Use this form for general and Do not use this form to up	*	iformation, must be	e signed and sub	mitted along with oth	er detailed forms.
1. Committee Information				2	
a. Full Name					c. ID Number
Pamela Tyler Thompson	For County Commissio	ner			
b. Mailing Address (include Ci	ity, State and Zip Code)				d. Date Filed
2222 Delaney Drive, Bur Burlington, NC 27215	lington, NC 27215				02/24/2020
2411111gton, 110 27210					e. Phone Number
					336-213-8788
2. Report Year 3. Pe	eriod Start Date (mm/de	4. Period (mm/dd/yy)	End Date	5. Treasurer Full I	Name
2020	01/01/2020	02/	15/2020	Joshua Hook Stone	
6. Type of Committee (C	heck One)	9. Type of Repor	t (check on	ly one type of report j	from one category)
Candidate Campaign	Party	Municipal	State/C		Referendum
PAC	Referendum	Organizationa	al 📗 (Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	ny (Quarterly	Pre-referendum
Legal Expense Fund 7. Type of Fund (if a)	pplicable, check one)	Pre-primary		First	Final
"Booster Fund"	, , , , , , , , , , , , , , , , , , , ,	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea		Semi-annual	10 Chariel Deposit Name
Other:		Year En	^d	Mid Year Year End	10. Special Report Name
8. Number of Fundraise	re this Report	Special	IH.	Final	
	is this Report	Special		Special	
11. Account Information	1		11. Account	•	
a. Financial Institution Full Na	ame		a. Financial Inst	itution Full Name	
Fidelity Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
All campaign	2		RE	CEIVED	
	d. Period Begin Balance			EB 24 2020	d. Period Begin Balance
	\$ 1,876.39			LU Ka Louis	\$
CERTIFICATION			BY		
I certify that the Committee the NC General Statutes a	ee or Fund is in compliand that no funds are con	ance with all applic	able provisions hibited or other	of Article 22A, 22B, non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
is complete, true and corre	ect and that I have been	trained by the NC	State Board of	Elections.	*
Joshua Hook Sto		P	The Hast	A1	02/24/2020
FOR OFFICE USE ONLY	nted Name of Signer		Signature of Appoin	ted Treasurer	Date
	2/24/202		10	<u>.</u> I	Delivery Method
Date Received:	4/47/202	LO Employee:			Normal Mail
Date Postmarked:		Employee:		[Registered Mail Hand Delivered
Date Scanned:	3/13/2020	Employee:	<u> </u>	<u>G</u>	Electronically Filed Signer has not received
Date Data Entered:		Employee:			mandatory training
		n of books informa	tion, or account	information.	es, treasurer, assistant treasurer, ee changes.

Disclosure Report Cover

Amendment
Yes

Amendment

Detailed SummaryUse 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
Pamela Tyler Thompson For County Commissioner	Organizational		
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 1			
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		40 / No.	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ons <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	;, 11d and 11e)	\$ 5,126.39	\$ 6870.00
EXPENDITURES 13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3780.33	\$ 5,418.94
13b) Contributions to Candidates/Political Committ		\$ 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	i, 16 and 17)	\$ 3,880.33	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 1,246.06	\$ 1,246.06
ADDITIONAL INFORMATION	# Paraderical		家教士 " 不 對众主"
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) <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)	\$	\$

Use this:	form to report indi	ividual contributions	over \$50	or contributions un	der \$50 if form CR	O 1205 is n	ot used	
		(and Fund if applica				2. ID Nu		
Pamela T	yler Thompson Fo	or County Commissio	oner					
3. Contr	ibutor Informatio	O n		Add 🔲 R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	<u> </u>	d. Commen	ts	
(include	city, state, & zip)	<u> </u>		Radiologist/Medi	cal Vice Chair			
	H. Browne							
	lstone Drive			c. Employer's Name/	Specific Field			
Burlingto	on, NC 27215			Copernicus Group	p IRB			
						e. Election S	Sum to Date	
						\$	300	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	2	Check			01/06/2	020	\$	300
							\$	•
							\$	
3. Contri	butor Informatio	on		Add Re	emove			
	ne, Mailing Address &		ld	b. Job Title/Profession		d. Commen	ts	<u></u>
	city, state, & zip)			Attorney	-	Candidate		
Craig The	ompson			·				
	aney Drive			c. Employer's Name/S	Specific Field			
Burlingto	n, NC 27215			Craig T. Thompso	on Law Office			
						e. Election S	um to Date	
						\$	1,500	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	2	Check			01/15/20)20	\$	1,500
						* - **	\$	
							\$	
3. Contri	butor Informatio	n		Add 🔲 Re	emove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comment	S	
	city, state, & zip)			Not Working			-	
Reid Tyle								
100 Joel 1				c. Employer's Name/S	Specific Field			
Emerald	Isle, NC 28594			Retired				
						e. Election S	um to Date	
	· · · · · · · · · · · · · · · · · · ·					\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yyy	y)	k. Amount	
	2	Check			01/16/20	20	\$	100
							\$	
							\$	
	only this Page					\$		1,900
	of ALL CRO	-1210 Pages	P.O. 1100			\$		2,800

