

Disclosure Report Cover Sheet

LESLIE COUNTY
BOARD OF ELECTIONS
OCT 24 02

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 Palmer for Commissioner			6. Date 10/19/02
2. Address 40 John Anthony Treasurer 3630 Winding Creek Way W-5 27106			7. ID Number
3. City	4. State	5. Zip	8. Phone

9. Type of Report 2002 Third Qtr PLUS	10. Period Covered		11. Amendment
	Start 7/1/02	End 10/19/02	<input type="checkbox"/> Yes <input checked="" 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
John A. Anthony III

14. Assistant Treasurer Name(s)

15. Custodian of Books Name

16. Bank/Depository/Credit Account Information			
a. Name	b. Purpose	c. Code	d. Period Begin Balance
Lexington State Bank	Checking		\$
			\$
			\$
			\$
			\$
			\$

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 A. Anthony III
Signature of Appointed Treasurer or Candidate

10/24/02
Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
JOHN PALMER for Commissioner	2002 3 rd Qtr Plus		
Start of Election Cycle: January 1, 20__	Total this Period	Total this Election Cycle	
4) Cash on Hand at Start of Election Cycle		\$ 0	
5) Cash on Hand at Start of Present Reporting Period	\$ 3,029.01		
RECEIPTS			
6) Contributions from Individuals	(CRO-1210) \$ 1,915.00	\$ 6,409.00	
7) Contributions from Political Party Committees	(CRO-1220) \$	\$	
8) Contributions from Other Political Committees	(CRO-1230) \$	\$	
9) Loan Proceeds	(CRO-1410) \$	\$	
10) Refunds and Reimbursements TO the 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) "Goods and Services" Contributions	(CRO-1260) \$	\$	
13) Contributions based on Forgiven Loans	(CRO-1440) \$	\$	
14) 48-Hour Notice Reports Sum	\$	\$	
15) TOTAL RECEIPTS <i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)</i>	\$ 1,915.00	\$ 6,409.00	
EXPENDITURES			
16) Disbursements	(CRO-1310)		
16a) Operating Expenditures	(CRO-1310) \$ 3,276.17	\$ 4,736.16	
16b) Contributions to Candidates/Political Committees	(CRO-1310) \$ 35.00	\$ 35.00	
16c) Coordinated Party Expenditures	(CRO-1310) \$	\$	
17) Loan Repayments	(CRO-1420) \$	\$	
18) Forgiven Loans	(CRO-1440) \$	\$	
19) Refunds and Reimbursements FROM the Committee	(CRO-1320) \$	\$	
20) In-Kind Contributions	(CRO-1510) \$	\$	
21) TOTAL EXPENDITURES <i>(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)</i>	\$ 3,306.17	\$ 4,771.16	
22) Cash on Hand at End of Reporting Period <i>(For this Period, add lines 5 and 15 together, then subtract line 21)</i> <i>(For this Election Cycle, add lines 4 and 15 together, then subtract line 21)</i>	\$ 1,637.84	\$ 1,637.84	
Additional Information			
23) Non-Monetary Gifts Given to Committees	(CRO-1330) \$		
24) Outstanding Loans (including ones from other campaigns)	(CRO-1430) \$		
25) Debts and Obligations owed BY the Committee	(CRO-1610) \$		
26) Debts and Obligations owed TO the Committee	(CRO-1620) \$		
27) Parent Entity's Administrative Support	(CRO-1710) \$		
28) Account Transfers	(CRO-1720) \$		

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
JOHN PALMER for Commissioner									
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		
	LUIS E. TIMOTHEE 4310 MILL Creek Rd W-5 27106		check dth 8/29		<input type="checkbox"/>	<input type="checkbox"/>	\$ 25		
	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		
	GARY BEAVER 10 SILVER OAK CT. GREENSBORO 27455		check dth 8/27		<input type="checkbox"/>	<input type="checkbox"/>	\$ 25		
	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		
	CHARLENE B. KELLY 900 BRITONIAL way W-5 27104		check dth 9/11		<input type="checkbox"/>	<input type="checkbox"/>	\$ 20		
	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		
	PAMELA KAHLE 544 OAKLAWN AVE W-5 27104		check dth 8/30		<input type="checkbox"/>	<input type="checkbox"/>	\$ 25		
	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		
	PATSY P. PFAFF 126 SIMS DRIVE LEWISVILLE 27023		check dth 8/28		<input type="checkbox"/>	<input type="checkbox"/>	\$ 25		
	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							\$ 120.00		
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)									

