

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 10-26-02 | |
| 2. Address 1983 Emorywood Road | | | | | 7. ID Number | |
| 3. City Rural Hall | | 4. State NC | 5. Zip 27045 | 8. Phone 964-9438 | | |
| 9. Type of Report 2002 Third Quarter Plus Report | | | | 10. Period Covered | | 11. Amendment |
| | | | | Start 08-25-02 | <input type="checkbox"/> Yes | |
| | | | | End 10-25-02 | <input checked="" 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"/> "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 | | | | | | |
| 16. Bank/Depository/Credit Account Information | | | | | | |
| a. Name | b. Purpose | c. Code | d. Period Begin Balance | | | |
| B B + T Bank | For All Campaign Expenses | | \$ 359.23 | | | |
| | | | \$ | | | |
| | | | \$ | | | |
| | | | \$ | | | |
| | | | \$ | | | |
| | | | \$ | | | |

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

10-26-02
Date

Detailed Summary

| 1. Name of Committee or Fund | | 2. Type of Report | | 3. ID Number | |
|---|--|-------------------|---------------------------|---------------------|--|
| John Polite for Sheriff | | 3rd Qtr. | | | |
| 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 | | | \$ | | |
| 5) Cash on Hand at Start of Present Reporting Period | | \$ 359.23 | | | |
| RECEIPTS | | | | | |
| 6) Contributions from Individuals | (CRO-1210) | \$ 12,198 | \$ 23,683 | | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ | | |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ | | |
| 9) Loan Proceeds | (CRO-1410) | \$ | \$ 1751.00 | | |
| 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) | \$ 3852.00 | \$ 9,131.00 | | |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | \$ | | |
| 12) TOTAL RECEIPTS | (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c) | \$ 16,050 | \$ 34,565 | | |
| EXPENDITURES | | | | | |
| 13) Disbursements | (CRO-1310) | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 9,095.23 | \$ 22,726.00 | | |
| 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) | \$ 500.00 | \$ | | |
| 17) TOTAL EXPENDITURES | (Add lines 13a, 13b, 13c, 14, 15, and 16) | \$ 9,595.23 | \$ 22,726.00 | | |
| 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) | \$ 6814.00 | \$ 11,839.00 | | |
| Additional Information | | | | | |
| 19) Non-Monetary Gifts Given to Committees | (CRO-1330) | \$ | | | |
| 20) Outstanding Loans (including ones from other campaigns) | (CRO-1430) | \$ 1751.00 | | | |
| 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

