

OCT 01 2014

MOORE COUNTY PUBLIC COPY

MOORE BOE

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 <u>Pam Thompson</u>		c. ID Number <u>2H4V43</u>	
b. Mailing Address (include City, State and Zip Code) <u>2384 Park Road Robbins, N.C 27325</u>		d. Date Filed <u>2/11/14</u>	
		e. Phone Number <u>910-948-3911</u>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<u>2014</u>	<u>2-11-14</u>	<u>9/30/14</u>	<u>Pam Thompson</u>
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"/> 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		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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	
		State/County <input checked="" 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	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>First Bank</u>		a. Financial Institution Full Name	
b. Purpose <u>Campaign Operations</u>	c. Account Code <u>1</u>	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$ 0</u>		d. Period Begin Balance <u>\$</u>
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.			
<u>Pam Thompson</u> Printed Name of Signer		<u>Pam Thompson</u> Signature of Appointed Treasurer	<u>9/30/14</u> Date
FOR OFFICE USE ONLY			
Date Received:	<u>10/1/14</u>	Employee:	<u>AMH</u>
Date Postmarked:	<u>9/29/14</u>	Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
			Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
<p>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.</p>			

Amendment
 Yes No

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
Pam Thompson	Detailed Summary	2H4V43
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1,666.39	\$
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)	\$ /	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$ /	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1,666.39	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,486.39	\$
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)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$ 180.00	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,666.39	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$
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

Pg ____ of ____ Amendment
 Yes 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) Pam Thompson						2. ID Number 2H4V43
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pam Thompson 2384 Plank Rd Robbins NC 27325			b. Job Title/Profession Manager		d. Comments	
			c. Employer's Name/Specific Field Randolph Hospital		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check	Filing Fee	2-11-14	\$ 47.00	
<input type="checkbox"/>		Credit Card	Business Cards	5/14/14	\$ 45.60	
<input type="checkbox"/>		Credit Card	Business Cards	5/20/14	\$ 71.74	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pam Thompson 2384 Plank Rd Robbins, NC 27325			b. Job Title/Profession Manager		d. Comments	
			c. Employer's Name/Specific Field Randolph Hospital		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Credit Card	Business Cards with Photo	7/9/14	\$ 61.08	
<input type="checkbox"/>		Credit Card	Business Cards	9/2/14	\$ 66.23	
<input type="checkbox"/>		Credit Card	Static Clings	9/10/14	\$ 299.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pam Thompson 2384 Plank Rd Robbins, NC 27325			b. Job Title/Profession Manager		d. Comments	
			c. Employer's Name/Specific Field Randolph Hospital		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check	Souvenir book advertisement	9/12/14	\$ 50.00	
<input type="checkbox"/>		Credit Card	yard signs	9/12/14	\$ 295.23	
<input type="checkbox"/>		Credit Card	yard signs + wire stakes	9/19/14	\$ 550.51	
4. Total only this Page					\$ 1,486.39	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,486.39	

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes 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) <i>Pam Thompson</i>						2. ID Number <i>2H4V43</i>
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Raymond Washington</i>			b. Job Title/Profession <i>School Superintendent</i>		d. Comments	
			c. Employer's Name/Specific Field <i>Retired</i>		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>check</i>		<i>9/15/14</i>	\$ <i>50.00</i>	
<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) <i>Donnell Davis 5480 Weddington Rd Concord, NC 28027</i>			b. Job Title/Profession <i>manager</i>		d. Comments	
			c. Employer's Name/Specific Field <i>United Way Concord, NC</i>		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>check</i>		<i>9/22/14</i>	\$ <i>100.00</i>	
<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) <i>Lawrence Barrett 14108 North Gate Dr. Silver Spring, MD 20906</i>			b. Job Title/Profession <i>manager</i>		d. Comments	
			c. Employer's Name/Specific Field <i>Retired</i>		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>check</i>		<i>9/23/14</i>	\$ <i>30.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <i>180.00</i>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <i>1666.39</i>	