

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 Thomas For Sheriff			6. Date 8/17/02 8/19/02	
2. Address P.O. Box 1595			7. ID Number	
3. City Burgaw	4. State NC	5. Zip 28425	8. Phone 910-270-5027	
9. Type of Report Organizational		10. Period Covered Start 1/1/2000 End 4/1/2002		11. Amendment <input checked="" type="checkbox"/> Yes <input 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)

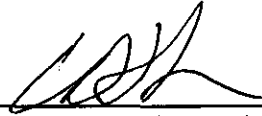
15. Custodian of Books Name
Chris Thomas

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
RBC Centura	Campaign expenses	TFS	\$ 50.00
MASTERCARD	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

8/19/02

Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Thomas for Sheriff	2002 Quarter		
Start of Election Cycle: January 1, 2000	Total this Period	Total this Election Cycle	
4) Cash on Hand at Start of Election Cycle		\$50.00	
5) Cash on Hand at Start of Present Reporting Period	\$50.00		
RECEIPTS			
6) Contributions from Individuals (CRO-1210)	\$3,699.66	\$3,699.66	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds and Reimbursements TO the 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)	\$2,659.10	\$2,659.10	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) Contributions based on Forgiven Loans (CRO-1440)	\$	\$	
14) 48-Hour Notice Reports Sum	\$	\$	
15) TOTAL RECEIPTS <i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)</i>	\$6,358.76	\$6,358.76	
EXPENDITURES			
16) Disbursements (CRO-1310)			
16a) Operating Expenditures (CRO-1310)	\$3,932.11	\$3,932.11	
16b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
16c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
17) Loan Repayments (CRO-1420)	\$	\$	
18) Forgiven Loans (CRO-1440)	\$	\$	
19) Refunds and Reimbursements FROM the Committee (CRO-1320)	\$	\$	
20) In-Kind Contributions (CRO-1510)	\$200.00	\$200.00	
21) TOTAL EXPENDITURES <i>(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)</i>	\$4,132.11	\$4,132.11	
22) Cash on Hand at End of Reporting Period <i>(For this Period, add lines 5 and 15 together, then subtract line 21)</i> <i>(For this Election Cycle, add lines 4 and 15 together, then subtract line 21)</i>	\$2,276.65	\$2,276.65	
Additional Information			
23) Non-Monetary Gifts Given to Committees (CRO-1330)	\$	\$	
24) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$	\$	
25) Debts and Obligations owed BY the Committee (CRO-1610)	\$1,080.48	\$	
26) Debts and Obligations owed TO the Committee (CRO-1620)	\$	\$	
27) Parent Entity's Administrative Support (CRO-1710)	\$	\$	
28) Account Transfers (CRO-1720)	\$	\$	