| 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 | | |
| | John Sloan P.O. Box Pfafftown, NC | 0000000000 | Check | 08/27/02 | <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 | | |
| | James L. Anthony 1112 Brooke Ad. Capital Heights, Maryland 20743 | 0000000000 | Check | 9/11/02 | <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 | | |
| | William H. Turner 5821 Brookway Dr. WS, NC. 27105 | 0000000000 | Check | 09/08/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 75.00 | | |
| | b. Job Title/Profession | Motivational/Writer | | | <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 | | |
| | Mary Jenkins 4430 Green Meadows Winston-Salem, N.C. 27106 | 0000000000 | Check | 09/18/02 | <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 | | |
| | James R. Jones 1641 Sonestown Rd Winston-Salem, NC 27103 | 0000000000 | Check | 09/11/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | Realtor | | | <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 | | | | | | | \$ 875.00 | | |
| 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 | | |
|---|---|------------------------|--------------------|----------------------|--------------------------|-------------------------------------|--|-------------|-------------------------------|
| 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 | | |
| | Harry James 1500 Reynard Dr. Kernersville, NC 27284 | XXXXXXXXXX | check | 09/18/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Retired | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| 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 |
| | | | | | | | | | \$ |
| 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 | | |
| | Konstantinos Kazabas 3600 Comeraugh Ct. Clemmons, NC 27102 | XXXXXXXXXX | check | 09/19/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Developer | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| Self Employed / President | | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | k. Election Cycle Sum to Date |
| | | | | | | | | | \$ |
| 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 Mac Polite 140 N Dunleith Ave Winston-Salem, NC 27101 | XXXXXXXXXX | check | 09/18/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 200.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Retired | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| Hamerick Dept Store | | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | k. Election Cycle Sum to Date |
| | | | | | | | | | \$ |
| 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 | XXXXXXXXXX | check | 09/17/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Laborer | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| RTR Tobacco | | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | k. Election Cycle Sum to Date |
| | | | | | | | | | \$ |
| 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 | | |
| | Marilyn Gilliam 2032 Mahaney Rock Road Yadkinville, NC 27055 | XXXXXXXXXX | check | 09/17/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Administrator | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| WSFU | | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | k. Election Cycle Sum to Date |
| | | | | | | | | | \$ |
| 4. Total only this Page | | | | | | | | \$ 1,800.00 | |
| 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 | | | | | |
|---|--|--|--|--|--|--|-------------------------------|--------------------|----------------------|--------------------------|--------------------------|-----------|
| John Polite for Sheriff a. Full Name, Mailing Address & Phone (include city, state, & zip) Richard Davis 809 Lynn Dee Davis Winston-Salem, NC 27106 b. Job Title/Profession <u>Accountant (CPA)</u> c. Employer's Name/Specific Field <u>Self Employed</u> | | | | | | | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | | | | | | | XXXXXXXXXX | check | 09/27/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | | | | | | <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 | | | | | | | \$ | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Jan Stewart 6149 N. University Pkwy Rural Hall, NC 27045 b. Job Title/Profession <u>Business Person</u> c. Employer's Name/Specific Field <u>S+H Car Wash (owner)</u> | | | | | | | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | | | | | | | XXXXXXXXXX | check | 09/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | | | | | | <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 | | | | | | | \$ | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Michael McCoy 3196 Hickory Ridge Rd Winston-Salem, NC 27127 b. Job Title/Profession <u>Asst. Police Chief</u> c. Employer's Name/Specific Field <u>WSPD</u> | | | | | | | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | | | | | | | XXXXXXXXXX | check | 09/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | | | | | | <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 | | | | | | | \$ | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Earl Stevens 900 Free Street Winston-Salem, NC 27107 b. Job Title/Profession <u>Abbrer</u> c. Employer's Name/Specific Field <u>RTR</u> | | | | | | | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | | | | | | | XXXXXXXXXX | check | 10-06-02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | | | | | | <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 | | | | | | | \$ | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) William A. Griffin 570 Luscombe Ln Los Lunas, NM b. Job Title/Profession <u>Retired</u> c. Employer's Name/Specific Field | | | | | | | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | | | | | | | XXXXXXXXXX | check | 09/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | | | | | | | | <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 | | | | | | | \$ 600.00 | | | | | |
| 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 | | |
|---|--|------------------------|--------------------|----------------------|--------------------------|--------------------------|--|--|--|
| John Polke 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 | | |
| | Sarah Ridgill 1039 East Fairview Blvd. Inglewood, California 90302 | XXXXXXXXXX | Check | 9/20/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | k. Election Cycle Sum to Date | | |
