	Amen	ıdment	
Diselosure Report Cover		Yes	No
tradices of the second and an existing an existing and an experience of the second and exhaust the second and exha	other d	atailed forms	

	•	•	,	C
Do r	ot use this form to upd	ate information		

Do not use this form to	update information				Wast.	27571.500.000.00	
1. Committee Inform	ation					Side and	
a. Full Name						c. ID	Number
Pamela Tyler Thomps	son For County Commission	oner					
b. Mailing Address (includ	e City, State and Zip Code)					d. Dat	te Filed
2222 Delaney Drive, I Burlington, NC 27215	Burlington, NC 27215						02/24/2020
Duriniscon, 1 (C 2 / 2 / 2	•					e. Pho	ne Number
							336-213-8788
2. Report Year 3	. Period Start Date (mm/d		Period End C	Date	5. Treasurer Full	Name	
2020	01/01/2020	HBSHREET L	02/15/202	20	Joshua Hook Stone	е	esymptotic control of the control of
6. Type of Committee	(Check One)	9. Type o	f Report	(check on	ly one type of report	from o	ne category)
Candidate Campaig		Municipal	DESCRIPTION STREET,	State/C			endum
PAC	Referendum	Org	ganizational		Organizational		Organizational
Independent Expenditure	Joint Fundraiser	Thi	rty-five day	'	Quarterly		Pre-referendum
Legal Expense Fund 7. Type of Fund	t (if applicable, check one)	□ Dre	-primary		First		Final
"Booster Fund"	i) applicable, check one)	=	-primary -election		Second		Supplemental Final
Building Fund			-runoff		Third	lΗ	Annual
Dunlemg rand			ni-annual	1 1 1	Fourth		Special
			Mid Year	- !	Semi-annual		_
Other:			Year End		Mid Year	10. S	pecial Report Name
_		Fina	al		Year End		
8. Number of Fundra	isers this Report	☐ Spe	cial	1	Final		
N	//A			│	Special		
11. Account Informat	Color Actions with the manufacture of the first officers of the second o		11.7	Account I	nformation		
a. Financial Institution Ful		diate.25thrediatellahle.211/2001	NATIONAL DESCRIPTION OF THE RESERVE	A CONTRACTOR OF THE PARTY OF TH	itution Full Name	De la constantina de	
Fidelity Bank	· · · · · · · · · · · · · · · · · · ·						
b. Purpose	c. Account Code		b. Pu		12054	c. A	ccount Code
All campaign	2			RE	CEIVED		
	d. Period Begin Balance				(1) 23 2020	d. Pe	eriod Begin Balance
	\$ 2,076.39			BY:		\$	
CERTIFICATION	1	·				<u> </u>	
I certify that the Comm the NC General Statute	nittee or Fund is in complises and that no funds are co	mmingled v	with prohibited	or other i	non-diselosed funds.	& 22D I furthe	-22M of Chapter 163 of er certify that this report
	orrect and that I have been	trained by	the NC State P	oard of R			
Joshua Hook			(War Har	4 ~ 2 =)3/24/2	
	Printed Name of Signer		Signature	of Appoint	ted Treasurer		Date
FOR OFFICE USE ON	3/25/202	۵	ν		- r	Jeliver	y Method
Date Received:	0/05/94	O Em	iployee:		<u> </u>		Jormal Mail
					Ť	=	egistered Mail
Date Postmarked:			iployee:		 [land Delivered
Date Scanned:	5/19/2020) Em	ployee:		6		lectronically Filed Signer has not received
Date Data Entered	:	Em	nployee:			n	nandatory training
Please Note: This is	form cannot be used to am		ttee informatio			ss, trea	surer, assistant treasurer,
	custodia	II OT DOOKS	mioimanon, o	ı account	mioimation.		

