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

1. Committee Information

a. Full Name	c. ID Number
HELEN D. (HECKY) THOMPSON	3HC1y1
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
133 KING ST JACKSONVILLE, NC 28540	07/20/2017
	e. Phone Number
	910-347-1621

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	07/20/2017	09/26/2017	GWENDOLYN RAYNOR SLADE

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☒ Other:

8. Number of Fundraisers this Report

0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☒ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
COASTAL BANK & TRUST		CAMPAIGN FUNDS	HT
			d. Period Begin Balance
			$ 0.00

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
			d. Period Begin Balance
			$

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.

GWENDOLYN SLADE — Printed Name of Signer

Gwendolyn Slade — Signature of Appointed Treasurer

9/30/2017 — Date

FOR OFFICE USE ONLY

Date Received: RECEIVED OCT 02 2017 BY:

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee:

Employee:

Employee:

Employee:

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ 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.

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
TO ELECT HELEN D (HECKY) THOMPSON	35 DAY	3HC1y1

Start of Election Cycle: January 1, 2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0.00	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1,606.51	$ 1,606.51
6) Contributions from Individuals	(CRO-1210)	$ 5,658.49	$ 5,658.49
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, 11d and 11e)*		$ 7,265.00	$ 7,265.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2,661.67	$ 2,661.67
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)	$ 153.21	$ 153.21
17) In-Kind Contributions	(CRO-1510)	$ 133.71	$ 133.71
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 2,948.59	$ 2,948.59
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 4,314.41	$ 4,314.41
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)	$	$

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add ☐ Remove	HT	CHECK		08/14/2017	$ 25
☒ Add ☐ Remove	HT	CASH		08/14/2017	$ 20
☒ Add ☐ Remove	HT	CHECK		09/18/2017	$ 25
☒ Add ☐ Remove	HT	CHECK		08/30/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		08/30/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/01/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/05/2017	$ 50
☒ Add ☐ Remove	HT	MONEY ORDER		09/07/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/07/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/07/2017	$ 50
☒ Add ☐ Remove	HT	CASH		09/07/2017	$ 20
☒ Add ☐ Remove	HT	CASH		09/07/2017	$ 20
☒ Add ☐ Remove	HT	CHECK		09/11/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/11/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/11/2017	$ 50
☒ Add ☐ Remove	HT	CASH		09/11/2017	$ 15
☒ Add ☐ Remove	HT	CHECK		09/11/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/13/2017	$ 25
☒ Add ☐ Remove	HT	CHECK		09/13/2017	$ 25
☒ Add ☐ Remove	HT	CHECK		09/18/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/18/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/18/2017	$ 50

4. Total only this Page	$ 875
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1,606.51

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add ☐ Remove	HT	CHECK		09/18/2017	$ 20
☒ Add ☐ Remove	HT	CASH		09/18/2017	$ 30
☒ Add ☐ Remove	HT1	CASH		09/18/2017	$ 20
☒ Add ☐ Remove	HT	CASH		09/18/2017	$ 5
☒ Add ☐ Remove	HT	CASH		09/18/2017	$ 5
☒ Add ☐ Remove	HT	CASH		09/18/2017	$ 5
☒ Add ☐ Remove	HT	CASH		09/18/2017	$ 5
☒ Add ☐ Remove	HT	CASH		09/18/2017	$ 5
☒ Add ☐ Remove	HT	CASH		09/18/2017	$ 5
☒ Add ☐ Remove	HT	CHECK		09/18/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/23/2017	$ 25
☒ Add ☐ Remove	HT	CHECK		09/23/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/23/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/23/2017	$ 40
☒ Add ☐ Remove	HT	CHECK		09/23/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/23/2017	$ 25
☒ Add ☐ Remove	HT	CHECK		09/25/2017	$ 50
☒ Add ☐ Remove	HT	CHECK		09/20/2017	$ 30
☒ Add ☐ Remove	HT	CASH		07/20/2017	$ 15
☒ Add ☐ Remove	HT	BANK CARD		07/26/2017	$ 45
☒ Add ☐ Remove	HT	BANK CARD		08/05/2017	$ 15
☒ Add ☐ Remove	HT	BANK CARD		08/07/2017	$ 20