Contributions from Individuals

Amendment

Yes 🖂

No

~		~ 11 11 1					Amendment				
		n Individuals		Pg	of	3	Yes	⊠ N	0		
		vidual contributions o		or contributions unde	r \$50 if form CR				_		
1. Comm	ittee Full Name (and Fund if applicat	ole)			2. ID Num	ber				
Pamela T	yler Thompson Fo	or County Commission	ner								
3. Contri	butor Informatio	n		Add Rem	iove						
a. Full Nan	1e, Mailing Address é	& Phone		b. Job Title/Profession		d. Comments	3				
	city, state, & zip)			Human Resources							
Cyndy M											
	aney Drive			c. Employer's Name/Spe	ecific Field						
Burlingto	n, NC 27215			General Dynamics		e. Election Sum to Date					
						e. Election Su	ım to Date		_		
						\$	100				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount				
	2	Check			01/21/20	020	\$	100	!		
							\$				
							\$				
3. Contri	butor Informatio	n		Add Rem	iove						
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	l		_		
(include	city, state, & zip)			Business Owner							
Tammy P											
_	etown Road			c. Employer's Name/Spe							
Burlingto	n, NC 27217			Askew Peterson Mo	numents	- F1 - C - C	4- D-4-		_		
						e. Election Su	im to Date				
						\$	250				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount		_		
	2	Check			01/22/20	020	\$	250	i		

Ruth Braxton

f. Prior

3. Contributor Information

(include city, state, & zip)

7100 Old Greensboro Road

Chapel Hill, NC 27516

2

4. Total only this Page

5. Total of ALL CRO-1210 Pages

a. Full Name, Mailing Address & Phone

g. Account Code

h. Form of Payment

Check

\$

\$

d. Comments

\$

\$

\$

j. Date (mm/dd/yyyy)

01/23/2020

e. Election Sum to Date

100

\$

\$

\$

k. Amount

100

450

2800

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

NC State Board of Elections

April 2007

Add

b. Job Title/Profession

c. Employer's Name/Specific Field

Not Working

Retired

i. In-Kind Description

Remove

Contributions from Individuals Pg 3 of

Amen	ıdment		
	Ves	\square	No

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

1. Comm	ittee Full Name (2. ID Number						
Pamela T	yler Thompson Fo							
3. Contri	butor Informatio	on a second		Add 🔲 Ren	nove	-		
a. Fuli Nan	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment	8	
(include	city, state, & zip)			Not Working				
William 7	Гуler		-					
7556 Bay	field Road			c. Employer's Name/Spe	ecific Field			
Snow Ca	mp, NC 27349			Retired				
						e. Election S	um to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	2	Check			01/30/20	020	\$	100
\boxtimes	2	Check			12/30/2	.019	\$	100
							\$	
3. Contri	butor Informatio	n		Add Ren	nove			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	3	
(include	city, state, & zip)			Not Working				
Lynette E								
	on Lamb Lane			c. Employer's Name/Spo	ecific Field			
Graham,	NC 27253			Retired				
						e. Election Si	um to Date	
						\$	100	·
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	2	Check			02/04/20	020	\$	100
							\$	·
							\$	
3. Contr	butor Informatio	n		Add Rem	iove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	3	
	city, state, & zip)			CEO				
Joseph W								
	ton Park Drive			c. Employer's Name/Spo				
Oak Ridg	ge, NC 27310			Shelba D Johnson T	rucking	FI (1 6	. D	
						e. Election St	im to Date	
						\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	2	Check			02/06/20	020	\$	250
							\$	
							\$	
	l only this Pag				<u> </u>	\$		450
	of ALL CRO	-1210 Pages Detailed Summary Page C	RO-1100			\$		2,800
(This lin	e must de on une o or							

Amendment

Con	trihi	itions	to he	Rein	bursed
V . (1) 11			117 176		

Contributions to be Reimbursed	Pg	1	of	1 🗆	Yes	No
Igo this form to report Contributions of \$1,000 - 1-1-1						

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days. Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name				2. ID Number
Pamela Tyler Thompson For County Commissione	er			
3. Contributor Information	П	Add 🗍	Remove	
Full Name & Mailing Address of the Payee			Iailing Address of t	he Reimbursee
(the original vendor)			whom the campaign	
Facebook Ads		Pamela Tyler	=	
Online - Facebook		2222 Delaney		
		Burlington, N	IC 27215	
a. Contribution Description	b. Dat	te (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Facebook Ads	01/	30,2020	Y	\$ 231.43
	017.			\$ 231.43
3. Contributor Information	Ш	Add	Remove	
Full Name & Mailing Address of the Payee (the original vendor)			lailing Address of the compaign the campaign	
(the original venuor)		(the person to v	vnom the campaign	check is written)
a. Contribution Description	b. Dat	l re (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
		33337		
I				\$
		Add	Remove	
Full Name & Mailing Address of the Payee (the original vendor)			ailing Address of the	
(the original vendor)		(the person to w	hom the campaign	check is written)
a. Contribution Description	b. Dat	le (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
				\$
				D
3. Contributor Information		Add _	Remove	
Full Name & Mailing Address of the Payee (the original vendor)			ailing Address of the hom the campaign	
(the original vehuol)		(the person to w	moni the campaign	check is written)
a. Contribution Description	b. Dat	e (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
•				
				\$
4. Total only this Page			\$	231.43
5. Total of ALL CRO-1215 Pages			\$	231.43
(This line goes in line 28 of Detailed Summary Page CRO-1100)			Ψ	231.TJ

