> <td><input type="checkbox"/> Conservative/Liberal</td> <td><input type="checkbox"/> Health</td> <td><input type="checkbox"/> Manufacturing</td> <td colspan="2"><input type="checkbox"/> Trade</td> </tr> <tr> <td><input type="checkbox"/> Building/Real Estate</td> <td><input type="checkbox"/> Environment</td> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Minority</td> <td colspan="2"><input type="checkbox"/> Utilities</td> </tr> <tr> <td><input type="checkbox"/> Religious</td> <td><input type="checkbox"/> Get Out the Vote</td> <td><input type="checkbox"/> Legal</td> <td colspan="3"><input type="checkbox"/> Information Tech/Telecommunications</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Political Party not part of the Party Plan of Organization</td> <td colspan="3"><input type="checkbox"/> Other:</td> </tr> <tr> <td colspan="3">b. Type (Check one)</td> <td colspan="3">c. Definition of Type</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Parent Entity</td> <td colspan="3"><input type="checkbox"/> Political Purpose</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Economic Interest</td> <td colspan="3"></td> </tr> <tr> <td colspan="6">d. Member Definition</td> </tr> <tr> <td colspan="6"></td> </tr> <tr> <td colspan="6" style="text-align: center;">Connected Organization or Affiliated Committee</td> </tr> <tr> <td colspan="2">e. Name</td> <td colspan="3">f. Mailing Address (include city, state, & zip)</td> <td colspan="1">g. Relationship</td> </tr> <tr> <td colspan="2"></td> <td colspan="3"></td> <td colspan="1"></td> </tr> <tr> <td colspan="2"></td> <td colspan="3"></td> <td colspan="1"></td> </tr> </table>								a. Category (Check one)						<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Health	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trade		<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Environment	<input type="checkbox"/> Insurance	<input type="checkbox"/> Minority	<input type="checkbox"/> Utilities		<input type="checkbox"/> Religious	<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Legal	<input type="checkbox"/> Information Tech/Telecommunications			<input type="checkbox"/> Political Party not part of the Party Plan of Organization			<input type="checkbox"/> Other:			b. Type (Check one)			c. Definition of Type			<input type="checkbox"/> Parent Entity			<input type="checkbox"/> Political Purpose			<input type="checkbox"/> Economic Interest						d. Member Definition												Connected Organization or Affiliated Committee						e. Name		f. Mailing Address (include city, state, & zip)			g. Relationship												
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<input type="checkbox"/> 14. Referendum Committee <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Name of Referendum</td> <td colspan="2">b. Referendum Date</td> <td colspan="2">c. Declaration (Check one)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Support</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Oppose</td> </tr> </table>								a. Name of Referendum		b. Referendum Date		c. Declaration (Check one)						<input type="checkbox"/> Support						<input type="checkbox"/> Oppose																																																																			
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Statement of Organization

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Nadine Clements	3819 Pembroke Rd	Winston-Salem	N.C.	27106	336 992-6451
g. Email Address					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
John Polite	1983 Emorywood Rd.	Rural Hall	N.C.	27045	336 969-9438
g. Email Address					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
B1					
BBVT	Hanes Mill Rd.	Winston-Salem	N.C.		Checking Checking
g. Purpose					h. Code
Campaign Contributions and Expenses					
g. Purpose					h. Code

19. Certification of Threshold (for Candidate and Party Committees Only)

☒ 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.


John Polite

Signature of Appointed Treasurer or Candidate

03/06/02

Date

Statement of Organization

15. Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Nadine Clements	3819 Pembroke Rd	Winston-Salem	N.C.	27106	336 922-6451
g. Email Address					
16. Assistant Treasurer Information					
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a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
John Polite	1983 Emorywood Rd	Rural Hall	NC	27045	336 969-9438
g. Email Address					
18. Bank/Depository/Credit Account Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
John Polite FOR SHERIFF	Hanes Mill Rd	Winston-Salem	N.C.	27105	Checking
BBAT					
g. Purpose					h. Code
Campaign Contributions AND Expenses					
g. Purpose					h. Code
19. Certification of Threshold (for Candidate and Party Committees Only)					
<input type="checkbox"/> 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.					
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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.					
					04/29/02 Date
Signature of Appointed Treasurer or Candidate					



STATE BOARD OF ELECTIONS

North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

MAR-6 02

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

Treasurer Address:

3819 Pembroke Road

(include city, state, & zip)

Winston-Salem, 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 6th, 2002
Date Signed

John Polite
Signature of Candidate