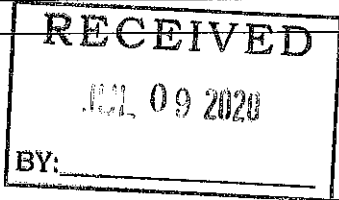


Disclosure Report Cover

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 Pamela Tyler Thompson For County Commissioner	c. ID Number
b. Mailing Address (include City, State and Zip Code) 2222 Delaney Drive, Burlington, NC 27215 Burlington, NC 27215	d. Date Filed 07/08/2020
	e. Phone Number 336-213-8788



2. Report Year 2020	3. Period Start Date (mm/dd/yy) 02/16/2020	4. Period End Date (mm/dd/yy) 06/30/2020	5. Treasurer Full Name Joshua Hook Stone
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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	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<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"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
N/A			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Fidelity Bank		a. Financial Institution Full Name	
b. Purpose All campaign	c. Account Code 2	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1,246.06		d. Period Begin Balance \$

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

Printed Name of Signer

Signature of Appointed Treasurer

07/08/2020

Date

FOR OFFICE USE ONLY

Date Received:

7/9/2020

Employee:

JG

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- Signer has not received mandatory training

Date Postmarked:

Employee:

Date Scanned:

8/30/2020

Employee:

JG

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	Total this Election Cycle
4) Cash on Hand at Start			\$ 1,246.06	\$ 0
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)		\$ 25.00	\$ 565.00
6) Contributions from Individuals	(CRO-1210)		\$ 300.00	\$ 6,630.00
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)			\$ 325.00	\$ 7,195.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)		\$ 740.34	\$ 6,159.28
13b) Contributions to Candidates/Political Committees	(CRO-1310)		\$	\$ 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)		\$ 433.63	\$ 433.63
17) In-Kind Contributions	(CRO-1510)		\$	\$ 105.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 1,173.97	\$ 6,797.91
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 397.09	\$ 397.09
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

1 of 1

Amendment

Yes 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
Pamela Tyler Thompson For County Commissioner	

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	2	Check		06/24/2020	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$

4. Total only this Page	\$ 290
5. Total of ALL CRO-1205 Pages	\$ 290
<i>(This line must be on line 5 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	
Mrs. John Jordan 1619 Pine Avenue Saxapahaw, NC 27340		REtired			
		c. Employer's Name/Specific Field			
				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		02/16/2020	\$ 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	
Frank Longest, Jr. 3453 Forestdale Drive Burlington, NC 27215		Attorney			
		c. Employer's Name/Specific Field			
		Holt, Longest, Wall Blaetz & Moseley, P.L.L.C.		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		02/19/2020	\$ 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	
Sharon Brooks 1915 Woodhue Drive Burlington, NC 27215		Teacher			
		c. Employer's Name/Specific Field			
		The Burlington School		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		06/30/2020	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 300	
5. Total of ALL CRO-1210 Pages				\$ 300	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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					
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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Alamance News 114 West Elm Street Graham, NC 27253					
		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:		\$ 399.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2	Check	A	02/24/2020	\$399.00	Newspaper advertisement
				\$	
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	
Alamance News 114 West Elm Street Graham, NC 27253				Newspaper advertisement	
		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:		\$ 699.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2	Check	A	02/25/2020	\$300.00	Newspaper 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	
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:		\$ 1,679.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2	Check	B		\$41.34	Name Badge
				\$	
5. Total only this Page					\$ 740.34
6. Total of ALL CRO-1310 Pages					\$
<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		H* - Holding Public Office Expenses	
E - Salaries F* - Equipment G - Political Party		I* - Holding Public Office Expenses		Q* - Donation to Legal Expense Fund	
I - Postage J - Penalties K* - Office Expenses					
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Pamela Tyler Thompson For County Commissioner				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Pamela Tyler Thompson 2222 Delaney Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/02/2020
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 339.53
		f. Purpose Code	j. Election Sum to Date	
		P	\$ 570.96	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Candidate		Facebook Ads		2
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Refund candidate for Facebook advertising	03/02/2020	\$ 339.53	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Pamela Tyler Thompson 2222 Delaney Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/02/2020
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 04/02/2020
		f. Purpose Code	j. Election Sum to Date	
		P	\$ 665.06	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Candidate				2
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Refund candidate for Facebook advertising	04/03/2020	\$ 94.10	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		f. Purpose Code	j. Election Sum to Date	
			\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 433.63
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 433.63
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
*Codes require detailed explanation in required remarks field (m)				