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment ⊠ Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)			3. ID Number
Charles and the second	Organizational	Copyrian Separational Association (Copyright)	0.7.7.7.5.5.5.5.7.7.6.6.7.7.7.7.7.7.7.7.7
Start of Election Cycle: January 1, _	2019	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,076.39	\$ 0
RECEIPTS THE STATE OF THE STATE	WHEN THE PROPERTY OF THE PERSON OF THE PERSO	AFROM ONE SHIP	Constitution of the second sec
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 250.00	\$ 540.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,800.00	\$ 6,330.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		TIDRICIA.	HELD THE PROPERTY OF THE PROPE
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	s (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	l1d and I1e)	\$ 3,050.00	\$ 6870.00
EXPENDITURES NAME OF THE OWNER OWNER OF THE OWNER		NINGEL AND THE PROPERTY OF THE PARTY OF THE	Hideline a State of the State o
13) Disbursements			The state of the s
13a) Operating Expenditures	(CRO-1310)	\$ 3780.33	\$ 5,418.94
13b) Contributions to Candidates/Political Committee	es <i>(CRO-1310)</i>	\$ 100.00	\$ 100.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 105.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	16 and 17)	\$ 3,880.33	\$ 5,623.94
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	ct line 18)	\$ 1,246.06	\$ 1,246.06
ADDITIONAL INFORMATION	The state of the s	Statistics	The second second
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)	\$	
	(CD 0 1510)	\$	\$
25) Administrative Support	(CRO-1710)	Ψ	
25) Administrative Support26) Forgiven Loans	(CRO-1/10)	\$	\$
			\$

Aggregated Contributions from Individuals

Page

of

Amendment

- [≺	7	1	
- 1	- 2	ĸ		

No

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

1. Co	mmittee Full N	ame (and Fun	d if applicable)			2. ID	Number	
Pame	ela Tyler Thomp	son For Count	y Commissioner					
3. Col		b. Account	c. Form of Payment	d. In-Kind	e. Date		f. Amount	
		Code		Description	(mm/dd/yyy	y)		
 	Add Remove	_ 2	Check		01/10/2	020	\$ 50	
片	Add	1_			01/10/0	020	d 50	
	Remove	_ 2	Check		01/10/2	020	\$ 50	
	Add		Cl I		01/03/2	020	\$ 50	
	Remove	2	Check		01/03/2	020	\$ 50	
	Add	2	Check		01/19/2	020	\$ 50	
	Remove		CITCOR					
	Add	_ 2	Check		01/26/26	020	\$ 50	
	Remove		Chlock		31.20.2		ļ	
	Add						\$	
Щ	Remove							
	Add						\$	
	Remove					-		
	Add	4					\$	
<u> </u>	Remove							
	Add	_			İ		\$	
 	Remove						-	
	Add	4					\$	
<u> </u>	Remove		<u> </u>				-	
H	Add	-					\$	
H	Remove	 			-			
	Add Remove	_					\$	
 	Add							
 	Remove	\dashv					\$	
H	Add							
H	Remove	-					\$	
┝┼	Add					-		
 	Remove	\dashv					\$	
┢	Add		- 4,					
H	Remove	┪					\$	
	Add		1.110-11-11				6	
	Remove						\$	
	Add			-			e	
	Remove		·				\$	
	Add						\$	
	Remove						Φ	
	Add						\$	
	Remove		<u></u>					
	Add						\$	
	Remove				_		*	
	Add	_					\$	
	Remove	D	<u> </u>			ď	250	
	tal only this					\$	230	
	tal of ALL (\$	250	
(This	line must be on lin	ie 5 of Detailed Su	mmary Page CRO-1100)					

Disclosure Rep	ort Cover ral report and committee i	nformation must be	signed and sub	mitted along with o	☑ Yes
Do not use this form to		morniacion, must be	signed and one		
1. Committee Inform	ation				
a. Full Name	- III III III III III III III III III I				c. ID Number
Pamela Tyler Thomps	on For County Commission	oner			
b. Mailing Address (includ	e City, State and Zip Code)				d. Date Filed
2222 Delaney Drive, I Burlington, NC 27215	Burlington, NC 27215				02/24/2020
- · · · · · · · · · · · · · · · · · · ·		•			e. Phone Number
					336-213-8788
2. Report Year 3	Period Start Date (mm/c	d/yy) 4. Period (mm/dd/yy)	######################################	5. Treasurer Fu	ll Name
2019	12/13/2019	12/3	1/2019	Joshua Hook Sto	one
6. Type of Committee	(Check One)	9. Type of Report	(check on	ly one type of repor	t from one category)
Candidate Campaign	n Party	Municipal	State/C	ounty	Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five day	,	Quarterly	Pre-referendum
	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
O41		Mid Year Year End	l —	Semi-annual Mid Year	10. Special Report Name
Other:		Final		Year End	
8 Number of Fundra	isers this Report	Special	I —	Final	
	I/A			Special	
11. Account Informat	12 de la companya del la companya de		11. Account I	CHILDRICH CONTRACTOR C	
a. Financial Institution Ful	l Name		a. Financial Insti	itution Full Name	
Fidelity Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
All campaign	2				-1
	d. Period Begin Balance		RE	CEIVED	d. Period Begin Balance
	\$ 0		F 4 2	23 202 9	\$
CERTIFICATION			The state of the s	 '	
I certify that the Comm	nittee or Fund is in compli	ance with all applica	ble provisi ons c	of Article 22A, 221	5, & 22D-22M of Chapter 163 of
the NC General Statute	es and that no funds are co	mmingled with proh	ibited or other r	non-disclosed fund	s. I further certify that this report
	orrect and that I have been	trained by the NC S	state Board of E	lections.	02/24/2020
Joshua Hook	Stone Printed Name of Signer		gnature of Appoint	ad Trescurer	02/24/2020 Date
FOR OFFICE USE ON	IV		gnature of Appoint	od Housuloi	
Date Received:	3/25/2020	Employee:			Delivery Method Normal Mail
Date Postmarked:		Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Entered	:	Employee:			mandatory training
Please Note: This					ress, treasurer, assistant treasurer,
	custodia	ın of books informat	ion, or account	information.	

