

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 | |
| Pamela Tyler Thompson For County Commissioner | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 2222 Delaney Drive, Burlington, NC 27215 Burlington, NC 27215 | | 02/24/2020 | |
| | | e. Phone Number | |
| | | 336-213-8788 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2020 | 01/01/2020 | 02/15/2020 | Joshua Hook Stone |
| 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 |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input checked="" type="checkbox"/> First |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> 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 |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| N/A | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| Fidelity Bank | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| All campaign | 2 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 1,876.39 | | \$ |

RECEIVED

FEB 24 2020

BY: _____

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.

Joshua Hook Stone _____ 02/24/2020 _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|---------------------------------|---------------------|--|
| Date Received: <u>2/24/2020</u> | Employee: <u>JG</u> | 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 |
| Date Postmarked: _____ | Employee: _____ | |
| Date Scanned: <u>3/13/2020</u> | Employee: <u>JG</u> | |
| Date Data Entered: _____ | Employee: _____ | |

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 | |
|--|--|-------------------|--|-----------------------------|--|
| Pamela Tyler Thompson For County Commissioner | | Organizational | | | |
| Start of Election Cycle: January 1, | | 2019 | | Total this Reporting Period | |
| 4) Cash on Hand at Start | | \$ 2,076.39 | | \$ 0 | |
| RECEIPTS | | | | | |
| 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 | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | | \$ | |
| 11b) Contributions from Not-for-Profit Organizations (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, 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 Committees (CRO-1310) | | \$ 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, 16 and 17) | | \$ 3,880.33 | | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,246.06 | | \$ 1,246.06 | |
| 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) | | \$ | | \$ | |

Contributions from Individuals

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 | |
| Pamela Tyler Thompson For County Commissioner | | | | | | | |
| 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 | |
| Geoffrey H. Browne 427 Fieldstone Drive Burlington, NC 27215 | | | | Radiologist/Medical Vice Chair | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Copernicus Group IRB | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | \$ | | 300 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 01/06/2020 | | \$ 300 | |
| <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 | |
| Craig Thompson 2222 Delaney Drive Burlington, NC 27215 | | | | Attorney | | Candidate's Spouse | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Craig T. Thompson Law Office | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | \$ | | 1,500 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 01/15/2020 | | \$ 1,500 | |
| <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 | |
| Reid Tyler 100 Joel Lane Emerald Isle, NC 28594 | | | | Not Working | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Retired | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | \$ | | 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 01/16/2020 | | \$ 100 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 1,900 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 2,800 | |

Contributions from Individuals

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 | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| Pamela Tyler Thompson For County Commissioner | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Cyndy Matthews 2230 Delaney Drive Burlington, NC 27215 | | | b. Job Title/Profession | | d. Comments | |
| | | | Human Resources | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | General Dynamics | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 01/21/2020 | \$ 100 | |
| <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) Tammy Peterson 5149 Pagetown Road Burlington, NC 27217 | | | b. Job Title/Profession | | d. Comments | |
| | | | Business Owner | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Askew Peterson Monuments | | \$ 250 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 01/22/2020 | \$ 250 | |
| <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) Ruth Braxton 7100 Old Greensboro Road Chapel Hill, NC 27516 | | | b. Job Title/Profession | | d. Comments | |
| | | | Not Working | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Retired | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 01/23/2020 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 450 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 2800 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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 | |
| Pamela Tyler Thompson For County Commissioner | | | | | | |
| 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 | |
| William Tyler 7556 Bayfield Road Snow Camp, NC 27349 | | | Not Working | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Retired | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 01/30/2020 | \$ 100 | |
| <input checked="" type="checkbox"/> | 2 | Check | | 12/30/2019 | \$ 100 | |
| <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 | |
| Lynette B. Dixon 1682 Dixon Lamb Lane Graham, NC 27253 | | | Not Working | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Retired | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 02/04/2020 | \$ 100 | |
| <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 | |
| Joseph Wade 6706 Ashton Park Drive Oak Ridge, NC 27310 | | | CEO | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Shelba D Johnson Trucking | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 2 | Check | | 02/06/2020 | \$ 250 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 450 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,800 | |

Contributions to be Reimbursed

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 Commissioner | | | |
| 3. Contributor Information <input type="checkbox"/> | | Add <input type="checkbox"/> | Remove |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| Facebook Ads Online - Facebook | | Pamela Tyler Thompson 2222 Delaney Drive Burlington, NC 27215 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| Facebook Ads | 01/30,2020 | Y | \$ 231.43 |
| 3. Contributor Information <input type="checkbox"/> | | Add <input type="checkbox"/> | Remove |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| | | | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> | | Add <input type="checkbox"/> | Remove |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| | | | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> | | Add <input type="checkbox"/> | Remove |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| | | | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| | | | \$ |
| 4. Total only this Page | | | \$ 231.43 |
| 5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> | | | \$ 231.43 |

Disbursements

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 | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <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 <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| Markell Printing 718 E. Davis Street Burlington, NC 27215 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1,937.51 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | Check | A | 01/10/2020 | \$128.10 | DVD |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| Meredith C. Browne See It All Media 427 Fieldstone Drive Burlington, NC 27215 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1,750 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | Check | A | 01/13/2020 | \$1,750 | Video |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| Lamar Outdoor Advertising 105-A East JJ Drive Greensboro, NC 27406 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1,500 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | Check | A | 01/15/2020 | \$1,500 | Outdoor electronic sign |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 3,378.10 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 3,880.33 |
| <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 <i>(List detailed expenditure code in (h.) above)</i> | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | D - To Another Candidate | |
| I - Postage | | J - Penalties | | G - Political Party | |
| O* - Other | | | | H* - Holding Public Office Expenses | |
| | | | | K* - Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

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 | | | | | |
| 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 | |
| Markell Printing 718 E. Davis Street Burlington, NC 27215 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ 1,937.51 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | Check | B | 01/31/2020 | \$170.80 | Hand Outs |
| | | | | \$ | |
| 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 | |
| Pamela Tyler Thompson 2222 Delaney Drive Burlington, NC 27215 | | | | Reimbursement Facebook Ads | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ 231.43 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | Check | A | 01/31/2020 | \$231.43 | Facebook Ads |
| | | | | \$ | |
| 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 | |
| Committee To Elect Amy Galey 233 Doctor Floyd Scott Lane Burlington, NC 27217 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ 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 | |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 502.23 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 3,880.33 |
| <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 | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |