

# Disclosure Report Cover

Amendment  
 Yes  No

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.

<b>1. Committee Information</b>	
a. Full Name <i>Thomas for County Commission</i>	c. ID Number <i>7HLS43</i>
b. Mailing Address (include City, State and Zip Code) <i>POBx 2251 Suf City AL 28445</i>	d. Date Filed <i>7/12/10</i>
	e. Phone Number <i>910-540-5330</i>

2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>4/18/10</i>	4. Period End Date (mm/dd/yy) <i>7/9/10</i>	5. Treasurer Full Name <i>Timothy M. Thomas</i>
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<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b>		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>Municipal</b> <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	<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" 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>8. Number of Fundraisers this Report</b> <i>0</i>		<b>10. Special Report Name</b>		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Bank of America</i>	b. Purpose <i>Campaign Funds</i>	a. Financial Institution Full Name	b. Purpose
c. Account Code <i>1</i>	d. Period Begin Balance <i>\$ 44.87</i>	c. Account Code	d. Period Begin Balance <i>\$</i>

**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.

*Tim Thomas*      *[Signature]*      *7/9/10*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: <i>7/15/10</i>	Employee: <i>OB</i>	<b>Delivery Method</b> <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
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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

Yes  No

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

1. Committee Full Name (and Fund if applicable) <i>Thomas for Cary Commission - F.M.</i>	2. Type of Report	3. ID Number <i>7HLS43</i>
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Start of Election Cycle: <i>January 1,</i> _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <i>44.87</i>	\$

## RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ <i>3775.00</i>	\$
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ <i>1500.00</i>	\$
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)	\$ <i>4775.00</i>	\$

## EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ <i>4502.09</i>	\$
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <i>4502.09</i>	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <i>267.78</i>	\$

## ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ <i>3700.00</i>	
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)	\$ <i>2400.00</i>	\$
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> <i>Thomas for County Commission</i>						<b>2. ID Number</b> <i>7HLS43</i>	
<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) <i>Sidney William S 214 Beckys Creek Rd Hampstead, NC 28443</i>				<b>b. Job Title/Profession</b> <i>Realtor</i>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> <i>self employed</i>		<b>e. Election Sum to Date</b> \$ <i>25.00</i>	
<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>1</i>	<i>check</i>		<i>6/8/10</i>	\$ <i>25.00</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) <i>Mario Tony FAIDIA 108 Bay Harbor Cir Hampstead, NC 28443</i>				<b>b. Job Title/Profession</b> <i>military</i>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> <i>retired</i>		<b>e. Election Sum to Date</b> \$ <i>100.00</i>	
<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>1</i>	<i>check</i>		<i>6/4/10</i>	\$ <i>100.00</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) <i>JACK M. LEA 303 LEA'S LN HAMPSTEAD, NC 28443 910-270-4397</i>				<b>b. Job Title/Profession</b> <i>fish dealer</i>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> <i>retired</i>		<b>e. Election Sum to Date</b> \$ <i>1200.00</i>	
<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>1</i>	<i>check</i>		<i>6/3/10</i>	\$ <i>1200.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ <i>1325.00</i>	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ <i>3225.00</i>	

# 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>	
Thomas for County Commissioner					7HLS43	
<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>	
BERT L. LA, JR 301 LEAS LN Hampstead, AL 28443 910-270-4397			fish dealer			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			retired		\$ 1200.00	
<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"/>	1	check		6/3/10	\$ 1200.00	
<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>	
C. Henry Smith 25 Hidden Bluff Trail Hampstead AL 28443 910-471-7967			fish dealer			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			retired		\$ 100.00	
<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"/>	1	check		5/31/10	\$ 100.00	
<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>	
Francisco Perez POBX 681 Hampstead AL 28443 910-200-1924			Cape dealer			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			self-employed		\$ 100.00	
<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"/>	1	check		5/31/10	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1400.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

# 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>	
Thomas for Carty Commission						7HLS43	
<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.T. Pollard 1 Pollard Ln Jacksonville AL 38540 910-455-4019				owner			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				Truck Dept		\$ 500.00	
<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"/>	1	check		5/8/10	\$ 500.00		
<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>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>						\$ 500.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

# 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> <i>Thomas S. County Commissioner</i>	<b>2. ID Number</b> <i>7H1543</i>
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**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*  
 Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>Rende Post 201-A W. Fremont St Burgaw NC 28425 910-259-9111</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>check</i>	<i>A</i>	<i>6/11/10</i>	<i>\$ 724.80</i>	<i>Newspaper Ad</i>
<i>2</i>	<i>check</i>	<i>A</i>	<i>5/27/10</i>	<i>\$ 210.00</i>	<i>"</i>

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>Rende Post 201-A W. Fremont St Burgaw NC 28425 910-259-9111</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$ <i>1556.93</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>card</i>	<i>A</i>	<i>6/4/10</i>	<i>\$ 622.13</i>	<i>Newspaper Ad</i>
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>TopSA:1 Voice 14886 Hampstead Crossing Hampstead NC 28443 910-270-2944</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$ <i>1592.94</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>CARD</i>	<i>A</i>	<i>6/4/10</i>	<i>\$ 607.38</i>	<i>Newspaper Ad</i>
<i>2</i>	<i>CARD</i>	<i>A</i>	<i>6/11/10</i>	<i>\$ 985.56</i>	<i>"</i>

