

# 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		c. ID Number							
John Therpe for Burlington		1103							
b. Mailing Address (include City, State and Zip Code)		d. Date Filed							
624 W. DAVIS ST APT. DB Burlington, NC 27215		1/31/18							
		e. Phone Number							
		336-350-2004							
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name						
2017	10/24/17	12/31/17	Jeanmychal Therpe						
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)							
<input 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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <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 checked="" type="checkbox"/> Semi-annual  <input checked="" type="checkbox"/> Mid Year  <input checked="" type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special                 </td> <td> <input type="checkbox"/> Organizational                      Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special                 </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special                 </td> </tr> </table>		Municipal	State/County	Referendum	<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 checked="" type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
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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									
0									
11. Account Information		11. Account Information							
a. Financial Institution Full Name		a. Financial Institution Full Name							
Capital Bank									
b. Purpose	c. Account Code	b. Purpose	c. Account Code						
Campaign Finances	1103								
	d. Period Begin Balance		d. Period Begin Balance						
	\$ 362.59		\$						
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.									
Jeanmychal Therpe Printed Name of Signer		 Signature of Appointed Treasurer	1/31/18 Date						
FOR OFFICE USE ONLY									
Date Received:	1/31/18	Employee:	JG						
Date Postmarked:		Employee:							
Date Scanned:	1/31/18	Employee:	JG						
Date Data Entered:		Employee:							
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training							
<b>Please Note:</b> 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.									



# Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Thorpe for Burlington		1103
Start of Election Cycle: January 1, 2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 362.59	\$ 4.59
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 333.00
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 1225
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	\$ <del>0</del> 0
<b>11) Other Receipt Sources</b>		
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)	\$ 0	\$ 1558.00
<b>EXPENDITURES</b>		
<b>13) Disbursements</b>		
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 1200.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 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	\$ 778.94
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0	\$ 1978.94
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 362.59	\$ 362.59
<b>ADDITIONAL INFORMATION</b>		
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