4. Total only this Page	$ 565.00 ✓
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1,606.51

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

3. Contributor Information

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒	Add	HT	BANK CARD		08/08/2017	$ 13.70
☐	Remove					
☒	Add	HT	BANK CARD		08/10/2017	$ 20
☐	Remove					
☒	Add	HT	BANK CARD		08/11/2017	$ 19.60
☐	Remove					
☒	Add	HT	CASH		08/20/2017	$ 1.07
☐	Remove					
☒	Add	HT	BANK CARD		08/21/2017	$ 25
☐	Remove					
☒	Add	HT	CASH		08/26/2017	$ 8.45
☐	Remove					
☒	Add	HT	BANK CARD		08/28/2017	$ 9.80
☐	Remove					
☒	Add	HT	BANK CARD		09/01/2017	$ 19.80
☐	Remove					
☒	Add	HT	BANK CARD		09/07/2017	$ 15
☐	Remove					
☒	Add	HT	CHECK		09/09/2017	$ 8
☐	Remove					
☒	Add	HT	BANK CARD		09/13/2017	$ 16.04
☐	Remove					
☒	Add	HT	BANK CARD		09/13/2017	$ 5.30
☐	Remove					
☒	Add	HT	CASH		09/13/2017	$ 4.75
☐	Remove					
☒	Add					$
☐	Remove					
☒	Add					$
☐	Remove					
☒	Add					$
☐	Remove					
☒	Add					$
☐	Remove					
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☐	Remove					
☒	Add					$
☐	Remove					
☒	Add					$
☐	Remove					
☒	Add					$
☐	Remove					

4. Total only this Page	$ 166.51
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1,606.51

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KEVER CLARK 132 ARMSTRONG DR JACKSONVILLE, NC 28540	RETIRED EDUCATOR	ONSLOW COUNTY SCHOOLS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		07/28/2017	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINWOOD COBB 131 KING ST JACKSONVILLE, NC 28540	RETIRED	MILITARY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/31/2017	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOE THOMPSON 128 ARMSTRONG DR JACKSONVILLE, NC 28540	RETIRED	USPS		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/10/2017	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN COULTER 104 MELODY LN JACKSONVILLE, NC 28540	TRAINING ANALYST	USMC		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/20/2017	$ 200.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PRESTON WILHITE 3695 RICHLANDS HWY JACKSONVILLE, NC 28540	RETIRED	US ARMY/CIVIL SERVICE		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/24/2017	$ 200.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SONYA JONES 603 CEDAR LANE WASHINGTON, NC 27889	RN	VIDANT BEAUFORT HOSP		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/10/2017	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 650.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN W. JONES 603 CEDAR LN WASHINGTON, NC 27889	EDUCATOR	NORTH CAROLINA SCHOOLS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/22/2017	$ 250.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RENEA T. LEWIS 203 BISHOPSGATE JACKSONVILLE, NC 28540	RETIRED	USAF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/09/2017	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GINA FRANCIS 110 CARVER RD JACKSONVILLE, NC 28540	VETERNARIAN	BAYSHORE ANIMAL HOSP.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/13/2017	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DELORIS E. WELLS 117 COLES FARM RD. JACKSONVILLE, NC 28546	RETIRED TEACHER	ONSLOW COUNTY SCHOOLS		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/30/2017	$ 75.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANN DELOATH 5705 WHIPPOORWILL ST DURHAM, NC 27704	RETIRED	BANKER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/31/2017	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RHONDA PARKER 116 RIVERBEND RD JACKSONVILLE, NC 28540	ADMINISTRATION	ONSLOW COUNTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/28/2017	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GREGORY JACKSON 211 CROOKED CREEK RD JACKSONVILLE, NC 28540	METER READER	JOEMC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/18/2017	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALBERTA BAGGETT 124 COLE DR JACKSONVILLE, NC 28540	RETIRED TEACHER ASST	ONSLOW COUNTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/18/2017	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BLANCHE COLLIER 120 ARMSTRONG DR JACKSONVILLE, NC 28540	RETIRED TEACHER	ONSLOW COUNTY		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/18/2017	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DENNIS COMBS 213 FENTON PL JACKSONVILLE, NC 28540	RETIRED	USMC		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/20/2017	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DOMINIQUE M. JEFFERSON 2015 GUM BRANCH RD #101 JACKSONVILLE, NC 28540	BARBER	SELF-EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/21/2017	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWARD BAILEY 115 ALDERSGATE RD JACKSONVILLE, NC 28546	ATTORNEY	OWNER OF BUSINESS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	MO		09/18/2017	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HELEN THOMPSON 133 KING ST. JACKSONVILLE, NC 28540	HR GENERALIST	CITY OF JACKSONVILLE	CANDIDATE PURCHASED CAMPAIGN BADGES	$ ~~65.20~~ 249.78

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	BANK CARD		08/03/2017	$ 65.20
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HELEN D. THOMPSON 133 KING ST JACKSONVILLE, NC 28540	HR GENERALIST	CITY OF JACKSONVILLE	CANDIDATE OPENED BANK ACCOUNT	$ ~~100~~ 249.78

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CASH		07/28/2017	$ 100
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HELEN D. THOMPSON 133 KING ST JACKSONVILLE, NC 28540	HR GENERALIST	CITY OF JACKSONVILLE	CANDIDATE PURCHASED OFFICE SUPPLIES	$ 249.78

