

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	
a. Full Name <u>John Thorpe for Burlington</u>	c. ID Number <u>1103</u>
b. Mailing Address (include City, State and Zip Code) <u>624 W. DAVIS St. Apt. 2B Burlington, NC 27215</u>	d. Date Filed
	e. Phone Number <u>336-350-2004</u>

2. Report Year <u>2017</u>	3. Period Start Date (mm/dd/yy) <u>8/30/17</u>	4. Period End Date (mm/dd/yy) <u>9/25/17</u>	5. Treasurer Full Name <u>Jeanmychel Thorpe</u>
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input checked="" type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report <u>0</u>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Capitol Bank</u>	a. Financial Institution Full Name	b. Purpose <u>Campaign Finances</u>	c. Account Code <u>1103</u>
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$ 1,332.54</u>		d. Period Begin Balance <u>\$</u>

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.

Jeanmychel Thorpe Printed Name of Signer [Signature] Signature of Appointed Treasurer 10/2/17 Date

FOR OFFICE USE ONLY

Date Received: 10-3-17 Employee: JG **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: 10-31-17 Employee: JG Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ 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.

10-03-17P03:49 RCVD

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
John Threpe for Burlington	Pre primary	1103	
Start of Election Cycle: January 1, 2017	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1332.59	\$ 00	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 30	\$ 363.00	
6) Contributions from Individuals (CRO-1210)	\$ 100	\$ 1195.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 130	\$ 1550	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1,100	\$ 1,200	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$	
15) Loan Repayments (CRO-1420)	\$ 0	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 778.94	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,100	\$ 1978.94	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 362.59	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0		
25) Administrative Support (CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0	
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0	

Aggregated Contributions from Individuals

Page ____ of ____

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number
John Therese Lee Burlington					1103
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1103	check	Donation	9/19/17	\$ 30
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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4. Total only this Page					\$ 30-
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 30-