Amendment

CRO-1000

NC State Board of Elections

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

August 2008

Amendment \boxtimes Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)			3. ID Number
Pamela Tyler Thompson For County Commissioner	Organizational		
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 361.39	\$ 0
RECEIPTS		Hamil Lightman con.	THE PARTY NAMED IN COLUMN
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 290	\$ 290
6) Contributions from Individuals	(CRO-1210)	\$ 1,530	\$ 3,530
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$. \$
11b) Contributions from Not-for-Profit Organization	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	IId and IIe)	\$ 1,820	\$ 3,820
EXPENDITURES	THE THE DESIGNATION OF THE PARTY OF THE PART	White and the same of the same	A STATE OF THE PROPERTY OF THE
13) Disbursements		************************************	
13a) Operating Expenditures	(CRO-1310)	\$	\$ 1,638.61
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 105	\$ 105
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 105	\$ 1,743.61
19) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	\$ 2,076.39	\$ 2,076.39
ADDITIONAL INFORMATION			Marine Committee
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$	
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)	Φ	Ψ

				0 or contributions unde				tiles o carro o citati
1. Comn	aittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
Pamela T	Tyler Thompson F	or County Commission	ner					
3. Contr	ibutor Informati	o n		Add Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	its	
	city, state, & zip)	, , , , , , , , , , , , , , , , , , , 		Legal Assistant		Candidat	e	
	yler Thompson			c. Employer's Name/Sp	acific Field	-		
	laney Drive on, NC 27215			Craig Thompson	ecine Field	1		
Darmigu	on, 100 27215			Orang Thompson		e. Election	Sum to Date	
						\$	2,105	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		In-kind	Filir	ng Fee	12/02/2	019	\$	105
	2	Check			12/02/2	2019	\$	2000.
							\$	
3. Contr	ibutor Informatio	on		Add 🗍 Ren	nove			in in the
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Not Working				
Syvia C.	Rich lips Chapel Road			c. Employer's Name/Spe	ecific Field	1		
	er, NC 27258			Retired	ceine Field	-		
11447 1414	01, 110 27230					e. Election S	Sum to Date	
						\$	250	
f Duine	- Assumt Code	h. Form of Payment	i In L	 Kind Description	j. Date (mm/dd/yy	}	k. Amount	
f. Prior	g. Account Code		1. 111-1	and Description	12/05/2		\$	250
	2	Check			12/03/2	019		
							\$	
							\$	
3. Contr	ibutor Informatie)n		Add 🔲 Rem	iove			
a. Full Nan	ne, Mailing Address d			b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			RN				
Rhonda F				c. Employer's Name/Spe	naifie Field	-		
	enwood Drive NC 27253			Duke Urgent Care	teme Field	-		
Granain,	140 27255			Hillsborough		e. Election S	Sum to Date	
						\$	100	
f, Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	2	Check			12/07/2	019	\$	100
						_	\$	
							\$	
4. Tota	l only this Pag	e				\$		455
潜行的 建油块层层子	l of ALL CRO	Hard Hosel of the State of the Control of the Contr				\$		1,530
(This lin	e must be on line 6 of	Detailed Summary Page C	KU-1100			1		

