

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 PALMER for Commissioner				6. Date	
2. Address c/o JOHN Anthony 31030 Winding Creek Way				7. ID Number	
3. City WINSTON-SALEM		4. State NC	5. Zip 27106	8. Phone 336/765-3804	
9. Type of Report 2002 First Quarter			10. Period Covered Start 1/1/2002 End 4/26/2002		11. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

12. Type of Committee or Fund (Check one)

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund:			

13. Treasurer Name
JOHN A. ANTHONY III

14. Assistant Treasurer Name(s)

15. Custodian of Books Name

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
Lexington State BANK	checking		\$
			\$
			\$
			\$
			\$
			\$

CERTIFICATION

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

John A. Anthony III _____ Date _____
Signature of Appointed Treasurer or Candidate

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
JOHN PALMER for Commissioner	2002 First Qtr		
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	\$ 0		
RECEIPTS			
6) Contributions from Individuals (CRO-1210)	\$ 1700	\$	
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)	\$ 1700	\$	
EXPENDITURES			
16) Disbursements (CRO-1310)			
16a) Operating Expenditures (CRO-1310)	\$ 724.61	\$	
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)	\$ 724.61	\$	
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)	\$ 975.39	\$	
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)	\$		

WYOMING COUNTY
 BOARD OF ELECTIONS
 JAN 10 03

Contributions from INDIVIDUALS

1. Name of Committee or Fund		2. ID Number					
JOHN PALMER for Commissioner		SOUTH COUNTY BOARD OF ELECTIONS					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Robert A. Wells 1083 Meadowlark Dr W-S 27106		check #103/21		<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
	b. Job Title/Profession NON-PROFIT MANAGER	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		<input type="checkbox"/>	\$
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
	ALLEN JOINES 5200 MTN VIEW RD W-S 27104		CASH	4/2	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50
	b. Job Title/Profession MANAGER	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		<input type="checkbox"/>	\$
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 B. GIBSON 1315 Brookstown Ave W-S 27101		check #103/21		<input type="checkbox"/>	<input type="checkbox"/>	\$ 50
	b. Job Title/Profession Attorney	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		<input type="checkbox"/>	\$
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 A. ANTHONY III 3630 Winding Creek Way W-S 27106		check #11/13		<input type="checkbox"/>	<input type="checkbox"/>	\$ 50
	b. Job Title/Profession Retired	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		<input type="checkbox"/>	\$
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
	FLORA H. Winfree 415 HOMER MANN Ave W-S 27104		check #14/23		<input type="checkbox"/>	<input type="checkbox"/>	\$ 25
	b. Job Title/Profession Retired	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		<input type="checkbox"/>	\$
4. Total only this Page							\$ 275
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 1725
(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
	John G. PALMER 315 Gatewood Dr Winston-Salem 27104		check	2/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						
	INS. AGENT						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Penn Mut. Life	<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
	Dewitt Crepps 3030 Magazine Dr Winston-Salem 27106		check	2/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
					<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		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	MARSHALL B. BASS 3726 Spaulding Dr Winston-Salem 27105		check	2/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500
					<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		\$			
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
	KATHERINE PALMER 65 Delaware Ave Lambertville, NJ 08530		check	2/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						
	administrator						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Princeton Univ	<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
	Edgar Palmer 305 Lee Circle E. Lansing, MI 48823		check	2/17/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
					<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							\$ 950
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
	W.G. Enloe 3511 Kunklees Rd Winston Salem 27104		check	2/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
	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
	Marie Weidon 525 North St Chapel Hill, NC 27514		check	2/16/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
	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
	Elyse D. Jung 521 Lynhaven Ct Winston-Salem 27104		check	3/8/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Medical Research				<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
	Douglas A. Cummins 228 Woodlawn Ave Saratoga Springs, NY 12866		check	3/1/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	CONSULTANT				<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
	Elizabeth Palmer Daane 7043 PASADENA DALLAS, TX 75214		check	3/1/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
	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			
	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$				
4. Total only this Page							\$ 500
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 1450
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Disbursements

1. Name of Committee or Fund						2. ID Number	
John Palmer for Commissioner							
3. Type of Disbursement <small>(Please use separate CRO-1330 forms for each type of Disbursements.)</small>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Board of Elections 680 W. Fourth ST W-5 27101		filing fee				\$ 168.74
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 \$ 724.61	
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Related Pages <small>(only show on last page)</small>						\$	
<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>							

Disbursements

1. Name of Committee or Fund		2. ID Number					
JOHN PALMER for Commissioner							
(Please use separate CRO-1330 forms for each type of Disbursements.)							
3. Type of Disbursement							
<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	
	Guler Mem. AME Zion Church 630 N. PATTERSON ST WS 27101	Dinner for candidates at Adams-MARK-4120		check	4/15/2002	\$ 2500	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
	Office Depot 7774 N. Point Blvd WS 27106	Envelopes & Supplies		check	4/17/2002	\$ 73.31	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
	Office MAX 140 Stratford Commons WS 27103	Cover Letters Flyers, Supplies		check	4/18/2002	\$ 110.36	
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	
	Cash	Miscellaneous plus food		CASH	4/19/2002	\$ 150.00	
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	
	Postmaster HANKS MALL POSTAL 3320 SILAS CREEK PKWY	POSTAGE		check	4/19/2002	\$ 197.20	
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						\$ 555.87	
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)							

1700.00
724.61
975.39

555.87
165.24
724.61