

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 8-30-02	
2. Address 1983 Emorywood Road				7. ID Number	
3. City Rural Hall		4. State NC	5. Zip 27045	8. Phone 969-9431	
9. Type of Report 2002 Interim Report				10. Period Covered Start 06-30-02 End 09-03-02	
11. Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Type of Committee or Fund (Check one)					
<input type="checkbox"/> Candidate Campaign		<input type="checkbox"/> Party		<input type="checkbox"/> Joint Fundraiser	
<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Soft Money Account	
<input type="checkbox"/> Other Fund:				<input type="checkbox"/> "Booster Fund"	
				<input type="checkbox"/> Building Fund	
13. Treasurer Name Nadine Clements					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name John Polite for Sheriff					
16. Bank/Depository/Credit Account Information					
a. Name		b. Purpose		c. Code	d. Period Begin Balance
BB+T Bank		For all Campaign expenses			\$ 1401.53
					\$
					\$
					\$
					\$
					\$

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 M Clements
Signature of Appointed Treasurer or Candidate

8/30/02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
John Polite for Sheriff					
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			\$ 00		
5) Cash on Hand at Start of Present Reporting Period		\$ 1401.53			
RECEIPTS					
6) Contributions from Individuals (CRO-1210)	\$ 9450.00	\$ 14,500.00			
7) Contributions from Political Party Committees (CRO-1220)	\$	\$			
8) Contributions from Other Political Committees (CRO-1230)	\$	\$			
9) Loan Proceeds (CRO-1410)	\$ 1000.00	\$ 1,151.00			
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)	\$ 3658.00	\$ 6279.00			
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 14,108.00	\$ 22,530.00			
EXPENDITURES					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)	\$ 7210.30	\$ 13,630.77			
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)	\$ 7000.00	\$ 7600.00			
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 14,210.30	\$ 21,230.77			
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)	\$ 1299.23	\$ 1299.23			
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)	\$				

Contributions from INDIVIDUALS

Page 2 of 2

1. Name of Committee or Fund				2. ID Number			
<div style="font-size: 1.2em; font-family: cursive;">John Polite for Sheriff</div>							
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	
<div style="font-size: 1.2em; font-family: cursive;">Alma Keen</div>				<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							
Retired Teacher							
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
				k. Election Cycle Sum to Date			
				\$			
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	
<div style="font-size: 1.2em; font-family: cursive;">James Webster 800 Cameron Ave Winston-Salem, NC 27101</div>				<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							
Assistant Coach							
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
UNC - Chapel Hill				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
				k. Election Cycle Sum to Date			
				\$			
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	
<div style="font-size: 1.2em; font-family: cursive;">James Beatty 125 Scallie Oak Way Fairburn, Ga 30213</div>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 7,000.00	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
Self Employed				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
				k. Election Cycle Sum to Date			
				\$			
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	
<div style="font-size: 1.2em; font-family: cursive;">John Shelton 315 Retreat Drive Winston-Salem, NC 27106</div>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 500.00	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
				k. Election Cycle Sum to Date			
				\$			
<div style="font-size: 1.2em; font-family: cursive;">John Shelton 315 Retreat Drive Winston-Salem, NC 27106</div>				<div style="border: 1px solid black; padding: 5px;"> Post-it® Fax Note 7671 Date <u>9-12</u> # of pages <u>4</u> To <u>Arny Strange</u> From <u>Bonnie Myers</u> Co./Dept. _____ Co. _____ Phone # _____ Phone # <u>336-727-2162</u> Fax # _____ Fax # <u>Ext-3008</u> </div>			
b. Job Title/Profession							
c. Employer's Name/Specific Field				j. If Amendment, choose change type:			
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			
				k. Election Cycle Sum to Date			
				\$			
4. Total only this Page						\$ 7700.00	
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)							

Disbursements

Page 3 of 7

1. Name of Committee or Fund <u>John Polite for Sheriff</u>						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
	Time Warner Cable Adcast 7029 Albert Pick Rd Suite 200 Greensboro, NC 27409		TV Ads	00000000	check	08/05/09	\$ 1,080.00
	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
	U.S. Postal Service Winston-Salem, NC		Stamps	00000000	check	08/21/02	\$ 114.68
	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
	Lovell Signs 2401 North Liberty Street Winston-Salem, NC 27105		Campaign Signs	00000000	check	08/21/02	\$ 900.00
	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
	BellSouth			00000000	check	07/18/02	\$ 68.40
	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
	Class that never was		Ad	00000000	check	07/26/02	\$ 50.00
	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 \$	
5. Total only this Page						\$ 2213.08	
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 4 of 4

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
	Genesis Ads			0000000000	Check	03/01/02	\$ 50.00
	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
	Bell South		Telephone Bill	0000000000	Check	03/23/02	\$ 74.53
	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
	Lovell Signs 2401 N. Liberty Street Winston-Salem, NC 27105						\$ 895.00
	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
							\$
	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
							\$
	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
							\$
	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						\$ 1019.53	
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)							

Other Receipt Sources

Page 1 of 1

1. Name of Committee or Fund John Polite for Sheriff		2. ID Number		
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
	Campaign Committee for John Polite		Cash	08/15/02
	Golden Mutual Insurance Building			
	Winston-Salem, NC 27101			
e. Amount				
		\$ 3,658.00		
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
Fundraiser		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
e. Amount				
		\$		
		\$		
		\$		
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
e. Amount				
		\$		
		\$		
		\$		
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
e. Amount				
		\$		
		\$		
		\$		
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
e. Amount				
		\$		
		\$		
		\$		
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
5. Total only this Page				
		\$		
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>				
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>				
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>				
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				
		\$		

