

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 John Polite for Sheriff | | | 6. Date 5-6-02 | |
| 2. Address 1983 Emorywood Road | | | 7. ID Number | |
| 3. City Rural Hill | 4. State NC | 5. Zip 27045 | 8. Phone 969-9438 | |
| 9. Type of Report 2002 First Quarter Plus Report GS163-278 | | | 10. Period Covered Start 2-25-02 End 4-20-02 | 11. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Type of Committee or Fund (Check one) | | | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Soft Money Account <input type="checkbox"/> Building Fund <input type="checkbox"/> Other Fund: _____ | | | | |
| 13. Treasurer Name Nadine Clements | | | | |
| 14. Assistant Treasurer Name(s) | | | | |
| 15. Custodian of Books Name John Polite | | | | |
| 16. Bank/Depository/Credit Account Information | | | | |
| a. Name | b. Purpose | c. Code | d. Period Begin Balance | |
| BB&T Bank | For all Campaign expenses | | \$.00 | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

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.

Nadine Clements
Signature of Appointed Treasurer or Candidate

5-20-02
Date

Detailed Summary

| 1. Name of Committee or Fund | | 2. Type of Report | | 3. ID Number | |
|---|--|----------------------------|---------------------------|---------------------|--|
| John Polite for Sheriff | | 1 st Qtr Report | | | |
| 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 | | | \$ 0.00 | | |
| 5) Cash on Hand at Start of Present Reporting Period | | \$ 0.00 | | | |
| RECEIPTS | | | | | |
| 6) Contributions from Individuals | (CRO-1210) | \$ 3450.00 | \$ 3450.00 | | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ | | |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ | | |
| 9) Loan Proceeds | (CRO-1410) | \$ 751.00 | \$ 751.00 | | |
| 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) | \$ 4201.00 | \$ 4201.00 | | |
| EXPENDITURES | | | | | |
| 13) Disbursements | (CRO-1310) | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 2046.92 | \$ 2046.92 | | |
| 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) | \$ 600.00 | \$ 600.00 | | |
| 17) TOTAL EXPENDITURES | (Add lines 13a, 13b, 13c, 14, 15, and 16) | \$ 2646.92 | \$ 2646.92 | | |
| 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) | \$ 1554.08 | \$ 1554.08 | | |
| 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) | \$ | | | |

In-Kind Contributions

Page ____ of ____

| 1. Name of Committee or Fund | | 2. ID Number | | |
|--|---|--|-------------------------|-------------------------------|
| JOHN POLITE FOR SHERIFF | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | c. Description | d. Date (mm/dd/yyyy) | e. Fair Market Amount |
| | MILES Harry E. (MILES HARRY) 515 W. 14th W-S, NC 27105 | COMPUTER SERVICES | 03/16/02 | \$600.00 |
| | | | | \$ |
| | | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | | g. Election Cycle Sum to Date |
| <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | c. Description | d. Date (mm/dd/yyyy) | e. Fair Market Amount |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | | g. Election Cycle Sum to Date |
| <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | c. Description | d. Date (mm/dd/yyyy) | e. Fair Market Amount |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | | g. Election Cycle Sum to Date |
| <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | c. Description | d. Date (mm/dd/yyyy) | e. Fair Market Amount |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | | g. Election Cycle Sum to Date |
| <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, and zip) | c. Description | d. Date (mm/dd/yyyy) | e. Fair Market Amount |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | | g. Election Cycle Sum to Date |
| <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ |
| 4. Total only this Page | | \$ | | |
| 5. Total of ALL CRO-1510 Pages (only show on last page) | | \$ | | |
| (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | |

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 | |
| | Rev. William Fairb 306 Hampton Drive High Point NC 27265 | | Money Order | 3/26/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 25.00 | |
| | b. Job Title/Profession | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | James Clyburn 2111 Nettlebrook Dr. Winston-Salem, NC 27106 | 0000000000 | check | 4-14-02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | |
| | b. Job Title/Profession | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | Adrienne Campbell 209 Brambleton Court Winston-Salem, NC 27106 | 0000000000 | check | 4-23-02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50.00 | |
| | b. Job Title/Profession | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | Miles Harrys 515 W 14th Street W-S. NC 27105 | | | 3-16-02 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$ 600.00 | |
| | b. Job Title/Profession | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | | | \$ | | |

