

# Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund				6. Date	
Thomas For Sheriff				8-28-02	
2. Address				7. ID Number	
P.O. Box 1595					
3. City	4. State	5. Zip	8. Phone		
Burgaw	NC	28425	910-270-5087		
9. Type of Report			10. Period Covered		11. Amendment
Interim Disclosure Report			Start	7-2-2002	<input type="checkbox"/> Yes
			End	8-24-2002	<input checked="" type="checkbox"/> No
12. Type of Committee or Fund (Check one)					
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund		
<input type="checkbox"/> Other Fund:					
13. Treasurer Name					
Chris Thomas					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name					
Chris Thomas					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
RBC Centura	Campaign Expenses	TFS	\$ 2276.65		
MASTER CARD	Campaign Expenses	TFSC	\$ 00.00		
Visa	Campaign Expenses	CLU	\$ 00.00		
			\$		
			\$		
			\$		

## CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.



Signature of Appointed Treasurer or Candidate

8-29-02

Date

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Thomas For Sheriff		Interim			
Start of Election Cycle: January 1, 2000		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$50.00		
5) Cash on Hand at Start of Present Reporting Period		\$2,276.65			
<b>RECEIPTS</b>					
6) Contributions from Individuals (CRO-1210)		\$100.00	\$3,799.66		
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 Committee (CRO-1240)		\$	\$		
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$	\$		
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$		
11c) Outside Sources of Income (CRO-1250)		\$500.00	\$3,159.10		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$600.00	\$6,958.76		
<b>EXPENDITURES</b>					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$2251.16	\$6,383.27		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$		
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$		
14) Loan Repayments (CRO-1420)		\$	\$		
15) Refunds from Committee (CRO-1320)		\$	\$		
16) In-Kind Contributions (CRO-1510)		\$	\$		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$2,251.16	\$6,383.27		
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)		\$625.49	\$625.49		
<b>Additional Information</b>					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$			
21) Debts and Obligations owed BY the Committee <i>carried over from last report</i> (CRO-1610)		\$1080.48			
22) Debts and Obligations owed TO the Committee (CRO-1620)		\$			
23) Parent Entity's Administrative Support (CRO-1710)		\$			

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number	
Thomas For Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	W. Judy Robbins 234 Raccoon Rd. Willard, NC 28478 910 328-1132	TFS	check	7-20-2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages (only show on last page)						\$ 100.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

**Other Receipt Sources**

<b>1. Name of Committee or Fund</b>				<b>2. ID Number</b>
Thomas For Sheriff				
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input checked="" type="checkbox"/> Outside Sources of Income
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)
	Chris & Katie Thomas 222 Winnie Pearl Lane P.O. Box 822 Hamstead, NC 28443 910-270-5037	TFS	CASH	08/14/2002
				<b>e. Amount</b>
				\$ 500.00
				\$
				\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b>		<b>h. If Not-for-Profit, list Fed ID #:</b>
Candidates Personal Funds		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)
				<b>e. Amount</b>
				\$
				\$
				\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b>		<b>h. If Not-for-Profit, list Fed ID #:</b>
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)
				<b>e. Amount</b>
				\$
				\$
				\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b>		<b>h. If Not-for-Profit, list Fed ID #:</b>
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)
				<b>e. Amount</b>
				\$
				\$
				\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b>		<b>h. If Not-for-Profit, list Fed ID #:</b>
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
<b>4. Contributor</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>b. Account Number/Code</b>	<b>c. Form of Payment</b>	<b>d. Date</b> (mm/dd/yyyy)
				<b>e. Amount</b>
				\$
				\$
				\$
<b>f. If Outside Source of Income, explain:</b>		<b>g. If Amendment, choose change type:</b>		<b>h. If Not-for-Profit, list Fed ID #:</b>
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
<b>5. Total only this Page</b>				\$ 500.00
<b>6. Total of ALL CRO-1250 Related Pages</b> <i>(only show on last page)</i>				\$ 500.00
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>				
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>				
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				

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**Disbursements**

<b>1. Name of Committee or Fund</b>				<b>2. ID Number</b>			
Thomas For Sheriff							
<b>3. Type of Disbursement</b> (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Betdesign 5301 Blue Clay Rd. Castle Hayne, NC 28429 910-675-1606		Campaign T-shirts	TFS	check	8/7/2002	\$ 110.76
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 110.76	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	DOCK Street printing 110 DOCK Street Wilmington, NC 28401 910-763-8476		Campaign brochures	TFS	check	8/9/02	\$ 1,368.74
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 1,368.74	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Wilmington Star-News 1003 S. 47th Street Wilmington, NC 28401 910-343-2311		distributing brochures in paper	TFS	check	8/14/2002	\$ 179.16
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 179.16	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	TOPSAIL VOICE US Highway 417 Hampstead, NC 28443 910-270-2944		distribution of brochures in paper	TFS	check	8/14/2002	\$ 150.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 150.00	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Pender Post 201 E. Freeman St. Burgaw, NC 28425 910-259-9111		distribution of brochures in paper	TFS	check	8/14/2002	\$ 192.50
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 192.50	
<b>5. Total only this Page</b>							\$ 2,001.16
<b>6. Total of ALL CRO-1310 Related Pages</b> (only show on last page)							\$
(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)							\$

8/29/2002

**Disbursements**

<b>1. Name of Committee or Fund</b>						<b>2. ID Number</b>		
Thomas For Sheriff								
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursements.)								
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures				
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Pender Chronicle 108 Courthouse Ave. Burgaw, NC 28425 910-259-2504			distribution of brochures in ppa	TFS	check	8/14/2002	\$ 250.00
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 250.00		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
<b>5. Total only this Page</b>							\$ 250.00	
<b>6. Total of ALL CRO-1310 Related Pages</b> (only show on last page)							\$ 2251.16	
(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)								
(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								
(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								

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1. Name of Committee or Fund		2. ID Number			
Thomas For Sheriff					
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	Chris Thomas P.O. Box 522 Hampstead, NC 28443 910-270-5037 <i>[Paid by Personal check to AT&amp;T Universal Card]</i>	\$00.00	\$870.48	\$00.00	\$870.48
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	AT&T Universal Card P.O. Box 8213 Hackensack, NJ 07606 1-800-636-8330	\$00.00	\$636.12	\$636.12	\$00.00
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	AT&T Universal Card P.O. Box 8213 Hackensack, NJ 07606 1-800-636-8330	\$00.00	\$15.00	\$15.00	\$00.00
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	AT&T Universal Card P.O. Box 8213 Hackensack, NJ 07606 1-800-636-8330 <i>[Paid for by Personal check]</i>	\$00.00	\$210.00	\$00.00	\$210.00
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
4. Total only this Page			\$ 1080.48	\$ 870.48	
5. Total of ALL CRO-1610 Pages (only show on last page)			\$ 1,080.48	\$ 870.48	