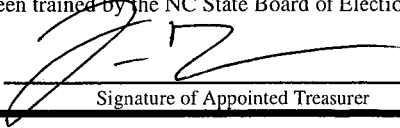


Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

1. Committee Information		c. ID Number	
a. Full Name <u>John Thorpe for Burlington</u>		1103	
b. Mailing Address (include City, State and Zip Code) <u>624 W. Davis St Apt 213 Burlington, NC 27215</u>		d. Date Filed <u>8-1-17</u>	
		e. Phone Number <u>(336) 350 2004</u>	
2. Report Year <u>2017</u>	3. Period Start Date (mm/dd/yy) <u>6/20/17</u>	4. Period End Date (mm/dd/yy) <u>6/30/17</u>	5. Treasurer Full Name <u>John Thorpe</u>
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report <u>0</u>		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Capital Bank</u>		a. Financial Institution Full Name	
b. Purpose <u>Campaign Finance</u>	c. Account Code <u>1103</u>	b. Purpose	c. Account Code
	d. Period Begin Balance \$ <u>0</u>		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
<u>John Thorpe</u> Printed Name of Signer		 Signature of Appointed Treasurer	<u>8/1/17</u> Date
FOR OFFICE USE ONLY			
Date Received:	<u>9/21/17</u>	Employee:	<u>JG</u>
Date Postmarked:	_____	Employee:	<u>JG</u>
Date Scanned:	<u>9/21/17</u>	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

17A11:36 RCVD