_			5-2-2 St.	_
n	ice	LOCUPA	Report	OVAL
v	190	losuic	ICPUIL	CUYCI

Am	e n dm e	nt		•
	Yes	X	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 In	formation		40,500		aret ende		Adda Gal	
a. Full Name								c. ID Number
PAMELA TYL	ER THOMPS	ON FOR COU	NTY C	OMMISSION	ER			
b. Mailing Addre	ess (include Cit	y, State and Zip	Code)			a de la compansión de l	nasa.	d. Date Filed
2222 DELANE BURLINGTON								01/27/2024
BURLINGIO	N, NC 21213							e. Phone Number
								(336) 213-8788
2. Report Year	3. Period Star	t Date (mm/dd/	уу)	4. Period End	Date (mm	ı/dd/yy)	5. Treasur	er Full Name
2023	07	7/01/2023		12/3	31/2023		JOSHUA I	H STONE
6. Type of Com		One)		e of Report			type of rep	ort from one category)
X Candidate Can	and the same of th		Munic			County		Referendum
Joint Fundrais				Organizational		ganizatio	nal	Organizational
Referendum		gal Expense Fund		Thirty-five day	اج	arterly First		Pre-referendum Final
7. Type of Fund  "Booster Fund		le, check one)		Pre-primary Pre-election		Second		Supplemental Final
Building Fund			H	Pre-runoff		Third		Annual
	lection Year Can	didates Fund		Semi-annual	吊	Fourth		Special
	npaign Financing			Mid Year	Ser	mi-annua	1	
	······································	1.5		Year End		Mid Ye		10. Special Report Name
Other:				Final	函	Year E		
8. Number of Fu	ındraisers this	Report		Special	Fir	nal	estim:	
	0				□ Sp	ecial		
3. Account Info					Account In			
a. Financial Inst	itution Full Na	me.		a. F	inancial I	nstitutio	n Full Nam	e la
FIDELITY BA	NK OF NC							
b. Purpose		c. Account Cod	e	b. P	urpose	3 m /h	Post 75 / Street	c. Account Code
CAMPAIGN FI			2			I have bed	La V Lan	)
		d. Period Begin	n Balan	ce la trada		APR (	05 2024	d. Period Begin Balance
		\$		74.34	Alm	AMANO		\$
CERTIFICATIO		484284			27		ELECTION	
								2A, 22B & 22D-22M of
					_			ther non-disclosed
funds. I furth	er certify that t	his report is co	mplete,	true and corre	ct and tha	it I have	been traine	d by the NC State Board
Took.	n Hook	7		1.6	4/00	X	1	01/27/2024
UQ III	rinted Name of S	imar .		Signature	e of Appoin	ted Treas	10	Date
		ignei		/ Signature	e or Abbeni	lleu i iea.	SUICI	Date
FOR OFFICE U	SEUNLI						Dal	
Date Receive	ed:			Employee:			- 0	ivery Method Normal Mail
Date Postma	rked:			Employee:			- U	Registered Mail Hand Delivered
Date Scanne	d:		_	Employee:			- 🛚	Electronically Filed
Date Data Er	ntered:			Employee:			COMMENSAGE TO SELECT TO SELECT	Signer has not received mandatory training
	assistar	nt treasurer, cus	stodian	nd committee in of books infor	mation, or	raccoun	t informatio	

## **Detailed Summary**

Amendment

Yes X No

Use this form to summarize all disclosure reporting forms ar	nd to total mor	netary information		Yes X No
	2. Type of Re		3. ID N	umber
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER	2023 Year E	nd Semi-Annual		
Start of Election Cycle: January 1, 2023	-	Total this Reporting Period	d	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.0	0 \$	0.00
RECEIPTS		er Programa		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.0	0 \$	150.00
6) Contributions from Individuals	(CRO-1210)	\$ 5,509.0	0 \$	5,509.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.0	0 \$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.0	0 \$	0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.0	0 \$	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.0	0 \$	0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.0	0 \$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	0 \$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.0	00 \$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	0 \$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	0 \$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 5,659.0	0 \$	5,659.00
<b>EXPENDITURES</b>		y dan der felkap og ange offe En filosofie der solge offens		
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 3,699.0	0 \$	3,699.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	0 \$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	0 \$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.0	ю \$	0.00
15) Loan Repayments	(CRO-1420)	\$ 0.0	0 \$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	0 \$	0.00
17) In-Kind Contributions	(CRO-1510)	\$ 84.0	0 \$	84.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 3,783.0	0 \$	3,783.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 1,876.0	0 \$	1,876.00
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0		
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0		
25) Administrative Support	(CRO-1710)	\$ 0.0	0 \$	0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.0	0 \$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	-	0.00
28) Contributions to be Refunded  CRO-1100 NC State Board	(CRO-1215)	\$ 0.0	0 \$	0.00 August 200