								Amer	dment		
Disbursements				Pg	1	of 2	2		Yes	\boxtimes	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 Pamela Tyler Thompson For County Commissioner (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Coordinated Party Expenditures Contributions to Candidates/Political Committees Operating Expenses Remove 4. Payee Information Add b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Markell Printing c. Level Registered (Specify) 718 E. Davis Street Federal Ø County: Burlington, NC 27215 State Municipality: e. Election Sum to Date 1,937.51 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment DVD 2 Α 01/10/2020 \$128.10 Check \$ 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Meredith C. Browne c. Level Registered (Specify) See It All Media Federal \boxtimes County: 427 Fieldstone Drive e. Election Sum to Date Burlington, NC 27215 State Municipality: \$ 1,750 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount g. Form of Payment f. Account Code Video 01/13/2020 \$1,750 2 Check Α \$ Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Lamar Outdoor Advertising c. Level Registered (Specify) 105-A East JJ Drive X Federal County: Greensboro, NC 27406 State Municipality: e. Election Sum to Date 1,500 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment Outdoor 01/15/2020 \$1.500 2 Α Check electronic sign \$ 3,378.10 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 3,880.33 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 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)

					Amer	dment		
Disbursements	Pg	<u>2</u>	of	2		Yes	\boxtimes	No
I lea this form to remort over an discuss from the committee form an austine a		aantributiono	+0	aandid.	ata/nalit	col		

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

	ull Name (and Fun					2. ID Number					
Pamela Tyler Thompson For County Commissioner											
3. Type of Disbu	irsement <i>(Plea</i>		_	-1310 forms for each t							
Operating Ex	xpenses	Contributions to Car	ndid	ates/Political Committees	Coo	ordinated Party Expenditures					
4. Payee Inform	ation		A	dd 🔲	Remove						
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments					
(include city, state,	& zip)			·							
Markell Printing											
718 E. Davis Sti	reet		c.	Level Registered (Specify)							
Burlington, NC	27215		Г	Federal 🖂	County:						
			۱Ē	State	Municipality:	e. Election Sum to Date					
				-							
						\$ 1,937.51					
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
n necount cout	g. r oxim or r ujiment	•			Hand Outs						
2	Check	В		01/31/2020	\$170.80	Traine Outs					
			\dashv		<u> </u>						
					\$						
4 n * *	~4!	L H		44	Parnovo						
4. Payee Information Add Remove											
	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments					
(include city, state,			ļ			Reimbursement					
Pamela Tyler Tl	-		<u>.</u>			Facebook Ads					
2222 Delaney D			c.	Level Registered (Specify)							
Burlington, NC	27215			Federal 🖂	County:						
				State	Municipality:	e. Election Sum to Date					
						\$ 231.43					
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
1. Account Cour	g. Form of Fayment	1	\neg	11 Date (11111, 22 3 3 3 3)		Facebook Ads					
2	Check	A		01/31/2020	\$231.43	1 decoook / No.					
					\$						
4. Payee Inform	ation		Α	dd □	Remove						
X	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments					
(include city, state,	•										
	Elect Amy Galey		1								
233 Doctor Floy	• •		c.	Level Registered (Specify)							
Burlington, NC			F	Federal 🖂	County:						
Durinigion, ive	2/21/		Federal County:			e. Election Sum to Date					
			┝┕								
						\$ 100					
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
2	Check	D		02/12/2020	\$100						
					\$						
E 10-4-1 1 1	la D-2-				1	\$ 502.23					
5. Total only th						Φ 302,23					
	CRO-1310 Pages		o : c	Onasating Evnances							
	line 13a of Detailed Sun				al Commi	\$ 3,880.33					
				Contrib to Candidates/Politic							
			000000000000000000000000000000000000000	Coordinated Party Expenditu	ires)						
	es (List detailed ex				B. S						
A* - Media	B* - Printing	C* - Fund			D - To Anothe						
E - Salaries	F* - Equipment					Public Office Expenses n to Legal Expense Fund					
I - Postage O* - Other	J - Penalties	K* - Offic	ce E	Apenses	A Donatio	n to negai expense rund					
Application above the Control State of the Control	e detailed explanat	ion in required re	ema	irks field (k)							