4. Total only this Page

\$

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)

Contributions from INDIVIDUALS

Page ____ of ____

| 1. Name of Committee or Fund | | | | 2. ID Number | | | |
|---|--|------------------------|--------------------|-------------------------------|--------------------------|--------------------------|-----------|
| John Pol, k for Sher, ff | | | | | | | |
| 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 |
| | Kenneth F. Pettigrew 4990 Carver Glen LN Winston-Salem, NC 27105 | 0000000000 | CK | 03/15/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Brenda Adams 4037 Sylvia St. Winston-Salem, NC 27104 | 0000000000 | Check | 03/16/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Argress Pol, k 1983 Emorywood Rd Rural Hall, NC 27045 | 0000000000 | Check | 04/02/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 400.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | ROGER HUGHES 4689 TOBACCO RD WINSTON-SALEM, NC 27106 | 0000000000 | CK | 4/4/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | GARLAND WALLACE 3719 DANUBE DR WINSTON-SALEM, NC 27105 | | MONEY ORDER | 4/6/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | \$ | | | |
| 4. Total only this Page | | | | | | | \$ |
| 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) | | | | | | | |

Contributions from INDIVIDUALS

Page ____ of ____

| 1. Name of Committee or Fund | | | | 2. ID Number | | | |
|---|---|--|--------------------|----------------------|-------------------------------|--------------------------|-----------|
| John Polite for 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 |
| | Grantham Johnson 1417 E. 14th Street Winston-Salem, NC 27105 | XXXXXXXXXX | CK | 4/3/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50.00 |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 3. Contributor | b. Job Title/Profession | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| | Funeral Director | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ | | |
| | c. Employer's Name/Specific Field | | | | | | |
| | Hoper Turner Home | | | | | | |
| 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 |
| | J. W. Ervin 111 West 28th St. Winston-Salem, NC 27105 | XXXXXXXXXX | CK | 4/3/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50.00 |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 3. Contributor | b. Job Title/Profession | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| | Retired | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ | | |
| | c. Employer's Name/Specific Field | | | | | | |
| | US Post Office | | | | | | |
| 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 Boyd 5084 Hutchins St. Winston-Salem, NC 27106 | XXXXXXXXXX | CK | 3/26/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50.00 |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 3. Contributor | b. Job Title/Profession | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ | | |
| | c. Employer's Name/Specific Field | | | | | | |
| | | | | | | | |
| 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 |
| | Cornelius Battle 5202 Langford Terrace Durham, NC 27713 | XXXXXXXXXX | CK | 3/26/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50.00 |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 3. Contributor | b. Job Title/Profession | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| | Ebenezer Baptist Church | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ | | |
| | c. Employer's Name/Specific Field | | | | | | |
| | Pastor | | | | | | |
| 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 |
| | Paul Gray Hawkins 2151 Gerald Street Winston-Salem, NC 27105 | | Money Order | 3/26/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 25.00 |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 3. Contributor | b. Job Title/Profession | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| | Factor Worker Retired | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ | | |
| | c. Employer's Name/Specific Field | | | | | | |
| | R J Reynolds | | | | | | |
| 4. Total only this Page | | | | | | | \$ |
| 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) | | | | | | | |

Contributions from INDIVIDUALS

Page ____ of ____

| 1. Name of Committee or Fund | | | | 2. ID Number | | | |
|---|---|------------------------|--------------------|-------------------------------|--------------------------|--------------------------|-----------|
| John Polite for 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 |
| | JAMES SIMS 1130 CYPRESS CIR. NW W-S, NC 27106 | | MONEY ORDER | 3/16/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | ELDRIDGE D. ALSTON 536 BUCK RUN DR KERNERSVILLE, NC 27284 | XXXXXXXXXX | CHECK | 2/27/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | SHERMAN LEON PERTY 6824 RED BANK RD GERMANTON, NC 27109 | XXXXXXXXXX | CHECK | 3/13/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | DOROTHY MAE POLITE 140 N DUNLEITH AVE W-S, NC 27101 | XXXXXXXXXX | CHECK | 3/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | PHYLLIS WALKER 326 RETNAH DR W-S, NC 27105 | XXXXXXXXXX | CK | 3/9/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | c. Employer's Name/Specific Field | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | \$ | | | |
| 4. Total only this Page | | | | | | | \$ |
| 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) | | | | | | | |