| Retired Social Worker | | | | | | | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| | | | | | | | <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 | | |
| | Zephyrae James 1500 Reynard Dr. Kernersville, NC 27284 | XXXXXXXXXX | Check | 09/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | k. Election Cycle Sum to Date | | |
| Retired | | | | | | | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| | | | | | | | <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 | | |
| | Michael Suggs 1620 Loughborough Ct. Kernersville, NC 27284 | XXXXXXXXXX | Check | 09/11/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | k. Election Cycle Sum to Date | | |
| Public Relations | | | | | | | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| RRR | | | | | | | <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 Roper 5801 Brookway Drive North, NC 27105 | XXXXXXXXXX | Check | 09/25/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | k. Election Cycle Sum to Date | | |
| Owner 812 | | | | | | | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| Wrighttown Laundrymat | | | | | | | <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 | | |
| | Irene Phillips 3075 Poplar Valley Lane Winston-Salem, NC 27127 | XXXXXXXXXX | Check | 09/28/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | k. Election Cycle Sum to Date | | |
| Instructor | | | | | | | \$ | | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| WSSU | | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | |
| 4. Total only this Page | | | | | | | \$ 650.00 | | |
| 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 | | |
|---|---|--|--------------------|----------------------|-------------------------------|--------------------------|--------------|--|--|
| 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 | | |
| | Steven Freeman 2908 Pioneer Trail Winston-Salem, NC 27106 | XXXXXXXXXX | Check | 10/04/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Laborer | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| RJR Tobacco | | <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 | | |
| | Daniel Piggot 3855 Northhampton Drive Winston-Salem, NC 27106 | XXXXXXXXXX | Check | 09/29/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Principal | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| WSFC Schools | | <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 | | |
| | Victor Johnson, Jr 2315 Manchester St. Winston-Salem, NC 27105 | XXXXXXXXXX | Check | 09/29/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | WSFC School Board | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| Forsyth County Citizens | | <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 | | |
| | Dennis Blalock 5592 Pineview Drive Winston-Salem, NC 27105 | XXXXXXXXXX | Check | 09/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Business Owner Forest Hill Curb Market | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| Self Employed | | <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 | | |
| | Frank Wilson Jr. 4331 Mill Creek Rd Winston-Salem, NC 27106 | XXXXXXXXXX | Check | 10/03/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00 | | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | Retired | | | | <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 | | | | | | | \$ 1,050.00 | | |
| 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 | | |
|---|--|------------------------|--------------------|----------------------|--------------------------|--------------------------|--|----|-------------------------------|
| 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 | | |
| | H. L. Satterwhike Jr. 464 Greendale Inlay Winston-Salem NC 27103 | XXXXXXXXXX | Check | 10/02/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | Retired | | | | | | | \$ | |
| 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 |
| | | | | | | | | | \$ |
| 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 | | |
| | Ann Tilley 6315 Providence Church Rd Winston-Salem, NC 27105 | XXXXXXXXXX | Check | 09/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | Housewife | | | | | | | \$ | |
| 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 |
| | | | | | | | | | \$ |
| 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 | | |
| | Thomas L. Clarke 3751 Spaulding Dr. Winston-Salem, NC 27105 | XXXXXXXXXX | Check | 09/27/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | Retired | | | | | | | \$ | |
| 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 |
| | | | | | | | | | \$ |
| 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 | | |
| | Raymond Marshall 8 W. 3rd Winston-Salem, N.C. 27101 | XXXXXXXXXX | Check | 10/02/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | Attorney | | | | | | | \$ | |
| 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 |
| | | | | | | | | | \$ |
| 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 | | |
| | Thomas Trollinger 3620 Chelmsford Dr. Winston-Salem, NC 27105 | XXXXXXXXXX | Check | 10/07/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | Owner Office Furniture | | | | | | | \$ | |
| c. Employer's Name/Specific Field | | | | | | | j. If Amendment, choose change type: | | |
| D.H. Co. Contract Furniture | | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | k. Election Cycle Sum to Date |
| | | | | | | | | | \$ |
| 4. Total only this Page | | | | | | | | | \$ 1,050.00 |
| 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 | | |
|---|---|--|--------------------|----------------------|-------------------------------|--------------------------|-----------|--|
| John Polik 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 | |
| | Spencer Brown 24 Narrowbrook Court Manalapan, NJ 07726 | XXXXXXXXXX | Check | 10/04/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| | Banker | <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 | |
| | Martha Martinat 120 Sherwood Forest Rd Winston-Salem, NC 27104 | XXXXXXXXXX | Check | 10/05/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | 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 | |
| | George Cleland 2625 Monticello Dr. Winston-Salem, NC 27106 | XXXXXXXXXX | Check | 10/05/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| | Attorney | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ | | | |
