| D'-1   | Amendment   |
|--|---|
| Disclosure Report Cover  | Yes No  |
| Use this form for general report and committee information, must be signed and submitted alor<br>Do not use this form to update information.   | ig with other detailed forms.   |
| 1. Committee Information   |   |
| a. Full Name   | c. ID Number  |
| Tom Thorne for Burlington  | 1103  |
| b. Mailing Address (include City, State and Zip Code)  | d. Date Filed   |
| BURLINGTON, NC 27218   | 7/20/17   |
| BURLINGTON, NC 2/215   | e. Phone Number   |
| O ,  | 336-350-2004  |
| 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasure   | er Full Name  |
| 2017 7/20/17 7/27/17 John  | Thorpe  |
| 6. Type of Committee (Check One)  9. Type of Report (check only one type of report)  |   |
| Candidate Campaign Party Municipal State/County  | Referendum  |
| PAC Referendum Organizational Organizational   | Organizational  |
| ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day Quarterly   | Pre-referendum  |
| Legal Expense Fund Pre-primary First   | Final Supplemental Final  |
| 7. Type of Fund (if applicable, check one) Pre-runoff Second   | Annual  |
| 7. Type of Fund (if applicable, check one) Pre-runoff Third  Booster Fund Semi-annual Fourth   | Special   |
| Building Fund  Mid Year  Semi-annual   | special   |
| Year End Mid Year  | 10. Special Report Name   |
| Other: Final Year End  | To openia sopo o la s   |
| 8. Number of Fundraisers this Report   |   |
|  |   |
| Special  |   |
| 11 Account Information 111 Account Information   |   |
| 11. Account Information 11. Account Information  |   |
| 11. Account Information  a. Financial Institution Full Name  a. Financial Institution Full Name  |   |
| 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name CAPHAL BANK  | c. Account Code   |
| 11. Account Information  a. Financial Institution Full Name  a. Financial Institution Full Name  | c. Account Code   |
| 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name CAPHAL BANK  | c. Account Code   |
| 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code b. Purpose  |   |
| 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code b. Purpose d. Period Begin Balance  | d. Period Begin Balance   |
| 11. Account Information a. Financial Institution Full Name  CAPATORIO b. Purpose  c. Account Code b. Purpose  CAMPAIN d. Period Begin Balance \$4.89   |   |
| 11. Account Information a. Financial Institution Full Name  CAPHAL BANG b. Purpose c. Account Code b. Purpose  CAMPAIN d. Period Begin Balance \$4.89  CERTIFICATION   | d. Period Begin Balance   |
| 11. Account Information a. Financial Institution Full Name  CAPHAL BANK b. Purpose c. Account Code b. Purpose  CAMPAIN d. Period Begin Balance \$4.89  CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 221  | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163   |
| 11. Account Information a. Financial Institution Full Name  CAPHAL BANK b. Purpose c. Account Code b. Purpose  CARTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 221 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for   | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163   |
| 11. Account Information a. Financial Institution Full Name  CAPHAL BANK b. Purpose c. Account Code b. Purpose  CAMPAIN d. Period Begin Balance \$4.89  CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 221  | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163   |
| 11. Account Information a. Financial Institution Full Name  CAPHAL BANK b. Purpose c. Account Code b. Purpose  CARTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 221 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for   | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163   |
| 11. Account Information a. Financial Institution Full Name  CAPHAL BANK b. Purpose c. Account Code b. Purpose  CARTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 221 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed finding and the state of th | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163   |
| 11. Account Information a. Financial Institution Full Name  COPHOLOGY b. Purpose  c. Account Code b. Purpose  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22I of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Tohn Thoree  Printed Name of Signer  Signature of Appointed Treasurer  | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this  \[ \begin{align*} \begi |
| 11. Account Information a. Financial Institution Full Name  CAPTOPIN b. Purpose  c. Account Code b. Purpose  c. Account Code d. Period Begin Balance \$4.89  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22I of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Tohn The Period Begin Balance  Signature of Appointed Treasurer  FOR OFFICE USE ONLY  | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this  \[ \begin{align*} \begi |
| 11. Account Information a. Financial Institution Full Name  CAPTORING b. Purpose  c. Account Code b. Purpose  c. Account Code d. Period Begin Balance \$4.89  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 221 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Tohn Thorse  Printed Name of Signer  Signature of Appointed Treasurer  FOR OFFICE USE ONLY   | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this  \[ \begin{align*} \begi |
| 11. Account Information a. Financial Institution Full Name  CARABLE BANK b. Purpose c. Account Code b. Purpose c. Account Code look Purpose look Purpose state Begin Balance look Purpose state Committee or Fund is in compliance with all applicable provisions of Article 22A, 22I of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Cohn Thorpe Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY Date Received:  Employee:  Del   | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this  B/1/07 Date  ivery Method  |
| 11. Account Information a. Financial Institution Full Name  CAPTOPIN b. Purpose  c. Account Code b. Purpose  c. Account Code d. Period Begin Balance \$4.89  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22I of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Tohn The Period Begin Balance  Signature of Appointed Treasurer  FOR OFFICE USE ONLY  | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this  B/1/Dote  ivery Method Normal Mail Registered Mail Hand Delivered  |
| 11. Account Information a. Financial Institution Full Name  CARABLE BANK b. Purpose c. Account Code b. Purpose c. Account Code look Purpose look Purpose state Begin Balance look Purpose state Committee or Fund is in compliance with all applicable provisions of Article 22A, 22I of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Cohn Thorpe Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY Date Received:  Employee:  Del   | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this  B/1/Date  ivery Method Normal Mail Registered Mail   |
| 11. Account Information a. Financial Institution Full Name  CAPTAL BANK b. Purpose  c. Account Code b. Purpose  c. Account Code b. Purpose  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22I of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed for report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Don The Perinted Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Employee:   | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this  B/1/Do Date  ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed  Signer has not received   |
| 11. Account Information a. Financial Institution Full Name  CAPTOPHY b. Purpose  c. Account Code  l. Purpose  s. G. Purpose  s. G. Purpose  c. Account Code  l. Purpose  s. G. Purpose  s. G. Purpose  c. Account Code  l. Purpose  s. G. | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this  B/L/D/ Date  ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed  Signer has not received mandatory training  |
| 11. Account Information a. Financial Institution Full Name  CAPAR BANK b. Purpose  c. Account Code  b. Purpose  c. Account Code  d. Period Begin Balance \$4.89  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed freport is complete, true and correct and that I have been trained by the NC State Board of Elections.  Tohn The Period Regin Balance  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Employee:  Employee:  Date Scanned:  Employee:   | d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this    Date   Date  |

