

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 969-9438		
9. Type of Report 2002 Third Quarter Plus Report					10. Period Covered	
					Start 08-25-02	11. Amendment
					End 10-25-02	<input type="checkbox"/> Yes
						<input type="checkbox"/> No
12. Type of Committee or Fund (Check one)						
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser		<input type="checkbox"/> "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, 20____		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)	\$ 12,998.00	\$ 24,483.00		
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)	\$ 3,857.00	\$ 9,131.00		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS		\$ 17,209.23	\$ 35,784.23		
<i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>					
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 13,389.01	\$ 27,019.78		
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)	\$	\$		
17) TOTAL EXPENDITURES		\$ 13,389.01	\$ 31,604.78		
<i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>					
18) Cash on Hand at End of Reporting Period		\$	\$		
<i>(For this Period, add lines 5 and 12 together, then subtract line 17)</i>		\$ 4,179.45	\$ 4,179.45		
<i>(For this Election Cycle, add lines 4 and 12 together, then subtract line 17)</i>					
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 1,751.00			
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		
<i>John Polite for Sher. ff</i>									
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
	<i>Contributions from various Individual # 5000 and under</i>						<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						<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
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field			j. If Amendment, choose change type: <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
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field			j. If Amendment, choose change type: <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
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field			j. If Amendment, choose change type: <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
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field			j. If Amendment, choose change type: <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
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$			

4. Total only this Page \$ 1,428.00

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		
	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	6/9/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75.00		
b. Job Title/Profession <i>Motivational/Writer</i>							<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	0000000000	Check	09/10/02	<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 <i>Retired</i>							<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	0000000000	check	09/18/02	<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:							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		
	Konstantinos Kazabos 3600 Corncraugh Ct. Clemmons, NC 27102	0000000000	check	09/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00		
	b. Job Title/Profession	Developer							
	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		
	Dorothy Mae Polite 140 N Dunleith Ave Winston-Salem, NC 27101	0000000000	check	09/18/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession	Retired							
	c. Employer's Name/Specific Field	Hamrick Dept Store							
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Roger Hughes 4689 Tobacco Rd Winston-Salem, NC 27106	0000000000	check	09/17/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 500.00		
	b. Job Title/Profession	Laborer							
	c. Employer's Name/Specific Field	KTR Tobacco							
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		
	Marilyn Gilliam 2032 Mahaney Rock Road Yadkinville, NC 27055	0000000000	check	09/17/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00		
	b. Job Title/Profession	Administration							
	c. Employer's Name/Specific Field	WSFU							
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							\$ 1,800.00		
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									
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		
	Richard DAVIS 809 Lynn Dee Davis Winston-Salem, NC 27106	091227102	check	09/27/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession	Accountant				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	Retired		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		
	San Stewart 6149 N. University Pkwy Rural Hall, NC 27045	091227102	check	09/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession	Business Person				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	S+H Car Wash (owner)		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		
	Michael McCoy 3196 Hickory Ridge Rd Winston-Salem, NC 27127	091227102	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	Asst. Police Chief				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	WSPD		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		
	Earl Stivers 900 Free Street Winston-Salem, NC 27107	091227102	check	10-06-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession	Laborer				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	RTR		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		
	William A. Griffin 570 Luskombe Ln Los Lunas, NM	09130102	check	09/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession	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		\$		
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 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		
	Sarah Ridgill 1039 East Fairview Blvd. Inglewood, California 90302	0000000000	Check		<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							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	0000000000	Check	09/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							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	0000000000	Check	09/11/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
Public Relations							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
RTR							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	William Roper 5801 Brookway Drive North, NC 27105	0000000000	Check	09/25/02	<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							k. Election Cycle Sum to Date		
Washcette							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
Self Employer							<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	0000000000	Check	09/25/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
Instructor							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
WSU							<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	0820020000	Check	10/04/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession	Laborer			<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date		
KJR Tobacco							\$		
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	0820020000	Check	09/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession	Principal			<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date		
WSFC Schools							\$		
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	0820020000	Check	09/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession	WSFC School Board			<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date		
Forsyth County Citizens							\$		
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	0820020000	Check	09/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00		
	b. Job Title/Profession	Business Owned			<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date		
Self Employed							\$		
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	0820020000	Check	10/03/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00		
	b. Job Title/Profession	Retired			<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							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-1109)									