| | c. Employer's Name/Specific Field | | | | | | | |
| | Self Employee | | | | | | | |
| 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 | |
| | Kathryn Garner 4630 Cherryhill Lane Winston-Salem, NC 27106 | XXXXXXXXXX | Check | 09/25/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 300.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | 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 | | | | | | | |
| | | | | | | | | |
| 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 | |
| | Gene Petty 1920 Chateau Ridge Winston-Salem, NC 27103 | XXXXXXXXXX | Check | 09/17/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 95.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | 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 | | | | | | | |
| | | | | | | | | |
| 4. Total only this Page | | | | | | | \$ 845.00 | |
| 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 | | | |
|---|--|--|--|--------------------------------------|--------------------|----------------------|-------------------------------|-------------------------------------|-----------|
| 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 |
| | DAVID HUDSON 3660 Old 66 Circle Kernersville, NC 27284 | | | XXXXXXXXXX | Check | 09/26/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 |
| | b. Job Title/Profession | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | Medical/Blind Research/Unemployed Employer's Name/Specific Field LAID/OFF | | | 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 Hanes 111 Cloverleaf Drive Winston-Salem, NC 27103 | | | XXXXXXXXXX | Check | 10/02/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 |
| | b. Job Title/Profession | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | Retired 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 Joyce 330 Fishel Rd Winston-Salem, NC 27127 | | | XXXXXXXXXX | Check | 10/09/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 300.00 |
| | b. Job Title/Profession | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | Under Sheriff Employer's Name/Specific Field FCSO | | | 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 |
| | A. S. Keen 2023 East Blvd, NE Winston-Salem, NC 27101 | | | XXXXXXXXXX | Check | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 200.00 |
| | b. Job Title/Profession | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | Retired Employer's Name/Specific Field Educator | | | 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 Allen Saines 5200 Mountain View Rd Winston-Salem, NC 27104 | | | XXXXXXXXXX | Check | 10/15/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | b. Job Title/Profession | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | Mayor Employer's Name/Specific Field Winston-Salem | | | 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 | | | | | | | | \$1,000.00 | |
| 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 | |
|---|---|--|--------------------|----------------------|-------------------------------|--------------------------|-------------|
| 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 |
| | Benny Murrill 5726 Harpers Ferry Rd Winston-Salem, NC 27106 | XXXXXXXXXX | Check | 10/17/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | b. Job Title/Profession Director YDC | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| Porsuth County | | <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 |
| | Barbara Hagen 3910 Pomeroy Dr. Winston-Salem, NC 27105 | XXXXXXXXXX | Check | 10/18/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | b. Job Title/Profession Retired Administrator | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| WS/FC Schools | | <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 |
| | Archie Gaskins 5825 Woodrock Ct Charlotte, NC 28214 | XXXXXXXXXX | Check | 10/18/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | b. Job Title/Profession U.S. Airways Mechanic | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| Airplane mechanic | | <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 |
| | Avon Ruffin 322 Wynthfield Drive Lewisville, NC 27029 | XXXXXXXXXX | Check | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | b. Job Title/Profession Counselor | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| WS/FC Schools | | <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 |
| | Iris Durham 1065 Beth Drive King NC | XXXXXXXXXX | Check | 10/15/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1,000.00 |
| | b. Job Title/Profession Self Employed | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | |
| PANDY MAN # 713 | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1,400.00 | |
| 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 | Linda D. Garrou 3910 CAMERILE FARM WIS, N.C. 27106 | XXXXXXXXXX | check | 9/28/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250. ⁰⁰ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession <u>NC Senator</u> | 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 <u>NC Senate</u> | | | | | | | | |
| 3. Contributor | MEL WATT P.O. Box 3683 Charlotte, N.C. 28234 | XXXXXXXXXX | check | 9/24/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200. ⁰⁰ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession <u>US Senator</u> | 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 <u>US Senate</u> | | | | | | | | |
| 3. Contributor | Richard Rumley 2225 Greenpoint Rd W.S. N.C. 27107 | XXXXXXXXXX | check | 9/19/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200. ⁰⁰ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession <u>Security</u> | 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 | | | | | | | | |
| 3. Contributor | Eunice Dudley 5804 Francis Marie Ct. Summerfield, NC 27358 | XXXXXXXXXX | check | 10/15/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150. ⁰⁰ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession <u>Co-owner</u> | 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 <u>Dudley's Cosmetology</u> | | | | | | | | |
| 3. Contributor | Bert Bennett P.O. Box 2736 W-S, N.C. 27102 | XXXXXXXXXX | check | 10/01/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200. ⁰⁰ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession <u>owner</u> | 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 <u>Quality Oil Co.</u> | | | | | | | | |

