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	n			4. √ *	
a. Full Name	\sim	,		c. ID Number	
Thompson	For Cleve	eland C	ounter Con	nm.	
b. Mailing Address (include Ci	ity, State and Zip Co.	dei	l l	d. Date Filed	
587 Oak Gro Lawndale, N	ve Clave	rtill ()	nkd	5/10/20	22
Lawndale, n	C 2809 C)		e. Phone Number	
				704-472	-8093
2. Report Year 3. Period	Start Date (mm/d	d/yy) 4. Period	End Date (mm/dd/yy)	5. Treasurer Full Name	
2022 410	1/2022	413	30/2022	Lisa C. Vaibro	\
. Type of Committee (Cl	ieck One)	9. Type of Re	port (check only one	type of report from one catego	ryi
Candidate Campaign	Party	Municipal	State/County	Referendum	
Independent Expenditure	Referendum Joint Fundraiser	☐ Organization☐ Thirty-five d	ı — -	ional Organizational Pre-referendum	
Legal Expense Fund		Pre-primary	First	Final	
		Pre-election	Secon	==	al
	icable, check one)	Pre-runoff	☐ Third	ì 	·
Booster Fund Building Fund		Semi-annual	— · · · · · ·	1	l
banding rand		Mid Year En			t Niama
Other:		Final	Mid Year		ı ıvame
. Number of Fundraisers	this Report	Special	Final		•
			Special		1
1. Account Information		• • • • • • • • • • • • • • • • • • •	11. Account Inform	ation	
Financial Institution Full Nam	ie		a. Financial Institution F	full Name	
Iruist					
Purpose	c. Account Co	de	b. Purpose	c. Account Code	EVELAND CO
moudn	1 2)091	2	1	Ų.	EVELFAU GU MAY 10 '22 A
militar.	d. Period Begin	n Balance		d. Period Begin Balanc	
Finance	\$ ()		\$	<u> </u>
ERTIFICATION			1		
I certify that the Committee o	r Fund is in complia	ince with all appli	cable provisions of Artic	ole 22A, 22B & 22D-22M of Chap	ter 163
of the NC General Statutes an	d that no funds are	commingled with	prohibited or other non-	disclosed funds. I further certify the	nat this
eport is complete, true and co	orrect and that I have	e been trained by	the NC State Board of E	lections.	1
1 io Cla	plo -	~ ~ ~	(la Du	SIN 2	2
Printed Name of	Signer	Sign	ature of Appointed Treasur	er Date	<u> </u>
OR OFFICE USE ONLY	برور باست دورا این است در دارای این این این این این این این این این ا		Ü		
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				■ Signer has not receiv	ed .
Date Data Entered:		Employe	e:	mandatory training	
Please Note: This form	reannot be used to	amend commit	tee information such a	is the committee address, treasu	irer,
assist	ant treasurer, cust	odian of books i	information, or accour	it information.	
You must ame	nd the Statement of	of Organization	(CRO-2100A-E) to ma	ake committee changes.	

Amendment

Yes

□ No

Use this form to summarize all disclosure reporting for	<u>ms an</u> d to total m	conetary information	•	
1. Committee Full Name (and Fund if applicable)		of Report	3. ID Number	
Thompson For Cleveland Count	y Comm.			
Start of Election Cycle: January 1, 20	22	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		5	\$	_
<u>RECEIPTS</u>		<u> </u>	·····	
5) Aggregated Contributions from Individuals	(CRO-1205	51 \$	S	
6) Contributions from Individuals	(CRO-1210	\$ 4156,00	\$ 4155.00	5
7) Contributions from Political Party Committees	(CRO-1220		\$	
8) Contributions from Other Political Committees	(CRO-1230)	S	\$	
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 Organiza	tions (CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)		s	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	S	\dashv
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b	.llc.lld and lles	s 4155.00	\$ 4155.00	1
<u>EXPENDITURES</u>			1 1/00/00	7
13) Disbursements		13.47 (2.47)		W
13a) Operating Expenditures	(CRO-1310)	\$3391.50	\$ 3391.50	
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$	1
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	1
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	1
5) Loan Repayments	(CRO-1420)	\$	\$	1
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	1
7) In-Kind Contributions	(CRO-1514)	s 796.16	5 7960.15	1
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 1-		\$4187.65	\$ 4187.65	1
9) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18	\$	\$ 32.65	1
ADDITIONAL INFORMATION 1) Non-Monetary Gifts Given to Other Committees	,		BEANG PROJECTE AND STORY CONTROL	
	i	\$		
1) Outstanding Loans (incl. ones from other campaign	ļ	\$	海军国际共享	
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Debts and Obligations owed to the Committee	ļ	\$		A STATE
Account Transfers Within the Committee	(CRO-1720) §	5	No.)
) Administrative Support	(CRO-1719) \$	5	\$	
Forgiven Loans	(CRO-1440) S		\$	
) 48-Hour Notice Reports Sum) Contributions to be Refunded	(CRO-2220) \$	· · · · · · · · · · · · · · · · · · ·	\$	
Contributions to be Retunded	(CRO-1215) \$	}	\$	