**5. Total only this Page**    \$ *3149.87*

**6. Total of ALL CRO-1310 Pages**  
*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*  
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*  
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*  
 \$ *4502.09*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

- |                     |                       |                             |  |
|---------------------|-----------------------|-----------------------------|--|
| <b>A* - Media</b>   | <b>B* - Printing</b>  | <b>C* - Fundraising</b>     | <b>D - To Another Candidate</b>            |
| <b>E - Salaries</b> | <b>F* - Equipment</b> | <b>G - Political Party</b>  | <b>H* - Holding Public Office Expenses</b> |
| <b>I - Postage</b>  | <b>J - Penalties</b>  | <b>K* - Office Expenses</b> | <b>Q* - Donation to Legal Expense Fund</b> |
| <b>O* Other</b>     |                       |                             |  |

\* Codes require detailed explanation in required remarks field (k)

# 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>	
Thomas for County Commissioner						714LS43	
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input 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>	
Political Calling 712 5th St. Ste E Davis, CA 95616 530-758-8864							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 408.32	
<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>		
2	card	A	6/21/10	\$ 408.32	ROBO CALLS		
<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>	
KAESER & BLAIR 4736 Grissom Dr. BATAVIA, OH 45103 500-607-8824							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 662.02	
<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>		
2	card	A	4/5/10	\$ 662.02	Direct MAIL		
<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>	
Hampstead Printing 16881 US Hwy 17 Hampstead AL 28443 910-270-4474							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 281.88	
<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>		
2	card	B	6/7/10	\$ 281.88	door hangers		
<b>5. Total only this Page</b>						\$ 1352.22	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
<b>7. Purpose Codes</b> (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)							

# 48-Hour Notice

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name <i>Thomas For County Commissioner</i>		c. ID Number <i>7HLS43</i>	
b. Mailing Address (include City, State and Zip Code) <i>POBx 2259 Surf City NC 28445</i>		d. Report Date	
		e. Phone Number <i>910-540-5330</i>	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Bob L. Lea, Jr 301 Leas Ln Hampstead NC 28443 910-270-4397</i>		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	
b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Jack Lea 303 Leas Ln Hampstead NC 28443 910-270-4397</i>	
b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <i>Red-</i> <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	
b2. Job Title/Profession <i>Retired fish dealer</i>		a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Jack Lea 303 Leas Ln Hampstead NC 28443 910-270-4397</i>	
b3. Employer's Name/Specific Field <i>Self-employed</i>		b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	
b4. Federal ID Number		b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <i>Red-</i> <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
c. Form of Payment <i>check</i>		b2. Job Title/Profession <i>Retired fish dealer</i>	
d. Date (mm/dd/yyyy) <i>6/3/10</i>		b3. Employer's Name/Specific Field <i>Retired</i>	
e. Account Code <i>1</i>		b4. Federal ID Number	
f. Amount <i>\$ 1200.00</i>		c. Form of Payment <i>check</i>	
g. Election Sum to Date <i>\$ 1200.00</i>		d. Date (mm/dd/yyyy) <i>6/3/10</i>	
		e. Account Code <i>1</i>	
		f. Amount <i>\$ 1200.00</i>	
		g. Election Sum to Date <i>\$ 1200.00</i>	
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ <i>2400.00</i>	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ <i>2400.00</i>	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
<i>Tim Thomas</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	
		<i>7/5/10</i> Date	

# Loan Proceeds

Pg 1 of 1

Amendment

Yes  No

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>	
Thomas for County Commissioner				7H2543	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Timothy M. Thomas POBx 2254 Suf City NC 28445 910-540-5330			owner / DEMO. Contract		
			c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
			self-employed		5/24/10
			Demolition		f. End Date (mm/dd/yyyy)
					12/31/10
g. Rate	h. Security Pledged		i. Account Code	j. Form of Payment	k. Amount
4% %	NP		1	Inst	\$ 1500.00
l. Full Name of Lending Institution					m. Loan Number
NA					2
<b>4. Endorsers/Makers</b> (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
					% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
					% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
					% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
					% \$
<b>5. Total of ALL CRO-1410 Pages</b> (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$ 1500.00

# Outstanding Loans

Amendment  
 Yes  No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
Thomas Co. County Commissioner			7HLSY3	
<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>	
Timothy M. Thomas PO Box 2251 Surf City NC 28445 910 540 5330		owner Demo. company		
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>	
		self-employed	3/3/10	
			<b>f. End Date (mm/dd/yyyy)</b>	
		Demolition	12/31/10	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
1/2 %	NA	\$ 3700.00	\$ 3700.00	
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>	
NA			1	
<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>	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>	
			<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
%		\$	\$	
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>	
<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>	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>	
			<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
%		\$	\$	
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>	
<b>4. Total only this Page</b>			\$	
<b>5. Total of ALL CRO-1430 Pages</b> <small>(This line must be on line 21 of Detailed Summary Page CRO-1100)</small>			\$	