| | |
|--|-------------------------|
| 4. Total only this Page | \$ 1,000. ⁰⁰ |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | \$ |

Contributions from INDIVIDUALS

| 1. Name of Committee or Fund | | | | | | | 2. ID Number | | |
|---|---|------------------------|--------------------|--|--------------------------|--------------------------|--|--|-------------------------------|
| John Polite 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 | | |
| | Contributions from various individuals \$5000 and under | | | DATES of checks vary as this is a lump sum from contributors of \$50.00 or less for the 3rd Qtr. | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1,428.00 | | |
| | | | | | <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: | | 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | \$ 1,428.00 | | |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ 11,698. ⁰⁰ | | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | | |

In-Kind Contributions

| | | | |
|---|--|--|--------------------------------|
| 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) |
| | Frank Cutler 3109 Hickory Ridge Dr. Winston-Salem, NC 27127 | Hosted + funded food for Seafood Buffet Fundraiser | 9/28/02 |
| | | | e. Fair Market Amount |
| | | | \$ 500.00 |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | |
| <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 | |
| | | g. Election Cycle Sum to Date | |
| | | \$ 600.00 | |
| 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: | |
| <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 | |
| | | 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) |
| | | | |
| | | | e. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | |
| <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 | |
| | | 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) |
| | | | |
| | | | e. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | |
| <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 | |
| | | 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) |
| | | | |
| | | | e. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| b. Type of Contributor | | f. If Amendment, choose change type: | |
| <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 | |
| | | g. Election Cycle Sum to Date | |
| | | \$ | |
| 4. Total only this Page | | | \$ |
| 5. Total of ALL CRO-1510 Pages (only show on last page) | | | \$ |
| <i>This line must be on line 16 of Detailed Summary Page CRO-1100</i> | | | |

Other Receipt Sources

| | | | | | |
|--|---|--|--------------------|--|--------------------------------|
| 1. Name of Committee or Fund | | | | 2. ID Number | |
| John Polite for Sheriff | | | | | |
| 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) | e. Amount |
| | Campaign Committee for John Polite Golden Mutual INS. Building Winston-Salem NC 27101 | Various checks payment for fundraiser ticket sales buffet | Cash Checks | 09/30/02 09/30/02 | \$ 1,190.00 \$ 525.00 \$ |
| f. If Outside Source of Income, explain: Fundraiser | | g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | h. If Not-for-Profit, list Fed ID #: | |
| 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 |
| | Campaign Committee for John Polite Golden Mutual INS. Building Winston-Salem NC 27101 | Various checks from fundraiser plate + son's sales fish fry | Cash Checks | 10/21/02 10/21/02 | \$ 1792.00 \$ 345.00 \$ |
| f. If Outside Source of Income, explain: Fundraiser | | g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | h. If Not-for-Profit, list Fed ID #: | |
| 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: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | h. If Not-for-Profit, list Fed ID #: | |
| 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: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | h. If Not-for-Profit, list Fed ID #: | |
| 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: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | h. If Not-for-Profit, list Fed ID #: | |
| 5. Total only this Page | | | | | \$ |
| 6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i> | | | | | \$ 3,852.00 |
| <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> | | | | | |