Contributions from INDIVIDUALS

Page ____ of ____

| 1. Name of Committee or Fund | | | | | | 2. ID Number | | |
|---|---|------------------------|--------------------|----------------------|--------------------------|-------------------------------|-----------|--|
| John Polk for 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 | |
| | KENNETH WOODRUFF 3065 DLAVER CT W-S, NC 27127 | 0000000000 | CK | 3/9/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$300.00 | |
| | b. Job Title/Profession | | | | | <input type="checkbox"/> | \$ | |
| | c. Employer's Name/Specific Field | | | | | <input type="checkbox"/> | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | FRANKLIN CUTLER 3109 HICKORY RIDGE DR W-S NC 27127 | 0000000000 | CK | 3/9/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$100.00 | |
| | b. Job Title/Profession | | | | | <input type="checkbox"/> | \$ | |
| | c. Employer's Name/Specific Field | | | | | <input type="checkbox"/> | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | EVELYN A. TERRY 1224 REYNOLDS FOREST DR W-S, NC 27107 | 000000 | CK | 3/9/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$50.00 | |
| | b. Job Title/Profession | | | | | <input type="checkbox"/> | \$ | |
| | c. Employer's Name/Specific Field | | | | | <input type="checkbox"/> | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | WILLIAM SHOTRUK ADAMS 191-D GREYHOUND CT W-S, NC 27101 | 00000000 | CK | 3/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$100.00 | |
| | b. Job Title/Profession | | | | | <input type="checkbox"/> | \$ | |
| | c. Employer's Name/Specific Field | | | | | <input type="checkbox"/> | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | ANGLISH CAROLYN HAMPTON 151 WAINWRIGHT ST W-S, NC 27107 | 000000 | CK | 3/16/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$50.00 | |
| | b. Job Title/Profession | | | | | <input type="checkbox"/> | \$ | |
| | c. Employer's Name/Specific Field | | | | | <input type="checkbox"/> | \$ | |
| j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ | | |
| 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) | | | | | | | | |

Disbursements

| 1. Name of Committee or Fund | | | | | | 2. ID Number | |
|--|--|--|--|---|--|-------------------------|-------------------------------|
| John Polite for Sher. FF | | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursement.) | | | | | | | |
| <input type="checkbox"/> Operating Expenses | | | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | | |
| <input type="checkbox"/> 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 |
| | BB&T Bank 5610 University Parkway Winston-Salem, NC 27105 | | Check Order | 6099000000 | Check | 3/15/02 | \$ 13.00 |
| 4. Payee | 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 |
| | | | | | <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Kinko 232 S. Stratford Rd Winston-Salem, NC 27103 | | Printing | | | 4/4/02 | \$ 410.29 |
| 4. Payee | 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 |
| | | | | | <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Poster | | Poster | | Check | 5-22-02 | \$ 618.11 |
| 4. Payee | 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 |
| | | | | | <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Staples 430 Kenner Mill Road Winston-Salem, NC 27105 | | Office Supplies | | Check (303) | 4-9-02 | \$ 29.32 |
| 4. Payee | 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 |
| | | | | | <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Portraiture & Boston 1001 S. Marshall Suite 123 Winston-Salem, NC 27101 | | Buttons | | Check (303) | 4-27-02 | \$ 262.50 |
| 4. Payee | 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 |
| | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ |
| 5. Total only this Page | | | | | | | \$ |
| 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) | | | | | | | \$ |

