

# 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

RECEIVED	
<b>1. Committee Information</b>	<b>c. ID Number</b>
a. Full Name <i>Joan Thurman Campaign</i>	001 28 2011
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 10 Forestone Dr. Pinehurst, NC 28374</i>	<b>d. Date Filed</b> 10/28/11
	<b>e. Phone Number</b> (910)215-0227

<b>2. Report Year</b> 2011	<b>3. Period Start Date (mm/dd/yy)</b> 9/28/11	<b>4. Period End Date (mm/dd/yy)</b> 10/24/11	<b>5. Treasurer Full Name</b> <i>Beverly J Shebs</i>
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<b>6. Type of Committee (Check One)</b>	<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>7. Type of Fund (if applicable, check one)</b>	<b>10. Special Report Name</b>		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b>	0		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>FIRST BANK</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign</i>	c. Account Code 01
b. Purpose	c. Account Code	d. Period Begin Balance	d. Period Begin Balance
		\$ 1759 35	\$

**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.

*BEVERLY J. SHEBS*      *Beverly J Shebs*      10/28/11  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

<b>FOR OFFICE USE ONLY</b>			<b>Delivery Method</b>
Date Received:	<u>10/28/11</u>	Employee: _____	<input type="checkbox"/> Normal Mail
Date Postmarked:	_____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Scanned:	_____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
Date Data Entered:	_____	Employee: _____	<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> 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

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	
<i>John Thurman Campaign</i>					
Start of Election Cycle: January 1, <u>2011</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <u>17,593.35</u>		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ <u>200.00</u>		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ <u>2,000.00</u>		\$	
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)		\$ <u>2,200.00</u>		\$	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ <u>904.31</u>		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
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)		\$ <u>941.81</u>		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <u>1846.12</u>		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <u>2,113.23</u>		\$	
<b>ADDITIONAL INFORMATION</b>					
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-2200)		\$		\$	
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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
<i>Joan Thurman Campaign</i>							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
<i>Beth Dowd P.O. Bx 1283 Pinehurst, 28370 NC</i>			<i>accountant</i>				
			<b>c. Employer's Name/Specific Field</b>				
			<i>self</i>		<b>e. Election Sum to Date</b>		
					\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	<i>01</i>	<i>check</i>	<i>Ø</i>	<i>10/10/11</i>	\$ <i>100<sup>00</sup></i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
<i>R. G. McAllister P.O. Bx 4057 Pinehurst, NC 28374</i>			<i>retired</i>				
			<b>c. Employer's Name/Specific Field</b>				
			<i>Ø</i>		<b>e. Election Sum to Date</b>		
					\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	<i>01</i>	<i>check</i>	<i>Ø</i>	<i>10/17/11</i>	\$ <i>100<sup>00</sup></i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
			<b>c. Employer's Name/Specific Field</b>				
					<b>e. Election Sum to Date</b>		
					\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>					\$ <i>200<sup>00</sup></i>		
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ <i>200<sup>00</sup></i>		

## Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	Joan Thurman Campaign
Person lending money to committee (Lender):	Joan Thurman
Date of loan to committee:	10/21/11
Name of lending institution and account number (source):	self personal acc't <sup>checking</sup>
Amount of loan:	\$ 2,000 <sup>00</sup>
Names of all parties responsible for payment of loan (guarantor):	self
Period of loan:	unknown
Rate of interest of loan:	none
Security pledged for loan:	none

I, JOAN THURMAN acknowledge that all of the  
(Person lending money to committee)

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

13/ Joan M. Thurman  
Signature of Lender

Dorothy J. Sheps  
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

# Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
<i>Joan Thurman Campaign</i>					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
<i>Joan Thurman 10 Frestone Dr. Pinehurst, NC 28374</i>		<i>Retired</i>			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		<i>Ø</i>			
				<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
<i>Ø %</i>	<i>Ø</i>	<i>01</i>	<i>Check</i>	<i>\$ 2,000<sup>00</sup></i>	
<b>i. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<i>personal candidate</i>				<i>Ø</i>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		<i>%</i>		<i>\$</i>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		<i>%</i>		<i>\$</i>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		<i>%</i>		<i>\$</i>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		<i>%</i>		<i>\$</i>	
<b>5. Total of ALL CRO-1410 Pages</b>				<b>\$</b> <i>2,000<sup>00</sup></i>	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
<i>John Thurman Campaign</i>						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
<i>Staples</i> <i>220 Turner St.</i> <i>So. Pines, NC 28382</i>						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
<i>01</i>	<i>check</i>	<i>K</i>	<i>10/11/11</i>	<i>\$ 88<sup>18</sup></i>	<i>reproductive</i> <i>copies</i>	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
<i>The Pilot</i> <i>P.O. Bx 36</i> <i>So. Pines, NC 28388</i>						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
<i>01</i>	<i>check</i>	<i>A</i>	<i>10/21/11</i>	<i>\$ 496<sup>13</sup></i>	<i>advertisement</i>	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
<i>WEEB Radio</i> <i>P.O. Bx 1855</i> <i>So. Pines, NC 28388</i>						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
<i>01</i>	<i>check</i>	<i>A</i>	<i>10/24/11</i>	<i>\$ 320<sup>52</sup></i>	<i>advertisement</i>	
<b>5. Total only this Page</b>						<i>\$ 904<sup>21</sup></i>
<b>6. Total of ALL CRO-1310 Pages</b>						<i>\$ 904<sup>31</sup></i>
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>						
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)						

Contributions to be Reimbursed Form 1320 Pg 1 of 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	
Joan Thurman Campaign			
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
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)	
Joan Thurman 10 Friestone Dr. Pinehurst, NC 28374		Joan Thurman	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Campaign buttons	10/13/11	check	\$ 721.81
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
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)	
Joan Thurman 10 Friestone Dr. Pinehurst, NC 28374		Joan Thurman	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Campaign car magnets	10/10/11	check	\$ 220.00
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
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 <input type="checkbox"/>
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			\$ 941.81
5. Total of ALL CRO-1320 Pages 1320 Lane (16)			\$ 941.81
(This line goes in line 28 of Detailed Summary Page CRO-1100)			