See attached pages

Attachment to page 1 of 1 of CRO-1250

| | |
|-------------------|-----------------------|
| Cash deposit of | \$1,190.00 on 9/30/02 |
| Checks deposit of | \$ 525.00 on 9/30/02 |
| Total deposit = | \$1,715.00 |

Note: 68 tickets for Seafood Buffet Fundraiser @ \$25.00 each. Buffet held on 9/28/02, plus \$15.00 cash donation from Doretha Mack.

| | |
|-------------------|------------------------|
| Cash deposit of | \$1,792.00 on 10/21/02 |
| Checks deposit of | \$ 345.00 on 10/21/02 |
| Total deposit = | \$2,137.00 |

Note: Total collected for fish fry fundraiser was \$2,316.38. However, cash expenses from this amt. On day of fish fry totaled \$179.38.

** Cash to SAMS \$85.87 (would not accept check)

Cash to Wal-Mart \$59.73

Cash to Food Lion \$33.78

Event held on 9/19/02

Plate sales were \$5.00 *ea.*

Sandwich sales were \$3.00 *ea.*

Disbursements

| | | | | | | | | |
|---|---|---|--|--|------------------------|--------------------|-------------------------------|-----------|
| 1. Name of Committee or Fund John Polik for Sheriff | | | | | | 2. ID Number | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i> | | | | | | | | |
| <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 |
| | The Chronicle 617 Liberty St. Winston-Salem, NC 27101 | | | Advers | 09103102 | check | 09/03/02 | \$ 195.60 |
| 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 |
| | Lovell Signs 2401 N. Liberty St Winston-Salem, NC 27105 | | | Signs | 09104102 | check | 09/04/02 | \$ 300.00 |
| 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 |
| | WPOL 4405 Providence Lane Winston-Salem, NC 27106 | | | Ads | 09105102 | check | 09/05/02 | \$ 160.00 |
| 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 |
| | WAAA Browns bond Rd WIS. NC | | | Ad | 09105102 | check | 09/05/02 | \$ 360.00 |
| 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 |
| | I'm About Food Catering Metas Restaurant Winston-Salem NC 27101 | | | Election Luncheon | 09110102 | check | 09/10/02 | \$ 718.88 |
| 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 | | | | | | | \$ 1734.48 | |
| 6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i> | | | | | | | \$ | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | | |