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	BANK CARD		07/30/2017	$ 84.58
☐					$
☐					$

4. Total only this Page	$ 249.78
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JEAN S. HOWARD 314 SPARGO ST JACKSONVILLE, NC 28540	SALES	WALMART		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/21/2017	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MELISSA BAGGETT 3932 ETTRICK CT BOWIE, MD 20716	TEACHER	DC PUBLIC SCHOOLS		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		09/23/2017	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DIANNE SHULER 210 RIVER WINDING PL JACKSONVILLE, NC 28540	SALES	BURLINGTON COATS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	MO		09/23/2017	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CLARENCE THOMPSON 1515 GUINNESS DR MCLEANSVILLE, NC	BANKER	BANK OF AMERICA		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CHECK		08/28/2017	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,524.78

Contributions from Individuals

Pg 10 of 10

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)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BOBBY WELLS 117 COLES FARM RD JACKSONVILLE, NC 28540	RETIRED USMC	USA	NAME TAG TEE SHIRTS	$ 76.71

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	CASH	NAME TAG	08/14/2014	$ 7.49
☐	HT	CHECK	T-SHIRTS	08/16/2017	$ 69.22
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GWENDOLYN SLADE 234 NEWPORT DR JACKSONVILLE, NC 28540	RETIRED	CITY OF JACKSONVILLE		$ 8.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	BANK CARD	RECEIPT BOOK	07/01/2017	$ 8.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROLE DAVIS 45 EAST DR JACKSONVILLE, NC 28546	RETIRED	CITY OF JACKSONVILLE		$ 49.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	HT	BANK CARD	100 STAMPS	09/23/2017	$ 49.06
☐					$
☐					$

4. Total only this Page	$ 133.71
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,658.49

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STAPLES WESTERN BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 542.61

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	BANK CARD	K	07/30/2017	$84.58	OFFICE SUPPLIES
HT	CHECK	H	09/15/2017	$320.98	CAMPAIGN HAND CARDS

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STAPLES WESTERN BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 542.61

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	BANK CARD	B	08/21/2017	$25.00	COPIES
HT	BANK CARD	H	09/25/2017	$26.74	BUSINESS CARDS

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STAPLES WESTERN BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 542.61

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	K	08/06/2017	$65.31	PRINTER INK
HT	BANK CARD	B	08/08/2017	$20.00	COPIES

5. Total only this Page	$ 542.61
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)*	$ 2,661.67

7. Purpose Codes (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)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
USPS NEW BRIDGE ST JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 113.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	BANK CARD	I	08/11/2017	$19.60	STAMPS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
USPS NEW BRIDGE ST JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 113.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	I	09/17/2017	$29.40	STAMPS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
USPS NEW BRIDGE ST JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:	CANDIDATE PAID	$ 113.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	BANK CARD	I	08/21/2017	$19.80	STAMPS
HT	BANK CARD	I	07/26/2017	$45.00	

5. Total only this Page	$ 113.80
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)*	$ 2,661.67

7. Purpose Codes (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)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
COASTAL BANK & TRUST 2414 N MARINE BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CASH	H	07/28/2017	$100.00	OPENED BANK ACC
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SPEEDWAY GAS WESTERN BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:	TREASURER TRNG	$ 20.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CASH	H	08/07/2017	$20.00	GAS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BOJANGLES HWY 17 S HOLLY RIDGE, NC		☐ Federal ☐ County: ☐ State ☒ Municipality:	TREASURER TRNG	$ 13.70

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	H	08/08/2017	$13.70	LUNCH
				$	

5. Total only this Page	$ 133.70
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)*	$ 2,661.67

7. Purpose Codes (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)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SILK SCREEN SPECIALISTS 233 G WESTERN BLVD JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 98.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	O	09/15/2017	$98.44	CAMPAIGN T-SHIRTS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DOLLAR GENERAL HARGETT ST JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:	CANDIDATE PAID	$ 5.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CASH	O	07/30/2017	$5.30	THANK YOU CARDS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WALMART WESTERN BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:	CANDIDATE PAID	$ 4.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CASH	K	07/30/2017	$4.75	LABELS
				$	

5. Total only this Page	$ 108.49 ✓
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)*	$ 2,661.67

7. Purpose Codes (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)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MOTIVATIONS TALK SHOW 200 CANTEBURY RD JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:	AWARDS EVENT	$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	H	08/05/2017	$50.00	CAMPAIGNING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MONTFORD PNT WIVES ASSOC BRYNN MARR RD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:	HAT EVENT CANDIDATE PAID	$ 15.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CASH	H	08/06/2017	$15.00	CAMPAIGNING
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ONSLOW OKTOBERFEST 600 COURT ST JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:	FESTIVAL	$ 120.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	H	08/07/2017	$120.00	CAMPAIGN BOOTH
				$	