In-Kind Contributions

Page 1 of 1

1. Name of Committee or Fund		2. ID Number	
John Polik for Sheriff			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
	Kelsher Communication, Inc 125 Commerce Drive, Suite J Fayetteville, Georgia 30214	Commercials	08/03/02
b. Type of Contributor		e. Fair Market Amount	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
b. Type of Contributor		e. Fair Market Amount	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
b. Type of Contributor		e. Fair Market Amount	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
b. Type of Contributor		e. Fair Market Amount	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
b. Type of Contributor		e. Fair Market Amount	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
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)			

Outstanding Loans

Page 1 of 1

1. Name of Committee or Fund				2. ID Number	
John Polite for Sheriff					
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	e. Original Loan Amount
	John Polite 1983 Emorywood Road Rural Hill, NC 27045	08/12/02			\$ 751.00
		c. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$ 75.00
	j. 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	e. Original Loan Amount
	John Polite 1983 Emorywood Road Rural Hill, NC 27045				\$ 1,000.00
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$ 1,000.00
	j. 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	e. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. 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	e. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. 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	e. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. 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	e. Original Loan Amount
					\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
4. Total only this Page				\$ 1,751.00	
5. Total of ALL CRO-1430 Pages (only show on last page)				\$	
(This line must be on line 20 of Detailed Summary Page CRO-1100)					

- ☐ The ending balance is negative. The Committee cannot operate on a negative balance.
- ☒ Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).
- ☐ A contribution from a business entity/non-registered committee was listed. You must supply more information regarding this contributor to show that it is a non-profit organization, a registered committee with the State Board of Elections or other North Carolina county board of elections, or other allowable contributor.
- ☒ The purpose of expenditure was not listed on the Itemized Disbursements page.
- ☐ We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$_____.
- ☐ No matching "In Kind" entry. "In Kind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.

- ☒ Contributions from the following contributors exceed the \$4,000 per election limit:

James Beatty on need date
_____ on _____

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

- ☒ OTHER Need details for fundraiser.
Need to complete form # CRO-1410 for new loan. The prior loan in
the amount of \$751⁰⁰ is the only loan that should be listed on
the Outstanding loan form.
Out of state contributors require a letter on file.

Please send your reply to : Campaign Reporting Office
Forsyth County Board of Elections
680 W. Fourth Street
Winston-Salem, NC 27101-2730

If you have any questions please refer to the Campaign Reporting section on the SBOE website, www.sboe.state.nc.us, or call (336) 727-2162.

FOR THE CAMPAIGN REPORTING OFFICE:

Bonnie Myers
Campaign Reporting Staff Member

TO: AMY STRANGE

FROM: BONNIE MYERS *Bonnie Myers*

DATE: September 12, 2002

Amy,

The information faxed to you this morning was given to me yesterday by Nadine Clements, treasurer for the John Polite for Sheriff campaign.

Ms. Clements brought the information in on September 11 as a result of a telephone call and follow-up ICR-001 to her dated September 3. A copy of ICR-001 follows.

I informed Ms. Clements that I would refer the matter to the State Board of Elections because I was unclear whether or not it was acceptable to simply reduce the original charges.

Please keep me informed of your findings as Mr. Polite did win in the Democratic primary and I suspect this may become an issue with his opponent.

As always, thanks.

KELSHER COMMUNICATIONS, INC.

125 COMMERCE DRIVE, SUITE J
FAYETTEVILLE, GEORGIA 30214

TEL. 770 716-2218
FAX. 770 716-2478
E-MAIL: KELSHER@AOL.COM


Accounting Manager
John Polite for Sheriff Campaign
1983 Emorywood Road
Rural Hall, North Carolina 27045

Subject: Price revision - John Polite for Sheriff Television Commercials

Date: September 5, 2002

Kelsher Communications has reduced the fee of in-kind services to \$3,985. This reduction is the result of performing the post production in house, in lieu of using an outside facility. This reduced the total cost of the original fee from \$7,500 to \$4,485 of which \$500 has been paid. Our in-kind service fee is now \$3,985. Please reflect this change in your records.

Best regards,


JP Beaty
Producer/Director

Invoice

Invoice Number: 0905-002 - REVISED
Date: September 5, 2002

KELSHER COMMUNICATIONS, INC.
125 COMMERCE DRIVE, SUITE J
FAYETTEVILLE, GEORGIA 30214
Phone: (770) 716-2218
Fax: (770) 716-2478

To:

ACCOUNTING
JOHN POLITE FOR SHERIFF CAMPAIGN
1983 EMORYWOOD ROAD
RURAL HALL, NORTH CAROLINA 27045

Ship to (if different address):

SALESPERSON	ORDER NO.	DATE SHIPPED	SHIPPED VIA	F.O.B.	TERMS
JP BEATY	0803-02				

QTY.	DESCRIPTION	UNIT PRICE	TOTAL
1	VIDEO PRODUCTION FOR JOHN POLITE FOR SHERIFF COMMERCIALS	\$4,485	4,485.00
1	EDITED MASTER PROGRAM ON BETA SP	INCLUDED	0.00
2	2 VHS DUBS OF EDITED MASTER PROGRAM	INCLUDED	0.00
	POST PRODUCTION	INCLUDED	0.00
	SHIPPING	INCLUDED	0.00
	CREW TRAVEL AND LODGING	INCLUDED	0.00
			0.00

SUB TOTAL \$4,485

AMOUNT PAID \$500
IN KIND SERVICES \$3,985

AMOUNT DUE \$00.00

THANK YOU FOR YOUR ORDER!