Disbursements

Page ____ of ____

| | | | | | | | |
|--|---|--|---|-------------------------------|--|----------------------|-----------|
| 1. Name of Committee or Fund John Polite for Sheriff | | | | | | 2. ID Number | |
| 3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> 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 |
| | Golden State Mutual 1225 E 5th St Winston-Salem, NC 27101 | | Rent | 0000000000 | Check (93) | 3/12/02 | \$ 150.00 |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | James Arvin 1130 Cypress Cir. NW Winston-Salem, NC 27106 | | Repay cash donation | 0000000000 | Check | 3/12/02 | \$ 150.00 |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Walmart - 320 E Hanes Mills Road Winston-Salem, NC 27105 | | Office Supplies | 0000000000 | Check | 3/17/02 | \$ 76.38 |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Bell South - 629 West 5th Street Winston-Salem, NC 27101 | | Deposit for Phone | 0000000000 | Check | 3/17/02 | \$ 185.00 |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| | Staples 430 Hanes Mill Road Winston-Salem, NC 27105 | | Office supplies | 0000000000 | Check | 3/18/02 | \$ 24.48 |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | |
| | | | | j. Election Cycle Sum To Date | | | \$ |
| 5. Total only this Page | | | | | | | \$ |
| 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) | | | | | | | \$ |

Disbursements

| | | | | | | | |
|---|---|--|--|---|---|---|--|
| 1. Name of Committee or Fund <div style="font-size: 1.2em; font-family: cursive;">John Polite for Sheriff</div> | | | | | | 2. ID Number <div style="height: 20px; border: 1px solid black;"></div> | |
| 3. Type of Disbursement <small>(Please use separate CRO-1330 forms for each type of Disbursements.)</small> | | | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee | a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small> | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date <small>(mm/dd/yyyy)</small> | h. Amount |
| | Bell South 629 West 5th Street Winston-Salem, NC 27101 | | telephone Bill | 600000000 | Check | 4-16-02 | \$ 87.01 |
| | | | | | | | \$ \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small> | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date <small>(mm/dd/yyyy)</small> | h. Amount |
| | Board of Election | | Filing Fee | | Check | 2/25/02 | \$ 58.94 |
| | | | | | | | \$ \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small> | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date <small>(mm/dd/yyyy)</small> | h. Amount |
| | | | | | | | \$ \$ \$ |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ |
| 4. Payee | a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small> | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date <small>(mm/dd/yyyy)</small> | h. Amount |
| | | | | | | | \$ \$ \$ |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ |
| 4. Payee | a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small> | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date <small>(mm/dd/yyyy)</small> | h. Amount |
| | | | | | | | \$ \$ \$ |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ |
| 5. Total only this Page | | | | | | \$ | |
| 6. Total of ALL CRO-1310 Related Pages <small>(only show on last page)</small> | | | | | | \$ | |
| <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> | | | | | | | |
| <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> | | | | | | | |
| <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> | | | | | | | |

Loan Proceeds

Page ____ of ____

| 1. Name of Committee or Fund | | | | 2. ID Number | |
|---|--|--|-----------------------------------|-----------------------|------------------------|
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) 03/17/2002 | c. End Date (mm/dd/yyyy) | d. Interest Rate % | i. Account Number/Code |
| | John Polite | e. Job Title/Profession Lt. Sheriff | f. Employer's Name/Specific Field | | j. Form of Payment |
| | g. Security Pledged Cash | | | | k. Amount |
| | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | \$ 750.00 |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | i. Account Number/Code |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | j. Form of Payment |
| | g. Security Pledged | | | | k. Amount |
| | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | \$ |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | i. Account Number/Code |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | j. Form of Payment |
| | g. Security Pledged | | | | k. Amount |
| | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | \$ |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | i. Account Number/Code |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | j. Form of Payment |
| | g. Security Pledged | | | | k. Amount |
| | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | \$ |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | i. Account Number/Code |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | j. Form of Payment |
| | g. Security Pledged | | | | k. Amount |
| | h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | \$ |
| | | | | | |
| 4. Total only this Page | | | | | \$ |
| 5. Total of ALL CRO-1410 Pages (only show on last page) | | | | | \$ |
| (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | | | |