

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				6. Date	
John Polife for Sheriff				1/10/03	
2. Address					
1983 Emorywood Rd.					
3. City		4. State	5. Zip	8. Phone	
Rural Hall		NC	27045	969-9438	
9. Type of Report				10. Period Covered	
2002 4 th Quarter Report				Start End	
				11. Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Type of Committee or Fund (Check one)					
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "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		
BB + T Bank	For all campaign expenses		\$		
			\$		
			\$		
			\$		
			\$		
			\$		

RECEIVED
 JAN 10 03
 WASHINGTON COUNTY
 BOARD OF ELECTIONS

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

John A. Polite (Candidate)
 Signature of Appointed Treasurer or Candidate

01/10/03
 Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
John Polite for Sheriff		4th 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		\$	0		
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 1560. ⁰⁰	\$		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
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)	\$ 175. ⁰⁰	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 1,735. ⁰⁰	\$		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 8,486.86	\$		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$ 1,270.96	\$		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 9,757.82	\$		
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)	\$	0		
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
John Polite for Sher. FF		4th 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		\$ 0			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 1560. ⁰⁰	\$		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
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)	\$ 175. ⁰⁰	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 1,735. ⁰⁰	\$		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 8,486.86	\$		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$ 1,270.96	\$		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 9,757.82	\$		
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)	\$ 0	\$		
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Contributions from INDIVIDUALS

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		
	Joseph R. Daniels 2200 Silas Creek Pkwy. Winston-Salem, NC. 27101 724-9257	XXXXXXXXXXXX	Check	11/2/02	<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 Self-employed insurance agent		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
c. Employer's Name/Specific Field		<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		
	Harden B. Wheeler, Jr. 147 N. Davidson Dr. Winston-Salem, N.C. 27107 769-1840	XXXXXXXXXXXX	Check	11/1/02	<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 Retired Educator		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
c. Employer's Name/Specific Field		<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		
	Jonathan D. Weston, MD 495 N. Cleveland Ave Winston-Salem, NC 27101	XXXXXXXXXXXX	Check	10/31/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 400.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession Medical Doctor		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
c. Employer's Name/Specific Field		<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		
	Carl F. Darrish 120 Aftonshire Ct W-S, NC 27104	XXXXXXXXXXXX	check	10/31/02	<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 Attorney		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
c. Employer's Name/Specific Field 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		
	H.L. Satterwhite, Jr. 4641 Greendale Way W-S, N.C. 27103	XXXXXXXXXXXX	check	10/28/02	<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		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
c. Employer's Name/Specific Field		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$				
4. Total only this Page							\$ 900.00		
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		
	Timothy Samuels 405 Wesley Park Dr. K'ville, NC 27284	00000000000000000000 CK		10/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Retired Police Officer				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
W-S Police Dept		<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		
	Renita O. Thompkins 205 W. 3rd St. W-S	00000000000000000000 CK		10/27/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Medical Doctor				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
Aeris Winston-East		<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		
	David Martin 5005 Marble Arch Rd. W-S, N.C. 27104	00000000000000000000 CK		10/27/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	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		
					<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		
					<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			\$				
4. Total only this Page							\$ 300.00		
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
	Contributions from Various individuals \$50.00 & under				<input type="checkbox"/>	<input type="checkbox"/>	\$ 360. 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		\$	
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		\$	
4. Total only this Page						\$ 360. ⁰⁰	
5. Total of ALL CRO-1210 Pages (only show on last page)						\$ 1560. ⁰⁰	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Disbursements

1. Name of Committee or Fund						2. ID Number		
John 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				
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
	Winston-Salem Journal P.O. Box 3159 W-S, NC 27102-3159			Advertisement	XXXXXXXXXX	ck	10/31/02	\$ 1,821.60
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
	WSJS P.O. Box 3018 W-S, NC 27101			Ads.	XXXXXXXXXX	ck	10/30/02	\$ 297.50
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 Braunsboro Rd. W-S, NC.			Ad.	XXXXXXXXXX	ck	10/30/02	\$ 540.00
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
	WSMX 1225 E. 5th St. Suite 104 W-S, NC 27101			Ads	XXXXXXXXXX	ck	10/30/02	\$ 100.00
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
	Universal Printers 1049 Northwest Blvd. W-S, NC 27102			Campaign Literature	XXXXXXXXXX	ck	10/28/02	\$ 657.11
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							\$ 3,416.21	
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 checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures				
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Excalibur Enterprises, Inc. P.O. Box 7372 W-S, NC 27109-7372			post card mailing	XXXXXXXXXX	CK	10/31/02 10/31/02	\$ 225.00 \$ \$
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
	Universal Printers 1029 Northwest Blvd. W-S, NC 27102			poll cards	XXXXXXXXXX	CK	10/31/02 10/31/02	\$ 452.63 \$ \$
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
	Verizon Wireless P.O. Box 18000 Greenville, S.C. 29606-9000			Campaign phone	XXXXXXXXXX	CK	11/14/02	\$ 388.27 \$ \$
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 Hawes Mill Rd. W-S, N.C. 27105			Thank you notes	XXXXXXXXXX	CK	11/12/02	\$ 19.89 \$ \$
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
	W.R. Vernon Produce Co. 1035 N. Cherry St. W-S, NC 27105			fruit/poll workers	XXXXXXXXXX	CK	10/31/02	\$ 25.00 \$ \$
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							\$ 3,140.79	
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				
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
	Meta's Restaurant Winston-Salem, N.C. 27101			Election Celebration	XXXXXXXXXX	ck.	11/7/02	\$ 316.84
	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
	Time Warner Cable Adcast P.O. Box 36037 Charlotte, N.C. 282366037			Ads	XXXXXXXXXX	ck	11/8/02	\$ 16.65
	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
	Kinkos 232. S. Stratford Rd. W-S, N.C. 27103			Poll cards	XXXXXXXXXX	ck	11/4/02	\$ 198.89
	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
	Kinko's 232. S. STATford Rd. W-S, N.C. 27103			Poll cards	XXXXXXXXXX	ck.	11/5/02	\$ 147.50
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	WPOL 4405 Providence Lane W-S, N.C. 27106			Ads	XXXXXXXXXX	ck.	10/29/02	\$ 320.00
	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							\$ 999.88	
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 checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures				
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Tim About Catering Meta's Restaurant Winston-Salem, NC. 27101			Election celebration	0000000000	ck	11/4/02	\$ 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			\$	
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
	Kim Nesbitt			Poll lunches	0000000000	ck	11/4/02	\$ 125.00
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
	Bell South P.O Box 33009 Charlotte, NC. 28243			telephone bill	0000000000	ck	11/14/02	\$ 86.10
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
								\$
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
								\$
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							\$ 929.98	
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)							\$ 8,486.86	

Loan Repayments

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. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
	John Alexander Polite 1983 Emorywood Rd. Rural Hall, NC 27045 (336) 969-9438	3/17/02	12/2/02	000000000000
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$ 751.00	\$ 1.00	CK
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$ 750.00
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
	John Alexander Polite 1983 Emorywood Rd. Rural Hall, NC 27045 (336) 969-9438	8/12/02	12/18/02 + 12/31/02	000000000000
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$ 1000.00	\$ 479.04	CK + Cash
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$ 520.96
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
4. Total only this Page				\$ 1270.96
5. Total of ALL CRO-1420 Pages (only show on last page)				\$
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				