

RECEIVED

JAN 13 2025

Amendment

Yes No

Disclosure Report Cover

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
d. Date Filed: 01/11/2025
e. Phone Number: (336) 213-8788

2. Report Year: 2024
3. Period Start Date (mm/dd/yy): 10/20/2024
4. Period End Date (mm/dd/yy): 12/31/2024
5. Treasurer Full Name: JOSHUA H STONE

6. Type of Committee (Check One): [X] Candidate Campaign, [] Party, [] Joint Fundraiser, [] PAC, [] Referendum, [] Legal Expense Fund
9. Type of Report (check only one type of report from one category):
Municipal: [] Organizational, [] Thirty-five day, [] Pre-primary, [] Pre-election, [] Pre-runoff, [] Semi-annual, [] Mid Year, [] Year End, [] Final, [] Special
State/County: [] Organizational, [] Quarterly, [] First, [] Second, [] Third, [] Fourth, [] Semi-annual, [] Mid Year, [] Year End, [] Final, [] Special
Referendum: [] Organizational, [] Pre-referendum, [] Final, [] Supplemental Final, [] Annual, [] Special
7. Type of Fund (if applicable, check one): [] "Booster Fund", [] Building Fund, [] Presidential Election Year Candidates Fund, [] NC Public Campaign Financing Fund, [] Other:
8. Number of Fundraisers this Report: 0
10. Special Report Name

3. Account Information
a. Financial Institution Full Name: FIDELITY BANK OF NC
b. Purpose: CAMPAIGN FINANCIAL TRANSACTIONS
c. Account Code: 2
d. Period Begin Balance: \$ 1,434.91

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
Joshua Hook Stone
Printed Name of Signer
Signature of Appointed Treasurer
Date: 01/11/2025

FOR OFFICE USE ONLY
Date Received: 1-13-25
Employee: JI
Date Postmarked:
Employee:
Date Scanned:
Employee:
Date Data Entered:
Employee:
Delivery Method:
[] Normal Mail
[] Registered Mail
[X] Hand Delivered
[] Electronically Filed
[] Signer has not received mandatory training

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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	2024 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 383.30	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 475.00
6) Contributions from Individuals	(CRO-1210)	\$ 400.00	\$ 16,534.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 100.00
11d) Legal Expense Fund- Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 400.00	\$ 17,109.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,696.00	\$ 17,339.70
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 682.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,696.00	\$ 18,021.70
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (912.70)	\$ (912.70)
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
CHRIS G SMITH P.O. BOX 322 GIBSONVILLE, NC 27249			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			NOT EMPLOYEED		e. Election Sum to Date	
					\$ 300.00	
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		10/31/2024	\$ 300.00	
<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	
JAMES H SMITH JR P.O. BOX 449 BURLINGTON, NC 27216			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			NOT EMPLOYEED		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	
<input type="checkbox"/>	2	Check		10/28/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 400.00	

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 (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	
ALAMANCE NEWS 114 WEST ELM STREET GRAHAM, NC 27253						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 3,422.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2	Check	A	10/22/2024	\$ 299.00	NEWSPAPER AD	
2	Check	A	10/30/2024	\$ 829.00	NEWSPAPER AD	
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 type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 3,422.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2	Check	A	11/06/2024	\$ 269.00	NEWSPAPER AD	
2	Check	A	12/20/2024	\$ 299.00	NEWSPAPER AD	
5. Total only this Page					\$ 1,696.00	
6. Total of ALL CRO-1310 Pages					\$ 1,696.00	
<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
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)						