

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 Thorpe for Burlington | | | 1103 | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed | |
| 624 W. DAVIS ST APT 2B Burlington, NC 27215 | | | 07/20/17 | |
| | | | e. Phone Number | |
| | | | 336-330-2007 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| 2017 | 07/20/17 | 8/29/17 | John Thorpe | |
| 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 type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| | | State/County <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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| | | Referendum <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 | | |
| 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 | | | | |
| 2 | | | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | | |
| Capitol Bank | | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code | |
| Campaign Finances | 1103 | | | |
| | d. Period Begin Balance | | d. Period Begin Balance | |
| | \$ 4.59 | | \$ | |
| 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. | | | | |
| _____ Jeanmichel Thorpe Printed Name of Signer | | _____ Signature of Appointed Treasurer | | _____ Date |
| | | | | 9/1/17 |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | 9-1-17 | Employee: | JG | |
| Date Postmarked: | _____ | Employee: | _____ | |
| Date Scanned: | 9-13-17 | 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 | | | | |
| 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. | | | | |

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 Thorpe For Burlington | Semi-annual year | 1103 | |
| Start of Election Cycle: January 1, 2017 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 4.59 | \$ | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 333.00 | \$ 333.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 1045.00 | \$ 1045.00 | |
| 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 | \$ 8 | |
| 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) | \$ 1428 | \$ 1428 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 100.00 | \$ 100.00 | |
| 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) | \$ 778.94 | \$ 778.94 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 878.94 | \$ 878.94 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1332.59 | \$ 1332.59 | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ | | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ | | |
| 25) Administrative Support (CRO-1710) | \$ | \$ | |
| 26) Forgiven Loans (CRO-1440) | \$ | \$ | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ | |

Aggregated Contributions from Individuals

Page ___ of ___

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 |
|--|-----------------|--------------------|------------------------|----------------------|---------------------|
| 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 | 1103 | CASH | Donation | 8/20/17 | \$ 15.00 |
| <input type="checkbox"/> Remove | 1103 | CASH | Donation | 8/20/17 | \$ 15.00 |
| <input type="checkbox"/> Add | 1103 | CASH | Donation | 8/20/17 | \$ 20.00 |
| <input type="checkbox"/> Remove | 1103 | CASH | Donation | 8/20/17 | \$ 20.00 |
| <input type="checkbox"/> Add | 1103 | CASH | Donation | 8/20/17 | \$ 15.00 |
| <input type="checkbox"/> Remove | 1103 | CASH | Donation | 8/20/17 | \$ 15.00 |
| <input type="checkbox"/> Add | 1103 | CASH | Donation | 8/20/17 | \$ 18.00 |
| <input type="checkbox"/> Remove | 1103 | CASH | Donation | 8/20/17 | \$ 18.00 |
| <input type="checkbox"/> Add | 1103 | CASH | Donation | 8/20/17 | \$ 30.00 |
| <input type="checkbox"/> Remove | 1103 | CASH | Donation | 8/20/17 | \$ 25.00 |
| <input type="checkbox"/> Add | 1103 | CASH | Donation | 8/20/17 | \$ 20.00 |
| <input type="checkbox"/> Remove | 1103 | CASH | Donation | 8/20/17 | \$ 20.00 |
| <input type="checkbox"/> Add | 1103 | CASH | Donation | 8/20/17 | \$ 15.00 |
| <input type="checkbox"/> Remove | 1103 | CASH | Donation | 8/20/17 | \$ 30.00 |
| <input type="checkbox"/> Add | 1103 | CASH | Donation | 8/20/17 | \$ 45.00 |
| <input type="checkbox"/> Remove | 1103 | CASH | Donation | 8/20/17 | \$ 45.00 |
| <input type="checkbox"/> Add | 1103 | Check | DONATION | 8/27/17 | \$ 25.00 |
| <input type="checkbox"/> Remove | 1103 | Check | DONATION | 8/27/17 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| 4. Total only this Page | | | | | \$ 333.00 |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 333.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | |

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| John Thoepe for Ruzlinton | | | | | | 1103 |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Constance Chen 2511 Nottoway Terrace Burlington, NC 27215 336-928-7487 | | | Retired nurse | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ 145.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1103 | Check | Donation | 7/29/17 | \$ 100.00 | |
| <input type="checkbox"/> | 1103 | Check | Donation | 8/20/17 | \$ 45.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Jacqueline Laukaitis 1618 Granite St Burlington, NC 27216 | | | Retired Teacher | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1103 | Check | Donation | 8/20/17 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Cathy Chapman 4915 US 70W Gardner, NC 27243 336-263-0973 | | | Retired RN | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1103 | Check | Donation | 8/27/17 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 395.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 1095.00 | |

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| John Thorpe for Burlington | | | | | | 1103 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Amos Jessup 212 S. Hillsborough Ave Hillsborough, NC 27278 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1103 | Check | Donation | 8/27/17 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Mark Bell 168 W. King St Hillsborough, NC 27278 | | | | Commissioner | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | CET | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1103 | Check | Donation | 8/27/17 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Deborah Simmers 419-644-0308 213 W. Tryon St. Hillsborough, NC 27278 | | | | Artist Consultant | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1103 | Check | Donation | 8/27/17 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 150.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 1095.00 | |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | | |

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| John Thorpe for Burlington | | | | | | 1103 |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Janie C. Morris PO Box 1182 Hillsborough, NC 27278 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1103 | check | Donation | 8/27/17 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Vicki Boyce PO Box 302 Carrboro, NC 27510 | | | Retired Business 6326 | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1103 | check | Donation | 8/27/17 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Katherine Bollinger 1707 Bronfield Dr Hillsborough, NC 27278 | | | | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1103 | check | Donation | 8/27/17 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 250.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 1095.00 | |

Contributions from Individuals

Pg ____ of ____

| |
|--|
| Amendment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| John Thorne for Burlington | | | | | | 1103 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Rollin Russell 202 Saponi Dr Hillsborough, NC 27278 919-644-0869 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1103 | check | DONATION | 8/27/17 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Annette Maynard 336- 732 N Mayre Dr 223- Graham, NC 27253 1330 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1103 | check | DONATION | 8/27/17 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 300 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$ 1095.00 | |

Disbursements

Pg ____ of ____

Amendment
 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | | | |
|---|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| John Thorpe for Buzlington | | | | | | 1103 | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| City of Buzlington Buzlington Downtown Depot 200 S. MAIN ST. | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1103 | Debit | C | 8/18/17 | \$ 100 | VENUE RENTAL | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 100.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 100.00 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

In-Kind Contributions

Pg ____ of ____

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|--|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| John Thorpe for Burlington | | 1103 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Jeanmychal Thorpe 624 W. Davis St Apt B Burlington, NC 27215 336-350-2004 | | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$.56 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Food for fundraiser (Stokely's BBQ) | | 8/20/17 | \$ 288.23 |
| Flyers (CVAs advertising) | | 7/29/17 | \$ 100.00 |
| Flyers (CVAs advertising) | | 8/11/17 | \$ 112.43 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Jeanmychal Thorpe 624 W. Davis St Apt B Burlington NC 27215 386-350-2004 | | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 256 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| website fee (Cycla.com) | | 8/18/17 | \$ 11.95 |
| website fee (Cycla.com) | | 8/22/17 | \$ 29.95 |
| Burlington Downtown Depot Rental | | 8/18/17 | \$ 30.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Allison Mahaley 336-212-0138 109 N Cameron St. Hillsborough, NC 27278 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 206.38 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Food for fundraiser (Costco) | | 8/27/17 | \$ 206.38 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 94 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | \$ |