			ndividuals Page From Individuals of \$		_ [	Amendmer Yes	No
		on for County (		5.	adžķī		
3. Contribut	ordinio amation s						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy	yy) f	. Amount	
Add Remove	2	Check		12/15/2023		\$	50.00
Add Remove	2	Check		12/11/2023		\$	50.00
Add Remove	2	Check		12/21/2023		\$	50.00
4. Total or	ly this Page				\$		\$150.00
ting a partition of the first terms of the first	ALL CRO-12  out be on line 5 of D	05 Pages etailed Summary Page (	CRO-1100)		\$		\$150.00
CRO-1205		N	C State Board of Elections	-:··			April 2007

Amendment 1 of **Contributions from Individuals** Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used i committee toll Name (and a morte and (and a second PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED TOM COBLE c. Employer's Name/Specific Field 4357 A EAST GREENSBORO CHAPEL HILL RD GRAHAM, NC 27253 COUNTY FORD e. Election Sum to Date 100.00 h. Form of Payment f. Prior g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 2 12/21/2023 100.00 \$ \$ \$ 3. Contributor information a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) RETIRED ISAAC HOLT e. Employer's Name/Specific Field 2730 ISAAC HOLT TRAIL GRAHAM, NC 27253 I HOLT LUMBER e. Election Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 12/13/2023 \$ 1,000.00 \$ \$ 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED ELEANOR JORDAN c. Employer's Name/Specific Field 1619 PINE AVENUE SAXAPAHAW, NC 27340 HOMEMAKER e. Election Sum to Date 1.000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check 2 12/15/2023 \$ 1.000.00 \$ \$ 4. Total only this Page ... Carling 2,100.00 \$

\$

5,509.00

April 2007

5 PORTOTAVEL CROSTATORAGE

(This line must be on the 6 of Detailed Summers Rese (REV. 100):

				Amendment					
Pg	2	of	4	☐ Yes	X No				

Contributions from Individuals

Pg 2 of 4

Ves 

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

	•	dividual contributions					is not as	
		(and Fund it applicabl MPSON FOR COUN					irais illiii s	
S. Com	i balan informati					aye mey me		
	ame, Mailing Add			b. Job Title/Pr	2 0 Ap 2000 10 1000 1000 1000 100 10 10 10 10 10	d. (	Comments	
111111111111111111111111111111111111111	de city, state, & z	10-44-31-55 p. 17-17-17-17-17-17-17-17-17-17-17-17-17-1			AIRDRESSER	<u> </u>		
i	KINNEY	E.		c. Employer's l	Name/Specific Field:			
	ELANEY DRIVI NGTON, NC 27			ELEANOR'S				
	,			İ		e. I	lection So	m to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription :	j. Date (mm/dd/yyyy)	r prij	k. Amour	î şaşerey
	2	Check			11/02/2023		\$	200.00
							\$	
							\$	
3. Cont	ibitor livormati					i d		
	ame, Mailing Add			b. Job Title/Pro	ofession	d. (	Comments	
	de city, state, & z	ip)	words of the state	BUSINESS O	WNER			
	ANESS			c. Employer's	Name/Specific Field			
	AYFIELD ROAD CAMP, NC 263			POT HOLES		1		
5110 11	0.11.11,110 203			l'or mobbs		e. I	lection Su	m to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind De	scription	j. Date (mm/dd/yyyy)		k. Amour	
	2	Check			12/04/2023		\$	100.00
				···			\$	
							\$	
3. Cont	albutio albuto amatit							
	ame, Mailing Add			b. Job Title/Pro	ofession	d. (	Comments	ile is section of the control
	de city, state, & zi	ip)		BUSINESS O	WNER			
	Y MARTIN	nr		c. Employer's	Name/Specific Field			
	/ COURT SQUA AM, NC 27253	KE			JARE FLORIST	1		
	29-1002			COOK! SQUARE FLORIS!		e, I	dection Su	m to Date
						\$		75.00
f. Prior	g. Account Code		i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amour	t, and in the
	2	Check			12/14/2023		\$	75.00
	,						\$	
							\$	
4. Tota	il only this Pa	·Carriera	ngariaran kinasan Karasané Podo			\$		375.00
with the second control of the second contro	liof ALLE CRO							
		S. Deanea Similar, 1	de Grandario			\$		5,509.00