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
	3. Contributor	Grover Shugart, Jr. 3015 Maplewood Ave, #201 W-S 27102				check	8/27	<input type="checkbox"/>	<input type="checkbox"/>
b. Job Title/Profession Home builder			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$				
c. Employer's Name/Specific Field SHUGART CONST.									
3. Contributor	Teresa Powell 4019 Kathryn Ct Pleasanton 27040				check	9/2	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25
	b. Job Title/Profession Med Assn			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$			
	c. Employer's Name/Specific Field W-S HEALTH CARE								
3. Contributor	Diana Palmer 315 Gatewood Dr W-S 27104				check	9/4	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
	b. Job Title/Profession School Staff			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$			
	c. Employer's Name/Specific Field W-S/Fc Schools								
3. Contributor	Judi L. Wallace 765 Hertford Rd W-S 27104				check	9/13	<input type="checkbox"/>	<input type="checkbox"/>	\$ 10
	b. Job Title/Profession Self-employed			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$			
	c. Employer's Name/Specific Field Author								
3. Contributor	Albert Oettinger Jr. 844 Buttonwood Dr. W-S 27104				check	10/1/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100
	b. Job Title/Profession Landscaping Business			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$			
	c. Employer's Name/Specific Field								

4. Total only this Page \$ 735

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

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
	MARIE H. WEIDEN 525 NORTH ST CHAPEL HILL, NC 27514				check	9/30/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	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
	ELYSE D. JUNG 521 LYNHAVEN CT. W-S 27104				check	10/1/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
WFU School of Medicine			<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
	PHILIP A. FLINCHUM 1020 REYNOLDS PRICE DR. KERNERSVILLE 27284				check	9/17/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
RTR			<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
	MARSHALL B. BASS 3726 SPAULDING DR W-S 27105				check	10/8/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 50
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Retired			<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
	FRANCES HOFFMAN 2400 HOYT ST W5 27103				check	10/2/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 10
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Housewife			<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
4. Total only this Page									\$ 210
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

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
	Mose BELTON - BROWN 3196 Kittering Ln. W-5 27105		check	10/8/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50
	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
	WILLIAM U. THOMPSON 1050 DALTON RD LEWISVILLE 27023		check	10/8/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 50
	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
	Dr. MURRAY SENKUS 2516 Country Club Rd W-5 27104		check	10/3/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100
	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
	McL WATT for Congress PO Box 36831 Charlotte 28236		check	9/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150
	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
	ELIZABETH B. MOTTINGER 407 OAK GROVE Church Rd W-5 27107		check	9/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
	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							\$ 450
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

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			
	Edgar M. PALMER 304 LEE CIRCLE EAST LANSING, MI 48823		check	10/21/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Retired									
	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			
	Robert A. WELLS 1083 MEADOWLARK DR W-5 27106		check	10/31/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Non-Profit Manager									
	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			
	Robert K. DICKSON 70 BALFOUR DR West Hartford, CT 06117		check	9/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Retired									
	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"/>	\$			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	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"/>	\$			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
					<input type="checkbox"/>	<input type="checkbox"/>	\$			
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	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	\$ 300
5. Total of ALL CRO-1210 Pages (only show on last page)	\$ 1815
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

Disbursements

1. Name of Committee or Fund						2. ID Number	
JOHN PALMER for Commissioner							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<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
	ELAINE MARSHALL (US SENATE)		CAMPAIGN CONTRIBUTION	#1016	check	9/13	\$ 35
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	
		US SENATE		<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
	KATHRYN SHUGART CU DOES 519-C DEACON BLVD WS 2705		create a web site	#1017	check	9/14	\$ 65
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
	Wooten Graphics Inc PO Box 819 Welcome, NC 27374		yard signs	#1018	check	9/12	\$ 1648.62
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	
				<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
	Office Depot 774 N. POINT BLVD W-5 27102		Office equipment	#1019	check	9/13	\$ 34.70
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
	INTERNATIONAL MINUTE PRESS 8 W. 3rd ST, Ste 100A W-5 27101			#1020	check	9/18/02	\$ 390
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						\$ 2173.32	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 2173.32	
(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	
John Palmer for Commissioner							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<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	
	Kathryn Skugart 40 DOES ST C DEACON W-S 27105	Create A web site	#1021	check	9/23/02	\$ 154.85	
	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	
	INTERNAT'L Minute Press 8 W. 3rd ST, Ste 100A W-S 27101	CAMPAIGN #1022 flyers & letterhead stationery	#1022	check	9/24/02	\$ 390	
	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	
	Postmaster Hanes Mall Postal 3220 SILAS Creek Pkwy	MAILING expenses	#1023	check	9/30/02	\$ 210.75	
	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	
	Mose Belton Brown Agency 3911 A University Pkwy W-S 27106	Return of business check contribution	#1024	check	10/7/02	\$ 50	
	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	
	WXII 700 Coliseum Drive W-S 27106	WK #1 TV advertising	#1025	check	10/8/02	\$ 327.25	
	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						\$ 132.85	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 3306.17	
<small>(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)</small>							