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. Satterwhite Jr. 4641 Greendale Inlay Winston-Salem NC 27103	XXXXXXXXXX	Check	10/02/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession	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			\$				
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			<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	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			<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Raymond Marshall 8 W. 3rd Winston-Salem, N.C. 27101	XXXXXXXXXX	Check	10/03/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession	Attorney			<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	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	Office Furniture			<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			\$				
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	0000000000	Check	10/04/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Banker					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Martha Martinat 120 Sherwood Forest Rd Winston-Salem, NC 27104	0000000000	Check	10/05/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
						<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	George Cleland Winston-Salem, NC	0000000000	Check	10/05/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Attorney					<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		
	Kathryn Garner 4630 Cherryhill Lane Winston-Salem, NC 27106	0000000000	Check	09/25/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	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			\$				
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	0000000000	Check	09/17/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 95.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	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							\$ 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 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		
	Harold Kennedy Jr. 3727 Spaulding Dr. Winston-Salem, NC 27105	0000000000	Check	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession							\$	
	Attorney							\$	
	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		
	Harvey Kennedy 301 North Main Street Winston-Salem, NC 27101	0000000000	Check	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession							\$	
	Attorney							\$	
	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		
	William Moore 4105 Chatham Hill Road Winston-Salem, NC 27104	0000000000	Check	10/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession							\$	
	TSI / OWNER							\$	
	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		
	Eunice Ducky 5804 Francis Marie CT Summerfield, NC 27358	0000000000	Check	10/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession							\$	
	Business owner							\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
	Ducky's Caserology	<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		
	Bert Bennett Chickasha DR. PFAFFTON	0000000000	Check	10/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession							\$	
	Retired							\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$			
4. Total only this Page							\$ 1,150.00		
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) David Hudson 3660 Old 66 Circle Kernersville, NC 27284							d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
							XXXXXXXXXX	check	09/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
b. Job Title/Profession <i>Medical/Blind Researcher/Unemployed</i> c. Employer's Name/Specific Field <i>LAI/OFF</i>							j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
Eldridge Hanes 111 Cloverleaf Drive Winston-Salem, NC 27103							d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
							XXXXXXXXXX	check	10/02/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
b. Job Title/Profession <i>Retired</i> 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			\$		
Robert Joyce 330 Fisher Rd Winston-Salem, NC 27107							d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
							XXXXXXXXXX	check	10/09/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00
b. Job Title/Profession <i>UNDERSTAFF</i> c. Employer's Name/Specific Field <i>FCSO</i>							j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
A. S. Keen 2023 East Blvd, NE Winston-Salem, NC 27101							d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
							XXXXXXXXXX	check	10/11/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 200.00
b. Job Title/Profession <i>Retired</i> c. Employer's Name/Specific Field <i>Education</i>							j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
James Allen Jaines 5200 Mountain View Rd Winston-Salem, NC 27104							d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
							XXXXXXXXXX	check	10/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
b. Job Title/Profession <i>MAYOR</i> c. Employer's Name/Specific Field <i>Winston-Salem</i>							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		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
	Director YDC	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
	c. Employer's Name/Specific Field								
	Polk County								
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 Hayes 3910 Pomeroy Dr. Winston-Salem, NC 27105	XXXXXXXXXX	Check	10/18/02	<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				
	Retired Administrator	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
	c. Employer's Name/Specific Field								
	WSFC Schools								
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	10/17/02	<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				
	U.S. Airways Mechanic	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
	c. Employer's Name/Specific Field								
	Airplane mechanic								
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 302 Wynthfield Drive Lewisville, NC 27029	XXXXXXXXXX	Check	10/14/02	<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				
	Counselor	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
	c. Employer's Name/Specific Field								
	WSFC Schools								
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 Beta Drive King NC	XXXXXXXXXX	Check	10/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,000.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
	Self Employed	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
	c. Employer's Name/Specific Field								
	Pandy Man								
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			
	Linda D. GAYDON 3910 CAMERILLE FARM WIS, N.C. 27106			XXXXXXXXXX	check	9/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00			
	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			
	MEL WATT P.O. Box 3683 Charlotte, N.C. 28236			XXXXXXXXXX	check	9/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00			
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$			
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$			
							j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount			
	Richard Runley 2925 Greenspoint Rd W.S. N.C. 27107			XXXXXXXXXX	check	9/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00			
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$			
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$			
							j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount			
							<input type="checkbox"/>	<input type="checkbox"/>	\$			
	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			
							<input type="checkbox"/>	<input type="checkbox"/>	\$			
	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			\$		
										\$ 50.00		
4. Total only this Page												
5. Total of ALL CRO-1210 Pages (only show on last page)										\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)												