## Amendment **Contributions from Individuals** ☐ Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used in committee on exercise to be the discounted by the second PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER 3. Contributor Information . 2017 18 8 d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) DENTIST DAVID S PATTERSON c. Employer's Name/Specific Field 2879 ROB SHEPHERD ROAD PATTERSON FAMILY ALAMANCE, NC 27201 e. Election Sum to Date DENTAL CARE 100.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check 12/14/2023 100.00 \$ \$ 3. Contributor Information see 1912 1913 and the second of the process of the contributor information see 1912 1913 and the contributor see 1912 1913 and the contributor information see 1912 1913 and the contributor information see 1912 1913 and the contributor see 1912 1913 and the cont b. Job Title/Profession. a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED INDEPENDENT DISTRIBUTER STEVE SUMNER c. Employer's Name/Specific Field 414 OLD FARM ROAD GRAHAM, NC 27253 LANCE 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 Check 12/01/2023 \$ 100.00 \$ S 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ALAMANCE COUNTY PAMELA TYLER THOMPSON COMMISSIONER c. Employer's Name/Specific Field 2222 DELANEY DRIVE BURLINGTON, NC 27215 ALAMANCE COUNTY e. Election Sum to Date 2,500.00 h. Form of Payment f. Prior g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 2 11/14/2023 2,500.00 \$ \$

\$

\$

2,700.00

5,509.00

4. Total only this Page 1. 22.12.

Salabi alevide (ekolezi i) izide

## Amendment Contributions from Individuals X No ☐ Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used ) - Committe Builly Ame (and sums feapolleante) PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER 3. Contributor information 🔲 🕮 🔲 Remarket 🗎 a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) COUNTY COMMISSIONER PAMELA TYLER THOMPSON c. Employer's Name/Specific Field 2222 DELANEY ALAMANCE COUNTY BURLINGTON, NC 27215 e. Election Sum to Date 84.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description 🐃 j. Date (mm/dd/yyyy) In-Kind CANDIDATE FILING FEE 2 12/04/2023 84.00 \$ \$ \$ 3. Contributor Information BORGO DEGROVE IN b. Job Title/Profession a. Full Name, Mailing Address & Phone d Comments (include city, state, & zip) OWNER/PRESIDENT JOSEPH H WADE c. Employer's Name/Specific Field. 6706 ASHTON PARK DRIVE OAK RIDGE, NC 27310 SHELBA D JOHNSON e. Election Sum to Date TRUCKING 250.00 f. Prior g. Account Code h. Form of Payment in In-Kind Description j. Date (mm/dd/yyyy) k. Amount

CRO-1210 NC State Board of Elections April 2007

12/12/2023

\$

\$

\$

\$

250.00

334.00

5,509.00

Check

4. Lotal only this Page.

This line must be on line or of Defalled Summary Page (ROCEIND).