CRO-1000

NC State Board of Elections

August 2008

Amendment **Detailed Summary** ☐ Yes ☐ No Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report 1163 UTAR Total this **Total this** Start of Election Cycle: January 1, **Reporting Period Election Cycle** 4) Cash on Hand at Start 59 \$ 4.59 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205)\$ \$ \$ 0 \$ 6) Contributions from Individuals (CRO-1210) 0 \$ 7) Contributions from Political Party Committees (CRO-1220)\$ \$ 8) Contributions from Other Political Committees \$ (CRO-1230)9) Loan Proceeds (CRO-1410) \$ \$ 0 0 \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources 0 \$ 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 0 \$ 11c) Outside Sources of Income (CRO-1250)\$ 0 0 \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0

| 11e) Exempt Purchase Price Sales                             | (CRO-1265)        | \$   | 0  | \$   | 0           |
|--|-------------------|------|----|------|-------------|
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11    | lc,11d and 11e)   | \$   | () | \$   | Ö           |
| EXPENDITURES   |                   |      |    |      |             |
| 13) Disbursements  |                   |      |    |      |             |
| 13a) Operating Expenditures                                  | (CRO-1310)        | \$   | 0  | \$   | 0           |
| 13b) Contributions to Candidates/Political Committee         | es (CRO-1310)     | \$   | 6  | \$   | 0           |
| 13c) Coordinated Party Expenditures                          | (CRO-1310)        | \$   | 0  | \$   | 0           |
| 14) Aggregated Non-Media Expenditures                        | (CRO-1315)        | \$   | 0  | \$   | 0           |
| 15) Loan Repayments  | (CRO-1420)        | \$   | 0  | \$   | 0           |
| 16) Refunds/Reimbursements from the Committee                | (CRO-1320)        | \$   | 0  | \$   | 0           |
| 17) In-Kind Contributions                                    | (CRO-1510)        | \$   | 0  | \$   | 0           |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,         | 15, 16 and 17)    | \$   | 0  | \$   | 0           |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then s | ubtract line 18)  | \$4. | 39 | \$ 2 | 4.59        |
| ADDITIONAL INFORMATION                                       |                   |      |    |      |             |
| 20) Non-Monetary Gifts Given to Other Committees             | (CRO-1330)        | \$   | 6  |      |             |
| 21) Outstanding Loans (incl. ones from other campaigns       | ) (CRO-1430)      | \$   | 0  |      |             |
| 22) Debts and Obligations owed by the Committee              | (CRO-1610)        | \$   |    |      |             |
| 23) Debts and Obligations owed to the Committee              | (CRO-1620)        | \$ ( | 2  |      |             |
| 24) Account Transfers Within the Committee                   | (CRO-1720)        | \$ ( |    |      |             |
| 25) Administrative Support                                   | (CRO-1710)        | \$ ( | )  | \$   | 0           |
| 26) Forgiven Loans   | (CRO-1440)        | \$ 6 | >  | \$   | O           |
| 27) 48-Hour Notice Reports Sum                               | (CRO-2220)        | \$ ( |    | \$   | 0           |
| 28) Contributions to be Refunded                             | (CRO-1215)        | \$ ( | 3  | \$   | Ŏ           |
| CRO-1100 NC State Bo   | oard of Elections |      |    |      | August 2008 |