Disbursements

| | | | | | | | |
|--|---|---|----------------------------|--|--------------------|-------------------------------------|-----------|
| 1. Name of Committee or Fund John Polite for Sher. ff | | | | | | 2. ID Number | |
| 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 |
| | Blair Enterprises 1001 S. Marshall St. Winston-Salem, NC 27101 | | Campaignal T-shirts | 09100202 | check | 09/08/02 | \$ 8387 |
| 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 |
| | The Butcher Shop 4229 N Liberty Winston-Salem, NC 27105 | | SANDWICHES ELECTION DAY | 09100202 | check | 09/09/02 | \$ 100.98 |
| 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 |
| | E. G. Forrest P.O. Box 228 Winston-Salem, NC 27102 | | Fund for Elections Day | 09100202 | check | 09/10/02 | \$ 26.14 |
| 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 St Winston-Salem, NC 27105 | | Signs | 09100202 | check | 09/10/02 | \$ 330.00 |
| 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 |
| | Golden State Mutual Building Winston-Salem, NC 27101 | | Rent | 09100202 | check | 09/16/02 | \$ 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 \$ | |
| 5. Total only this Page | | | | | | | \$ 690.99 |
| 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 John Polik for Sheriff | | | | | | 2. ID Number | |
| 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 |
| | WWSMY 1225 E 5th Winston-Salem, NC 27101 | | Ad | 09/18/02 | Check | 09/18/02 | \$ 75.00 |
| 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 Mills Road Winston-Salem, NC 27105 | | Campaigne information on candidates | 09/21/02 | check | 09/21/02 | \$ 81.22 |
| 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 P.O. Box 33009 Charlotte, NC 28243 | | Telephone Bill | 09/21/02 | | 09/21/02 | \$ 73.83 |
| 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 |
| | Louell Signs 2401 N Liberty Street Winston-Salem, NC 27105 | | Signs | 09/23/02 | Check | 09/23/02 | \$ 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 |
| | Louell Signs 2401 N Liberty Street Winston-Salem, NC 27105 | | Signs | 09/23/02 | checks | 10/01/02 | \$ 630.00 |
| 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 | | | | | | | \$ 1,740.05 |
| 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 John Polite for Sheriff | | | | | | 2. ID Number | |
| 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 |
| | The Busta Brown Show WTWB/Cable 3 622 Guilford College Pl Greensboro, NC 27409 | | Advertisement and radio ads | 00000000 | Check | 10/09/02 | \$ 400.00 |
| i. 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 |
| | Louell Signs 2401 N. Liberty Street Winston-Salem, NC 27105 | | Signs | 00000000 | check | 10/09/02 | \$ 387.20 |
| i. 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 |
| | Louell Signs 2401 N. Liberty Street Winston-Salem NC 27105 | | Signs | 00000000 | check | 10/10/02 | \$ 800.00 |
| i. 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 |
| | The Chronicle P.O. Box 1636 Winston-Salem, NC 27102 | | Advertisement | 00000000 | check | 09/10/02 | \$ 52.16 |
| i. 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 |
| | Crazy Fish II 3015 Waughtown St Winston-Salem NC 27109 | | franklin | 00000000 | check | 10/12/02 | \$ 241.33 |
| i. 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 | | | | | | \$ 1880.69 | |
| 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 | | | | | | 2. ID Number | | |
| John Polite for Sheriff | | | | | | | | |
| 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 |
| | Walmart 284 Summit Square Blvd Winston-Salem, NC 27105 | | | Fundraiser supplies | | Cash | 10/19/02 | \$ 22.00 |
| 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 |
| | Forsyth Seafood 150 N Broad St Winston-Salem, NC 27101 | | | Fundraiser fish | | Cash | 10/19/02 | \$ 24.38 |
| 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 |
| | Merita Bakery Outlet 101 E. Polo Rd Winston-Salem, NC 27105 | | | Fundraiser Bread | | Cash | 10-18-02 | \$ 32.01 |
| 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 (include city, state, and zip) | | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | Libby Hill Seafood 2501 Peters Cr. Pkwy Winston-Salem, NC | | | Fundraiser food | | Cash | 10/19/02 | \$ 17.00 |
| 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 | |
| | | | | | | | \$ | |
| 5. Total only this Page | | | | | | | \$ 95.42 | |
| 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 | | 2. ID Number | | | |
|--|---|-------------------------|--|----------------------|-------------------------------|
| John Polite for Sheriff | | | | | |
| 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 | | | | | |
