Disclosure Rep	ort Cover						$\nabla$	Yes No		
Use this form for gene	eral report and committee in	nformat	ion, must be	signed	and sub	mitted along with	other d	letailed forms.		
Do not use this form t	o update information	Charles (April 1989)	a Alexandria	H. 03 2003	Sees new ottook (See See			<del>- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-</del>		
1. Committee Inform	lation			printing &		ers of the grantest states.				
Pam Thompson		<del></del>	<del> </del>			IVEU	<b>c.</b> ]	ID Number		
							,	2H4V43		
b. Mailing Address (include City, State and Zip Code)				OCT 2 8 2014 -				d. Date Filed		
2384 Plank Rd								1 1		
Robbins, NC 27325				MOORE BOE			e. 1	10/18/14 Phone Number		
								910-948-3911		
2. Report Year	3. Period Start Date (mm/d	d/yy)	4. Period (mm/dd/yy)		te	5. Treasurer F	uli Nan	ie		
2014	2014 10/01/2014		10/18/20		Pam Thomp		on			
6. Type of Committe	e (Check One)	9. Tvr	e of Report	6	heck on	ly one type of rep	aut frau			
Candidate Campaig		Munici		namaile	State/C	ountv		<i>i one category)</i> ferendum		
☐ PAC	Referendum		Organizationa	I		Organizational		Organizational		
Independent Expenditure	. Doint Fundraiser		Thirty-five day	Y		Quarterly		Pre-referendum		
Legal Expense Fun	<u>d</u>		·				_	j rio telefoliumi		
	(If applicable, check one)		Pre-primary	•	П	First	-	] Final		
Booster Fund"			Pre-election			Second		Supplemental Final		
Building Fund			Pre-runoff			Third		Annual		
			Semi-annual			Fourth		] Special		
Other:		H	Mid Year		- ;	Semi-annual	,			
		$\vdash$	Year End			Mid Year	10	. Special Report Name		
8. Number of Fundra	isers this Report	H	Special		片.	Year End				
	0		орсска		=	Final				
11. Account Informa	<del>.</del>		ale de la company	laida a		Special	andra di visa viv	Constitution of the constitution		
a. Financial Institution Fu		397030				nformation				
First Bank				a. rina	nciai inst	itution Full Name	·			
b. Purpose	c. Account Code			b. Purp	inse	<del></del>	Т			
Campaign				2011411				. Account Code		
Operations	I			İ						
	d. Period Begin Balance							I. Period Begin Balance		
	\$ 180.00									
	7 100100						!	6		
CERTIFICATION										
							2B, & 2 ids. I fu	2D-22M of Chapter 163 of orther certify that this report		
Pam Thompso	arrage min time i littac accil	trained	by the NC.S	tate Bo	ard of E	lections.		ī		
1 am 1 nompse	Printed Name of Signer	·	- (			things	_10	1-28-14		
FOR OFFICE USE ON			Si	gnature c	of Appoint	ed Treasurer		Date		
Date Received:	10-28-14		Employee:	•	M	XX	<u>Deli</u>	very Method		
Date Postmarked:			Employee:	:				Normal Mail Registered Mail Hand Delivered		
Date Scanned:			Employee:		· ·	· · · · · · · · · · · · · · · · · · ·		Electronically Filed Signer has not received		
Date Data Entered			Employee:		-	<del></del>		mandatory training		
Please Note: This f	orm cannot be used to ame	end com	mittee infor	mation	such as	the committee ad	ldress, t	reasurer, assistant treasurer,		

CRO-1000

custodian of books information, or account information.

Amendment Yes No

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

			3. ID Number
Pam Thompson 3 <sup>rd</sup>	Quarter		
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 180.00	\$
Familie Mars			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 322.00	\$ 2078.00
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, 1	Id and IIe)	\$ 322.00	\$ 2078.00
a pesagra ancoma a propias			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committe	es <i>(CRO-1310)</i>	\$	\$
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)	\$ 102.00	\$ 1678.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 102.00	\$ 1678.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	\$ 400.00	\$ 400.00
CAMBIDITATION AND TONGTO PRIVIANTERIORS			
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)	\$	\$
,	(CRO-1215)	<del></del>	\$
28) Contributions to be Refunded	(CAO-1213)		4

Amendment **Contributions from Individuals** 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) 2. ID Number Pam Thompson 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Pam Thompson Manager 2384 Plank Rd c. Employer's Name/Specific Field Robbins, NC 27325 Randolph Hospital e. Election Sum to Date 1678.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Food meet&greet 10/7/14 \$ 52.00 Bldg meet&greet 10/7/14 \$ 50.00 3. Contributor Information Add 🔲 Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Helen J. Kelly Educator 855 E Massachusetts Ave c. Employer's Name/Specific Field Southern Pines, NC 28387 Retired 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 I check 10/3/14 100.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Asst. to Moore Co Marion Brooks Clerk of Court 396 Brower Rd c. Employer's Name/Specific Field Robbins, NC 27325 Retired e. Election Sum to Date \$ 20.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount I check 10/7/14 \$ 20.00 \$ \$