5. Total only this Page	$ 185.00 ✓
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)*	$ 2,661.67

7. Purpose Codes (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)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
USO TALLMAN ST JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:	CANDIDATE PAID	$ 157.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	H	09/09/2017	$8.00	VETERANS BREAKF
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SIGNS FROM THE FARM 373 VANN SMITH RD SEVEN SPRINGS, NC 28578		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,297.01

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	H	09/09/2017	$1,297.01	CAMPAIGN SIGNS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TROPHY CASE 233 WESTERN BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:	CANDIDATE PAID	$ 16.04

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	H	09/13/2017	$16.04	BADGES
				$	

5. Total only this Page	$ 1,321.05 ✓
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)*	$ 2,661.67

7. Purpose Codes (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)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CITY OF JACKSONVILLE P.O. BOX 128 JACKSONVILLE, NC 28541		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 157.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK		09/15/2017	$30.00	RENTAL SPACE FOR MEET /GREET
HT	CHECK		09/09/2017	$112.50	RENTAL SPACE MEET/GREET

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CITY OF JACKSONVILLE NEW BRIDGE ST JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 157.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CASH	H	08/05/2017	$15.00	CAMPAIGN SIGNS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DOLLAR TREE WESTERN BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 9.52

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CASH	K	08/05/2017	$1.07	ENVELOPES
HT	BANK CARD	K	08/26/2017	$8.45	ENVELOPES

5. Total only this Page	$ 167.02 ✓
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)*	$ 2,661.67

7. Purpose Codes (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)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FOOD LION WESTERN BLVD JACKSONVILLE, NC 28546		☐ Federal ☐ County: ☐ State ☒ Municipality:	CANDIDATE PAID	$ 9.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	I	08/11/2017	$9.80	STAMPS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SOPHIES BADGES N MARINE BLVD JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:	CANDIDATE PAID	$ 65.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CASH	H	08/03/2017	$65.20	CAMPAIGN BADGES
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ONSLOW COUNTY BRD OF ELECTIONS GEORGETOWN RD JACKSONVILLE, NC 28540		☐ Federal ☐ County: ☐ State ☒ Municipality:	CANDIDATE PAID	$ 15.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	CHECK	H	07/20/2017	$15.00	FILING FEE
				$	

5. Total only this Page	$ 90.00
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)*	$ 2,661.67

7. Purpose Codes (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)**

Refunds/Reimbursements To the Committee

Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1y1

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
RYSHAUNA JERKINS 5013 BRIXEY CT TARAWA TERRACE, NC 28543	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Expenditure Date
	☐ Federal ☐ County: ☐ State ☒ Municipality:	09/18/2017
		i. Original Expenditure Amt
		$ 56.61

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
ADMIN. ASST.	ONSLOW COUNTY	MEET/GREET FOOD	$ 153.21

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
HT	BANK CARD		09/18/2017	$ 56.61

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
RYSHAUNA JERKINS 5013 BRIXEY CT TARAWA TERRACE, NC 28543	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Expenditure Date
	☐ Federal ☐ County: ☐ State ☒ Municipality:	09/21/2017
		i. Original Expenditure Amt
		$ 75.22

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
ADMIN. ASST.	ONSLOW COUNTY	MEET/GREET FOOD	$ 153.21

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
HT	BANK CARD		09/21/2017	$ 75.22

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
RYSHAUNA JERKINS 5013 BRIXEY CT TARAWA TERRACE, NC 28543	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Expenditure Date
	☐ Federal ☐ County: ☐ State ☒ Municipality:	09/22/2017
		i. Original Expenditure Amt
		$ 21.38

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
ADMIN. ASST.	ONSLOW COUNTY	MEET/GREET FOOD	$ 153.21

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
HT	BANK CARD		09/22/2017	$ 21.38

4. Total only this Page	$ 153.21 ✓
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 153.21

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
GWENDOLYN SLADE 234 NEWPORT DR JACKSONVILLE, NC 28540	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date
		$ 8.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
RECEIPT BOOK	07/28/2017	$ 8.00
		$
		$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BOBBY WELLS 117 COLES FARM RD JACKSONVILLE, NC 28546	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date
		$ ~~7.49~~ 76.71

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN BADGE	08/14/2017	$ 7.49
		$
		$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BOBBY WELLS 117 COLES FARM RD JACKSONVILLE, NC 28546	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date
		$ 76.71

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN T-SHIRTS	08/16/2017	$ 69.22
		$
		$

4. Total only this Page	$ 84.71
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 133.71

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TO ELECT HELEN D. (HECKY) THOMPSON	3HC1Y

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CAROLE DAVIS 45 EAST DR JACKSONVILLE, NC 28546	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $ 49.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
STAMPS (100)	09/21/2017	$ 49.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 49.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 133.71