| 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 |
| 4. Payee Tommy Powell 4210 Shamel St. Winston-Salem, NC 27107 | Digital Pictures for Brochure | 000000000000 | check | 10/18/02 | \$ 50.00 |
| 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 | | \$ |
| 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 |
| 4. Payee Laverne Hardee 1147 Waukatown St. Winston-Salem, NC 27107 | Catered Shaw + Beans (Fundraiser) | 000000000000 | check | 10/19/02 | \$ 70.00 |
| 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 | | \$ |
| 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 |
| 4. Payee Forsyth Seafood 108 N. Martin Luther King Winston-Salem, N.C. 27101 | Fundraiser fish | | cash | 10/19/02 | \$ 48.76 |
| 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 | | \$ |
| 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 |
| 4. Payee Food Lion # 1508 1250 E. Hwy. 65 Rural Hall, N.C. | Fundraiser food | | cash | 10/18/02 | \$ 33.78 |
| 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 | | \$ |
| 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 |
| 4. Payee SAMS Club 930 Hanes Mall Blvd Winston-Salem, N.C. 27103 | Supplies for fundraiser | | cash | 10/18/02 | \$ 85.87 |
| 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 | | | | | \$ 288.41 |
| 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 | | 2. ID Number | |
|--|---|---|----------------------|
| John Polite for Sheriff | | | |
| 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 | | | |
| a. Full Name, Mailing Address & Phone (include city, state, and zip) | d. Purpose | e. Account Number/Code | f. Form of Payment |
| 4. Payee Louell Signs 2401 N. Liberty St. Winston-Salem NC 27105 | Signs | XXXXXXXXXX | Check |
| | | | g. Date (mm/dd/yyyy) |
| | | | 10/01/02 |
| | | | h. Amount |
| | | | \$ 800.00 |
| 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 | |
| | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, and zip) | d. Purpose | e. Account Number/Code | f. Form of Payment |
| 4. Payee Advertising & Supply 7630 Cass St. Duma, NE 68114 | Campaign promotion window decals, Emery boards magnets | XXXXXXXXXX | Check |
| | | | g. Date (mm/dd/yyyy) |
| | | | 10/03/02 |
| | | | h. Amount |
| | | | \$ 983.06 |
| 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 | |
| | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, and zip) | d. Purpose | e. Account Number/Code | f. Form of Payment |
| 4. Payee Kinko's 232 S. Stratford Rd. Winston-Salem, NC | Campaign Literature | XXXXXXXXXX | Check |
| | | | g. Date (mm/dd/yyyy) |
| | | | 10/16/02 |
| | | | h. Amount |
| | | | \$ 287.55 |
| 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 | |
| | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, and zip) | d. Purpose | e. Account Number/Code | f. Form of Payment |
| 4. Payee Kinko's 232 S. Stratford Rd. Winston-Salem, N.C. | Campaign Literature | XXXXXXXXXX | Check |
| | | | g. Date (mm/dd/yyyy) |
| | | | 10/07/02 |
| | | | h. Amount |
| | | | \$ 95.85 |
| 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 | |
| | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, and zip) | d. Purpose | e. Account Number/Code | f. Form of Payment |
| 4. Payee Louell Signs 2401 N. Liberty St. Winston-Salem, N.C. 27105 | Signs | XXXXXXXXXX | Checks |
| | | | g. Date (mm/dd/yyyy) |
| | | | 10/18/02 |
| | | | h. Amount |
| | | | \$ 419.00 |
| 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 | | | \$ 2,585.46 |
| 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 | | | | | | 2. ID Number | |
| John Polite for Sheriff | | | | | | | |
| 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 |
| | Walmart 284 Summit Square Blvd. Winston-Salem NC. 27105 | | fundraiser cakes | | Cash | 10/8/02 | \$ 59.73 |
| 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 \$ | |
| | | | | | | | |
| 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 | | | | | | \$ 59.73 | |
| 6. Total of ALL CRO-1310 Related Pages <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> | | | | | | \$ 9,095.23 | |

Outstanding Loans

| 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 | h. Original Loan Amount |
| | John Polite 1983 Emorywood Rd Rural Hall, NC 27045 | 8/12/02 | | % | \$ 751.00 |
| | | 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 | h. Original Loan Amount |
| | John Polite 1983 Emorywood Rd Rural Hall, 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 | h. 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 | h. 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 | h. 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 | h. 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) | | | | | |