CRO-1210

4. Total only this Page

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5. Total of ALL CRO-1210 Pages

222.00

322.00

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Contr		W. W. W. W				yry hill	Amendmen		
		m Individuals		P	a 2 of	2	⊠ Yes	☐ No	
1. Com	nittee Full Name	ividual contributions ( (and Fund if applica	over \$50	0 or contributions un	der \$50 if form CR	مرسطنت كالتجارب			
Pam The		<u>(critica acincanta ponea</u>	nie)			2. ID Nu	nber		
	-	Select Processing Section 18 th Associations		en i della del		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	ibutor Informati me, Mailing Address	real and all entitles can be expected to the control of the contro		Secretary at the comment of the comm	emove	(* <u>149</u> 0.00		Kwaliki (ili)	
	city, state, & zip)	æ i none		b. Job Title/Professio	n	d. Commen	its		
Kathy Farren			Store Owner						
60 Quail Run			c. Employer's Name/	1					
Pinehurs	t, NC 28374			Retired		<b></b>			
·						e. Election Sum to Date			
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	L Kind Description	j. Date (mm/dd/y	<u> </u>		<del></del>	
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a. Full Name, Mailing Address & Phone		b. Job Title/Profession	n	d. Commer	ıts				
	city, state, & zip)							<del></del>	
Laura Lang 109 Chesterfield Dr Pinehurst, NC 28374		CPA		4					
		c. Employer's Name/ Self-employed	4						
			Sch-employed	e. Election Sum to Date					
f. Prior	g. Account Code	h. Form of Payment	Т			\$	50.00		
	J. Account Code	u. Form of Payment		Kind Description	j. Date (mm/dd/y				
			chec	CK 	10/3/	14	\$	50.00	
<u></u> _							\$		
							\$		
3. Contr	butor Informatio	) <b>n</b>		Add	emove	New House Con-			
a. Full Name, Mailing Address & Phone			b. Job Title/Professio	the professional and the second secon	d. Commer	nts	<u> Premiere de la c</u>		
(include	city, state, & zip)		•				<del></del>		
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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In-Kind Contributions					Ameridinent (		
Use this form to report non-monetary contributions, donations, go	ode or	corvi	Pg 1 of	1	Yes No		
Use CRO-1215 if In-Kind Contributions were or will be refunded	within	Servic 7 Ass	es provided to the	e comr	nittee or fund.		
1. Committee Full Name (and Fund if applicable)	WILLIEF	/ ua	<b>75.</b> Mandalan ing kacamatan				
Pam Thompson	2. ID	Number					
<b></b>							
3. Contributor Information Add	Remove	AND THE	AND CONTRACTOR	C.153 (4.590)	E Secretaria (Se Secretaria de manero de		
a. Full Name, Mailing Address & Phone	12 12 12 12 12 12 12 12 12 12 12 12 12 1	-/- :-	Contributor				
(include city, state, & zip)	0. 1yp		vidual	c. Con	nments		
Pam Thompson	12						
2384 Plank Rd			didate				
Robbins, NC 27325	Part						
110001110, 110 21,020	==						
	12		rendum	d. Election Sum to Date			
		Othe	er Receipt Source	\$ 1678.00			
e. Description	1		f. Date (mm/dd/yy				
Food for Candidate Meet & Greet			A Date (inin/du/yy	73)	g. Fair Market Amount		
			10/7/14		\$ 52.00		
Building for Candidate Meet & Greet			10/5/1				
			10/7/14		\$ 50.00		
					\$		
3. Contributor Information Add	Remove	797.		energy :			
a. Full Name, Mailing Address & Phone	b. Typ	e of C	ontributor	c. Cor	nments		
(include city, state, & zip)			vidual	1.00.			
	Candidate						
	lΗ	Party		l			
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	Referendum Other Receipt Source						
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3. Contributor Information Add	Remove			1238			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor			c. Comments			
(meradic city, state, & 21p)			vidual				
	$\sqcup$	Cano	lidate				
	$  \; \sqcup \;  $	Party PAC		d. Election Sum to Date			
	╽ <u></u>						
	Referendum Other Receipt Source		rendum				
			r Receipt Source	\$			
e. Description	<u> </u>		f. Date (mm/dd/yy		- Printed and a		
		_ :	n Date (min/dd/yy	<u>yy)</u>	g. Fair Market Amount		
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(This line must be on line 17 of Detailed Summary Page CRO-1100)

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