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Amendment

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Co	ntributions	from Individua	als		p	. 3 .,	4	_	dment 'es	□ No	
Use	this form to repo	rt individual contributi	ons over \$50 or	cont	ributions un	der \$50 if form	CRC				
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Amendment

		from Individu		contributions	Pg 4 of	4	Amendmen Yes 1205 is not	□ No	
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		Detailed Summary Page	CPO.11005	i	ļ	\$ \	455	α)	

In-Kind Contributions	. р	<u>, </u>	of	Yankindinkiii	*()
Use this form to report non-monetary contributions, donations, gr Use CRO-1215 if In-Kind Contributions were or will be re-	oods or services pro	vided to the	committee		
1. Committee Full Name (and Fund if applicable)	anged willing a	(1××.	2.	ID Number	
Mompson for Cleveland	Country	omm.			
		move	<u></u>		
a. Full Name, Mailing Address & Phone	b. Type of Contr		le. C	Comments	
(include city, state, & zip)	☑ Individual		F	rent Build	ina
Shane Adams P.O. Box 218 Kings mountain, nc 28086	Candidate		-	21011.100(10	"9
P.O. Box 218	Party PAC				1
Kings mountain nc 22026	Referendum		d. E	lection Sum to Date	
7021-472-6766	Other Receip	t Source	\$	311.00	
c. Description		f. Date (mm.	/dd/vvvv)	g. Fair Market Amou	nt .
Ruilding Go Tuent		MILLOC	h	5 2 NO NO	, 1
Building for Event		04/05	12065	3 200.05	
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3. Contributor Information	Add Rei	nove	·	CLEVEL	AND COUNTY BOE
a. Full Name, Mailing Address & Phone	h. Type of Contril		e. Co	mments Pirit	10 2 2 AHB: 14
(include city, state, & zip)	Individual				
Malarie Thompson 587 Oak Grove Clovertill Child Cawndale, nc 28090	Candidate Party				
587 oak Grove Clovertill CNR	PAC				, i
Cawndate, nc 28090	Referendum		d. El	ection Sum to Date	
104-472-8093	Gther Receipt	Source	\$	327.82	_
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Annie Thompson	Party				
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cross one mass ve on one response summary Page CK()-[[f]())			Į.	, ,	1

Disbursements	Amendment
Use this form to report expenditures from the committee for committees and coordinated party expenditures	Or operating expenses, contributions to some library and library
committees and coordinated party expenditures	
1. Committee Full Name (and Fund if applicable)	2. ID Number
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3. Type of Disbursement (Please use separate CRO-13	310 forms for each type of Disbursement.)
N. VIII (1911) 101 (19	
L. r ayee rinformation	Milical Committees
d. Full Name, Mailing Address & Phone	b. Coordinated Committee Name d. Comments
(include city, state, & zip)	d. Connects
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2010 E. DIXON RIVE.	c. Level Registered (Specify) Federal County:
Shellby MC 2815Z	Federal County: State Municipality: e. Election Sum to Date
704-487-9100	2001
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8093 Check 12 W//	(mm/dd/yyyy) j. Amount k. Required Remarks
5 041	01/2022 5 3391.50 Yard Signs
4. Payee Information	S
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(include city, state, & zip)	b. Coordinated Committee Name d. Comments
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ripose Codes (List detailed expenditure code in (h.) abov	ve) english sa
Solution C* - Fundr	raising D - To Another Candidate
Doubles C - Political	Party H* - Holding Public Office Expenses
ther K*-Unice	Expenses Q* - Donation to Legal Expense Fund
des require detailed explanation in required remarks field	•

NC State Board of Elections

December 2009

CRO-1310