5. Total of ALL CRU-1210 Pages in

								· I—	endme	_
Disbursem				_	Pg		1	_ =	Yes	X No
Use this form to	report expenditures	from the committee	e for o	perating expen	ises	, contributi	ons to	candid	ate/po	litical
	coordinated party ex all Name (and Rond							- 		
	ER THOMPSON F		MMIS	SSIONER	x	ka 400 latek bahan ka Secilia sina	CORPORAGE OF	indistrumentitie x	Manufacturinated which	por Podencia de States do Sed
THUISETT					March Parks	THE SECOND PROPERTY AND ADDRESS OF THE PARTY	no despresso and Augustania pag	n wasan u mananakara sa sa ba		
3 Type of Disbu	And the second s	istoxteilii kiile (eKt	Anne Conference Salaritation	or manual provide allow a contract that the "Each and Section and Contract the Contract that the Contr	1.17	Agreement the second se	We de the second like and	MARK SCOOK APPLY 12 12/20/21		
Operating Ex		ributions to Candidat	es/Polit	ical Committees	7/550	∐ Coo	rdinat	ed Party	Expend	litures
4. Payee Inform				b. Coordinate		un mistas N		d. Com	ments	Mercy, seriences
(include city, sta	ailing Address & Pho	one		o. Coorman		OHIMITICE AN	ini e V	J	щень.	amenta di
ALAMANCE N										
114 WEST ELN				c. Level Regis	tere					
GRAHAM, NC	27253			Federal State		County:		a Flan	ion Cn	m to Date
				State		I Mimici	anty.		TOR DE	
								\$		399.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. /	mount	k. Re	quired	Remari	d É
2	Check	A	13	2/20/2023	\$	399.00	NEV	VSPAP	ER AD	1
					\$					
4 Payee Inform	ation version	en e				<u> </u>		7 8 7 7 7 7 15 1 1 3 1		
	ailing Address & Pho	one	yriğ Dik	b. Coordinate	d C	ommittee N	ıme	d. Com	ments	
(include city, sta	ite, & zip)									
LAMARR ADV				c. Level Regis	te re	d (Susaifu)	enzirii (s.			
P.O. BOX 7469 ATLANTA, GA				Federal	1616	County				
(336) 292-4242				State		Municip	ality:	e. Deci	ion Su	m to Date
								\$		3,300.00
F Amount Code	g. Form of Payment	h. Purpose Code	li Data	(mm/dd/yyyy)	1500	Lmount	L Da	quired:	Remort	
2	Check	A		(mm/ud/yyyy) 1/15/2023	\$	2,500.00		CTRO		
2		Α			\$		<u> </u>			
	Check	A	l I	1/20/2023	Þ	800.00	ELE	CTRON	NIC SIG	
5.4 otal only thi	Charles and A second second second second second							\$		3,699.00
\$400 Committee of the C	EROJISI O Pages									
	in line 13a of Detailed S in line 13b of Detailed S		-					\$		3,699.00
	in line 130 of Detailed S in line 13c of Detailed S	• -					unung			
	ក្រាស់ វាក្រាស់ នេះ ខេត្ត		est emperor transfer	at to consideration that the Man					, nor	4840000
A* - Media	B* - Printin	hajiriya waqiadi. Maliforiya shiini baqishiidaa baxasiiq shiiniyi, biri	for swifer as said of	undraising	42.2	<b>D -</b> To	Anotl	ier Can	didate	
E - Salaries	F* - Equipm	. 🕶		litical Party	Jan Direct (S	bridge Jan and the second	A		a company and	Expenses
I - Postage	J - Penaltie	S	K* - C	ffice Expense:	<b>S</b>	Q* - D	onatio	n to Le	gal Exp	ense Fund

					Amendi	ment		
In-Kind Contributions	Pg	_1_	of .	1	☐ Yes	X No		
Use this form to report non-monetary contribution	ons, donations, goods or serv	ices pro	vided to	the con	ımittee or	fund.		
Use CRO-1215 if In-Kind Contributions were		7 days						
Committee full Name (sind builds applie					Manher.			
PAMELA TYLER THOMPSON FOR COU	JNTY COMMISSIONER							
S. Contributor information.								
a. Full Name, Mailing Address & Phone	b. Type of Con	tributo		c. Com	ments			
(include city, state, & zip)	X Individual							
PAMELA TYLER THOMPSON	☐ Candidate			1				
2222 DELANEY	Party							
BURLINGTON, NC 27215	Referendum	PAC			d. Election Sum to Date			
	Other Recei	nt Source	P	u. Hec	to Date			
	Griner Recor	pi some	•	\$		84.00		
e. Description	aylan (Fig. 1) (S. 1) (S. 1) (S. 1) (S. 1)	f. Date	(mm/dd	/уууу)	g. Fair I	Market Amount		
CANDIDATE FILING FEE		12	2/04/202	23	\$	84.00		
					\$			
			-		\$			
Optorationly this large the first file.				\$	L	84.00		
5. 1012 kg ZX 4. CIRO 15.110 Proces Translines muse be on the treat Delates Sales	attoress time a requeste a proprietto totto da antici del control di la altre a con-			\$		84.00		
CRO-1510	NC State Board of Elections		users. were self-like			December 2007		