

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 Palmer for Commissioner					8/29/02	
2. Address						
c/o John Anthony, Treas; 3630 Winding Creek Way						
3. City			4. State	5. Zip	8. Phone	
Winston-Salem			NC	27106	765-3804	
9. Type of Report				10. Period Covered		11. Amendment
2002 Interim Report				Start	6/28/02	<input type="checkbox"/> Yes
				End	8/26/02	<input checked="" type="checkbox"/> No
12. Type of Committee or Fund (Check one)						
<input checked="" type="checkbox"/> Candidate Campaign		<input type="checkbox"/> Party		<input type="checkbox"/> Joint Fundraiser		<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund:						
13. Treasurer Name						
John A. Anthony, III						
14. Assistant Treasurer Name(s)						
15. Custodian of Books Name						
16. Bank/Depository/Credit Account Information						
a. Name	b. Purpose	c. Code	d. Period Begin Balance			
Lexington State Bank	Checking		\$	RECEIVED		
			\$	AUG 20 02		
			\$			
			\$			
			\$			
			\$			

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.


 Signature of Appointed Treasurer or Candidate

8/29/02
 Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
John Palmer for Commissioner	2002 Interim		
Start of Election Cycle: January 1, 20____	Total this Period	Total this Election Cycle	
4) Cash on Hand at Start of Election Cycle		\$ 0	
5) Cash on Hand at Start of Present Reporting Period	\$ 1965.44		
RECEIPTS			
6) Contributions from Individuals (CRO-1210)	\$ 1255.00	\$ 4494.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds and Reimbursements TO the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) Contributions based on Forgiven Loans (CRO-1440)	\$	\$	
14) 48-Hour Notice Reports Sum	\$	\$	
15) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)	\$ 1255.00	\$ 4494.00	
EXPENDITURES			
16) Disbursements (CRO-1310)			
16a) Operating Expenditures (CRO-1310)	\$ 191.43	\$ 1464.99	
16b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
16c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
17) Loan Repayments (CRO-1420)	\$	\$	
18) Forgiven Loans (CRO-1440)	\$	\$	
19) Refunds and Reimbursements FROM the Committee (CRO-1320)	\$	\$	
20) In-Kind Contributions (CRO-1510)	\$	\$	
21) TOTAL EXPENDITURES (Add lines 16a, 16b, 16c, 17, 18, 19, and 20)	\$ 191.43	\$ 1464.99	
22) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 15 together, then subtract line 21) (For this Election Cycle, add lines 4 and 15 together, then subtract line 21)	\$ 3029.01	\$ 3029.01	
Additional Information			
23) Non-Monetary Gifts Given to Committees (CRO-1330)	\$		
24) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$		
25) Debts and Obligations owed BY the Committee (CRO-1610)	\$		
26) Debts and Obligations owed TO the Committee (CRO-1620)	\$		
27) Parent Entity's Administrative Support (CRO-1710)	\$		
28) Account Transfers (CRO-1720)	\$		

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
John Palmer for Commissioner								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	DANIEL V. BESSE PO BOX 15306 W-5 27112		check dtd 7/07		<input type="checkbox"/>	<input type="checkbox"/>	\$ 100	
	b. Job Title/Profession						<input type="checkbox"/>	\$
	CITY ALDERMAN						<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						k. Election Cycle Sum to Date		
						\$		
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	
	Bert L. BENNETT PO BOX 2736 W-5 27102		check dtd 7/10		<input type="checkbox"/>	<input type="checkbox"/>	\$ 300	
	b. Job Title/Profession						<input type="checkbox"/>	\$
	Bus. OWNER						<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						k. Election Cycle Sum to Date		
REALTY D.L.						\$		
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	
	RICHARD N. DAVIS 809 LYNN DEC DR. W-5 27106		check dtd 7/15		<input type="checkbox"/>	<input type="checkbox"/>	\$ 50	
	b. Job Title/Profession						<input type="checkbox"/>	\$
	Bus OWNER (DAVIS HUNT SVCS)						<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						k. Election Cycle Sum to Date		
SELF EMPLOYED ACCT						\$		
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	
	J. FRANK MORRIS 112 BRANDON PLACE W-5 27104		check dtd 7/23		<input type="checkbox"/>	<input type="checkbox"/>	\$ 50	
	b. Job Title/Profession						<input type="checkbox"/>	\$
	REALTOR						<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						k. Election Cycle Sum to Date		
MERIDIAN REALTY						\$		
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	
	Dr. Edward G. WILSON Reynolds Station PO BOX 7242 W-5 27109		check dtd 7/24		<input type="checkbox"/>	<input type="checkbox"/>	\$ 100	
	b. Job Title/Profession						<input type="checkbox"/>	\$
	EXECUTIVE						<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						k. Election Cycle Sum to Date		
WF UNIV.						\$		
j. If Amendment, choose change type:								
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
4. Total only this Page							\$ 600	
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 Palmer for Commissioner								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	CLEO B. EVERIDGE PO BOX 86 Clemmons 27106		check	8/15	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	JANE W. KELLY 939 N. Stratford Rd W-5 27104		check	8/19	<input type="checkbox"/>	<input type="checkbox"/>	\$ 35	
	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	
	NANCY H. GÜENTHER 704 Archer Rd W-5 27106		check	8/15	<input type="checkbox"/>	<input type="checkbox"/>	\$ 30	
	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	
	GAIL T. MCKINNON 549 Steeple View Ct W-5 27101		check	8/20	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
					<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							\$ 115	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 1255	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Disbursements

1. Name of Committee or Fund <i>John Palmer for Commissioner</i>						2. ID Number	
3. Type of Disbursement <small>(Please use separate CRO-1330 forms for each type of Disbursements.)</small>							
<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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	<i>CASH</i>		<i>Office Supplies</i>	<i>#1011</i>	<i>check</i>	<i>dt# 7/2</i>	<i>\$ 49</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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	<i>US POSTAL Service</i>		<i>postage</i>	<i>#1012</i>	<i>check</i>	<i>dt# 7/19</i>	<i>\$ 37</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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	<i>OFFICE Depot</i>		<i>supplies</i>	<i>#1013</i>	<i>check</i>	<i>dt# 8/4</i>	<i>\$ 50.08</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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	<i>QTKINS High School CLASS of '96</i>		<i>Advertising</i>	<i>#1014</i>	<i>dt#</i>	<i>8/8</i>	<i>\$ 25</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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	<i>FOCUS Photography</i>		<i>photo for CAMPAIGN poster</i>	<i>#1015</i>	<i>dt#</i>	<i>8/2</i>	<i>\$ 30.35</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						\$ 191.43	
6. Total of ALL CRO-1310 Related Pages <small>(only show on last page)</small>						\$ 191.43	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							