Contributions from Individuals

Amendment

Yes

No

		m Individuals	Φ.5.4	P		0 1205 is no	Amendment Yes	□ No
		ividual contributions of and Fund if applica					nber	
		or County Commission		HUDHER OF STATE OF THE STATE OF	MHAIRIARIA MAANAANAA KAARAANAA KAARAANAA KAARAANAA KAARAANAA KAARAANAA KAARAANAA KAARAANAA KAARAANAA KAARAANAA	11 191 (191 (191 (191 (191 (191 (191 (1	- A MARAMAKAN SAGAL	mb n 500 arministra a
3. Contr	ibutor Informati	on ·	idili 🖭 ini	Add R	emove			i uruğunu
81855115856815825A15	ne, Mailing Address	DESCRIPTION OF THE PROPERTY OF	377-31 (343-1113) (848)	b. Job Title/Professio		d. Commen		
	city, state, & zip)	~ .		Not Working				
Katheryn				- Etd-N	Santa Field			
	res Chapel Road NC 27253			c. Employer's Name/S	Specific Field	_		
Oranani,	110 27233			Troin ou		e. Election S	Sum to Date	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	2	Check			12/14/2	019	\$	100
	2	Check			12/14/2	2019	\$	100
							\$	
3. Contr	ibutor Informatio	on		Add 🔲 Ro	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	n .	d. Comment	ts	
(include Gerald W	city, state, & zip)			Not Working				
1147 Haz	•			c. Employer's Name/S	Specific Field	†		
	on, NC 27215	•		Retired				
_						e. Election S	um to Date	
	,					\$	125	<u> </u>
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Description	j. Date (mm/dd/yy		k, Amount	
	2	Check			12/29/2	019	\$	125
							\$	
							\$	
3. Contri	butor Informatio	m		Add 📗 Re	emove	27 W 14 W		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comment	s	
	city, state, & zip)			Not Working				
Kathy Fu	ik Love ttie Florence Drive	2		c. Employer's Name/S	Specific Rield	-		
	NC 27253	<i>y</i>		er Employer of tames	prome ricia	-		
,						e. Election S	um to Date	
						\$	150	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k, Amount	
	2	Check			12/30/20	019	\$	150
			_				\$	
	41. 15vi. 15 to 15 to 15 to 14488844	HANGING THE PURCHES OF THE PROPERTY OF THE PURCHES OF THE PURCH OF THE PURCHES OF	n i e e e e e e e e e e e e e e e e e e	·····································	Alexander de la companya de la comp	1	\$	
3775 C55	lonly this Pag	The state of the s				\$		475
	I of ALL CRO e must be on line 6 of	-1210 Pages Detailed Summary Page C	RO-1100			\$		1,530

Amendment

No

		ividual contributions of				T PATRICIA STATE ASSESSMENT OF THE STATE OF	and the same of th	
1. Comn	ittee Full Name	and Fund if applica	ble)			2. ID Nur	nber	in the second
Pamela T	yler Thompson Fo	or County Commissio	ner					
3. Contr	ibutor Informatio	on		Add Re	move			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	l	d. Commen	ts	
	city, state, & zip)			Retail store Owner	r			
Paul Cro					101 Tt 11	_		
	rel Ridge Drive			c. Employer's Name/S Graham Furniture		1		
Snow Ca	mp, NC 27253			Granam Furniture	Mart	e. Election 8	Sum to Date	
						\$	500	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	2	Check			12/31/2	019	\$	500
							\$	•
			†				\$	
3 Contr	 butor Informatic) 11		Add Re	 move	SI DISTRICT		
s of the studies are not some	ne, Mailing Address é	PASSES CONTRACTOR OF THE PASSES OF THE PASSE		b. Job Title/Profession	Beriffe Merit Bereit Des France	d. Commen	ts	Baselines : schizoffshamff
	city, state, & zip)			Not Working			,	
William '	Гуler							
•	field Road			c. Employer's Name/Sp	pecific Field	_		
Snow Car	mp, NC 27349			Retired		77. 4		. 70
						e. Election S	sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i, In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	2	Check			12/30/2	019	\$	100
							\$	
							\$	
3. Contri	butor Informatio	n .		Add 🔲 Rei	nove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
(include	city, state, & zip)							
				c. Employer's Name/S	anifa Field	-		
				c. Employer's Name/S	pecnic Field	_		
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
					-		\$.	
							\$	
4. Tota	only this Pag	e				\$		600
20/20/20/20/2004/59/6	of ALL CRO	-1210 Pages Detailed Summary Page C	RO-1100			\$		1,530
A CALLED SEELS		THE PARTY OF THE P	nearest transfer	Annotario a 1 or 10 green and the light with the	តារាសារសារសារសារសារសារសារសារសារសារសារសារស	4		

Contributions from Individuals

Amendment

Yes

No