Other Receipt Sources

1. Name of Committee or Fund John Polite for Sheriff				2. ID Number	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Campaign Committee for John Polite Golden Mutual Ins. Building Winston-Salem NC 27101		Cash	09/30/02	\$ 1,190.00
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
Fundraiser		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Campaign Committee for John Polite Golden Mutual Ins. Building Winston-Salem NC 27101		Cash	10/21/02	\$ 1792.00
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Campaign Committee for John Polite Golden Mutual Ins Building Winston-Salem, NC 27101	Various checks	Check	9/30/02	\$ 525.00
		tickets sold	check	10/21/02	\$ 345.00
		fish fry			\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
5. Total only this Page					\$
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ 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>					

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
	The Chronicle 617 Liberty St. Winston-Salem, NC 27101			Advers	09103002	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	09104002	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	09105002	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 Rf WIS NC			Ad	09105002	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	09101002	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 (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 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
	Blaire Enterprises 1001 S. Marshall St. Winston-Salem, NC 27101		Campaignal T-shirts	6020000000	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		SAA Abwicher Election Day	6020000000	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		Food for Elections Day	6020000000	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
	Louell Signs 2401 N Liberty St Winston-Salem, NC 27105		Signs	6020000000	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	6020000000	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						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			
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
	WSMY 1225 E 5th Winston-Salem, NC 27101		Ad	6100000000	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:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Staples 430 Hanes Mills Road Winston-Salem, NC 27105		Campaign Informer on candidate	6100000000	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:		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
	Bell Spunk P.O. Box 33009 Charlotte, NC 28243		Telephone Bill	6100000000		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:		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 Street Winston-Salem, NC 27105		Signs	6100000000	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:		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 Street Winston-Salem, NC 27105		Signs	6100000000	check	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:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	Louell Signs 2401 North Liberty St. Winston-Salem, NC 27105			Signs	6100000000	Checks	10/01/02	\$ 800.00
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
	Blaire Enterprises 1001 S. Marshall St. Winston-Salem, NC 27101			Campaign T-shirts	6100000000	check	10/26/02	\$ 497.36
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
	Advertising + Supply 7630 Cass Street Omaha, NE 68114			Campaign promotion window decal, Emery Board, Label stickers	6100000000	Check	10/03/02	\$ 983.06
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Kinko's 232 S. Stratford Winston-Salem, NC			Campaign Office Supplies	6100000000	Check	10/16/02	\$ 287.55
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Kinko's 232 S. Stratford Winston-Salem, NC			Folding Campaign Information	6100000000	Check	10/07/02	\$ 95.85
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							\$2,663.82	
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	0100000000	Check	10/09/10	\$ 400.00
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
	Lovell Signs 2401 N. Liberty Street Winston-Salem, NC 27105		Signs	0100000000	check	10/09/10	\$ 387.20
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Lovell Signs 2401 N. Liberty Street Winston-Salem NC 27105		Signs	0100000000	check	10/10/10	\$ 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	
						\$	
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	0100000000	check	09/05/10	\$ 521.16
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
	Crazy Fish II 3019 Wauvehoun St Winston-Salem NC 27107		Freelance	0100000000	Check		\$ 241.33
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						\$ 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 <i>John Polite for Sheriff</i>						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
	<i>Lovell Signs 2401 N. Liberty St. Winston-Salem, NC 27105</i>		<i>Signs</i>	00000000	<i>checks</i>	<i>10/18/02</i>	<i>\$ 419.00</i>
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
	<i>Tommy Powell 4210 Shamel St Winston-Salem, NC 27105</i>		<i>Don't Patus</i>	00000000	<i>check</i>	<i>10/18/02</i>	<i>\$ 50.00</i>
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
	<i>Laverne Hardee 1147 Wauhtown St. W-S, NC 27107</i>		<i>Fundrais food & Catered</i>	00000000	<i>check</i>	<i>10/19/02</i>	<i>\$ 710.00</i>
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
	<i>Bell South P.O. Box 33009 Charlotte, NC 28243</i>		<i>Telephone Bill</i>	00000000	<i>check</i>	<i>10/29/02</i>	<i>\$ 87.56</i>
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
	<i>Staples 430 Hanes Mills Road Winston-Salem, NC 27105</i>		<i>Office supplies</i>	00000000	<i>check</i>	<i>10/21/02</i>	<i>\$ 95.68</i>
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							\$ 722.24
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 Polik 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 WILII 700 Coliseum Dr. Winston-Salem, NC 27116	TV Ads	6100000000	check
			g. Date (mm/dd/yyyy)
			10/22/02
			h. Amount
			\$ 1453.50
			\$
			\$
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		j. Election Cycle Sum To Date	
		\$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment
4. Payee WBHP/Fox8 418 Marshall St Winston-Salem, NC 27101	TV Ads	6100000000	check
			g. Date (mm/dd/yyyy)
			10/23/02
			h. Amount
			\$ 1580.00
			\$
			\$
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 AC Phoenix 545 N. Trade St Winston-Salem, NC 27101	Ads.	6100000000	check
			g. Date (mm/dd/yyyy)
			10/23/02
			h. Amount
			\$ 400.00
			\$
			\$
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 Conyer Booster Club	Ads	6100000000	check
			g. Date (mm/dd/yyyy)
			10/23/02
			h. Amount
			\$ 60.00
			\$
			\$
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 US Postal Service 7840 North Point Winston-Salem, NC 27106		6100000000	check
			g. Date (mm/dd/yyyy)
			10/24/02
			h. Amount
			\$ 108.91
			\$
			\$
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			\$ 3602.41
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 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	
	U S Postal Service 7840 North Point Winston-Salem, NC 27106			Mailing	0202030000	check	10/25/02	\$ 10.77	
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	
	Forsyth Sea food 150 N. Broad St Winston-Salem, NC 27101			Fundraiser Fish		Cash	10/18/02	\$ 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			\$		
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	
	Food Lion #1508 1250 East Hwy 65 Rural Hall, NC 27045			Fundraiser Food		Cash		\$ 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			\$		
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			Fun & ract Supplies		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			\$		
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 Cakes		Cash	10/18/02	\$ 59.73	
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							\$ 238.91		
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 <i>John Polite for Sheriff</i>						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
	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	\$ 32.00
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
	Libby Hill Seafood 2561 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)							

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			751.00
		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
	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)					

CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED

TO: Treasurer Nadine Clements
Committee John Polite for Sheriff
3819 Penbrook Road
Winston-Salem, NC 27106

11-25
Nadine called
and asked if
she could turn
in report after
Thanksgiving - said
she has been out of

Reporting Office
County
Actions
th Street
Winston-Salem, NC 27101-2730

REPORT IN QUESTION:
2002 3rd Quarter Plus Report

DATE: 11-8-02

A recent audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports.

This is your first notice. You must respond within 15 days of receipt of this notice.

Failure to respond will result in Certification of Noncompliance to the State Board of Elections, which could lead to a referral to the appropriate district attorney. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

- Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and complete mailing address of the payee.
- Joint contributions, which are prohibited, were listed on the Report of Contributions. You must determine the individual amount of contribution for each contributor.
- Some or no dates were shown on the reports. A date is required for each entry.
- The depository information was not listed on the Political Committee Disclosure Report.
- Details were not provided for the sums listed on the Detailed Summary Page.

Address	George Cleland
Breakdown of Contribution needed	\$ 1,792.00 - Other Receipt Sources
Breakdown of Contribution needed	\$ 870.00 - Other Receipt Sources
Employment information	Dennis Blalock
Employment information	Iris Durham
Employment information	Konstantinos Kazabos
Employment information	Richard Davis
Employment information	Thomas Trollinger
Employment information	William Roper
Form of payment	Walmart - \$ 59.73 - over \$ 50.00 must be by check
Form of payment	Walmart - \$ 85.87 - over \$ 50.00 must be by check
Need date	Contributions from various individuals - \$ 1,428.00
Need date of Check	Crazy Fish II
Need date of Check	Food Lion # 1518 - \$ 33.78
Need date of Check	Sarah Ridgill
Need Form of payment	Bell South - 9/21 payment \$ 73.83
Out of state contribution	James L. Anthony
Out of state contribution	Sarah Ridgill
Out of state contribution	Spencer Brown
Out of state contribution	William A. Griffin
Past report period	AC Phoenix - 10/23 - \$ 400.00
Past report period	Bell South - 10/20 - \$ 87.56
Past report period	Blaire Enterprises - \$ 497.36
Past report period	Carver Booster Club - \$ 60.00
Past report period	Harold Kennedy, Jr.
Past report period	Harvey Kennedy
Past report period	Staples - 10/21 - \$ 95.68
Past report period	US Postal Service - \$ 10.77
Past report period	US Postal Service - \$ 108.91
Past report period	WGHP/FOX8 - 10/23 - \$ 1580.00
Past report period	William Moore
Past report period	WXII - 10/22 - \$ 1453.50