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
	Tom Hardin Swan plantation Rd. Rocky point, Nc 28443	TFS	CASH	10/26/2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Trainer				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field 561		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 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
	Samuel Gonzales Doral Drive Hamstead, Nc 28443 (NONE)	TFS	check	11/26/2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Deputy Sheriff				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field 922		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 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
	Lynn Cavness 1835 E. Wilmington St. Burgaw, Nc 28425 910-259-7642	TFS	check	12/27/2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession Clerk				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field Rendler Co. Registrar of Deeds		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 50.00			
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
	Billy Whitehead 3421 NC Highway 210 W. Hamstead, Nc 28443 910-270-4616	TFS	check	7/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession Excavation				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field Whitehead Grading		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 50.00			
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"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$			
4. Total only this Page							\$ 300.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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
	Melvin Shower 118 Inlet court Hampstead, NC 28443 910-270-2778	TFS	check	2/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession 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		\$ 50.00			
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
	Dean Stanley 1984 Fennelltown Rd. Rocky Point, NC 28457 910-259-8224	TFS	check	2/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Lawn Care				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Stanley Landscaping		<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
	Larry Ritter Lakeview Drive Becky's Creek Hampstead NC 28443 910-329-1661	TFS	Cash	11/21/2001	<input type="checkbox"/>	<input type="checkbox"/>	\$ 70.00
	b. Job Title/Profession Deputy Sheriff	TFS	check	4/8/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 64.66
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		\$ 134.66			
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
	Richard A. Wright Walnut Branch Trailer Park Rocky Point, NC 28457 910-675-8790	TFS	check	3/21/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Machine repairs				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
811		<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
	Ralph Hines Comfort HWY Richlands, NC 28774	TFS	check	1/17/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
	b. Job Title/Profession Police Officer				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Richlands Police Dept.		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 500.00			
4. Total only this Page							\$ 884.66
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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
	H. Brian Prevatte 321 Island Creek Dr. Wilmington, NC 28411 910-686-4917	TFS	Check	2/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
	b. Job Title/Profession Business owner				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			\$ 250.00
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
	Lanny T. Wilson 1442 Quadrant Circle Wilmington, NC 28405 910-256-8015	TFS	Check	2/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
	b. Job Title/Profession Attorney				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field 541	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			\$ 500.00
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
	Arthur G. Rice, Sr. 241 Old Pointe Rd. Hampstead, NC 28443 910-270-1952	TFS	check	2/25/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	b. Job Title/Profession Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			\$ 25.00
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
	Terry Pollard 1222 Old Factory Road Hampstead, NC 28443 910-270-4353	TFS	check	2/1/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			\$ 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
	Francois & Van Curtis Curtis Drive 275 Burgaw, NC 28425 910-259-9206	TFS	check	2/1/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date			\$ 100.00
4. Total only this Page							\$ 975.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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
	Mike Grimes Harbor Village marina Hampstead, Nc 28443 910-270-2971	TFS	check	1/15/2002	<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
	Donald Bullard 1959 Kings Landing Rd Hampstead, Nc 28443 910-270-9678	TFS	check	1/15/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00
	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			\$ 150.00			
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
	John Best 6303 Wolfhead Court wilmington, Nc 28411 910-686-4357	TFS	check	1/15/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 130.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Business owner				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
453	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 130.00			
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
	Nancy Olsen 223 Winnie Pearl Ln. Hampstead, Nc 28443 910-270-3173	TFS	CASH	2/3/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00
	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			\$ 20.00			
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
	Allen D. Dezzo 216 S. Wistoria Lane Wallace, Nc 28466 910-285-3326	TFS	check	2/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 40.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	STATE Trooper				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
Nc Highway Patrol	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 40.00			
4. Total only this Page							\$ 440.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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
	Wilbur Thomas 1180 Old Comfort Hwy. Trenton, NC 28475 910-324-5319	TFS	CASH	4/26/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession 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
	Mary James 126 N. Hampton Rd. Wilmington, NC 28409 910-395-1093	TFS	CASH	4/26/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession 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
	Terese Worth 2082 Island Creek Rd. Rocky Point, NC 28457 910-270-4170	TFS	CASH	4/26/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Dump Truck Driver				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
R&T Trucking		<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
	Pandy Worth 2082 Island Creek Rd. Rocky Point, NC 28457 910-270-4170	TFS	CASH	4/26/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Dump Truck Driver				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
R&T Trucking		<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"/>	\$
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							\$ 400.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

MAR 21 2002

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
	Connie Jo Harvell 206 S. McNeil St. Burgaw, NC 28425 (910) 259-9810	TFS	Check	4/10/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Butch Harvell Heating & Air	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 50.00			
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
	William E Klotz 506 Royal Torn Drive Hampstead, NC 28443 910-270-2983	TFS	Check	3/28/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Retiree	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 75.00			
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
	James E. Basdon PO. Box 456 Burgaw, NC 28425 910-259-4715	TFS	Check	3/28/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Retiree	<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
	Charles C. Coleman 121 Schley Ave Lake Waccamaw, NC 28450 910-646-3555	TFS	Check	4/17/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Whiteville Police Dept.	<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
	Joy Thomas 1180 Old Comfort Hwy Trenton, NC 28475 910-324-5319	TFS	CASH	4/26/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Onslow-Clear County Administration	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.00			
4. Total only this Page							\$ 425.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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
	Dr. TAREY CRIST 250 Memorial Drive JACKSONVILLE, NC 28546 910-353-2115	TFS	Check	5/5/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession Doctor - medical				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field Crist Clinic - gynecologist		j. If Amendment, choose change type: <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 50.00			
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
	Lee R. Walker 127 Trappers Run Drive CARY, NC 27513 919-467-5639	TFS	Check	5/5/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession Psychologist				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field Cary Psychology		j. If Amendment, choose change type: <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 200.00			
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
	Sarah Humphries 514 Brynn Marr Rd JACKSONVILLE, NC 28546 910-353-4120	TFS	Check	5/25/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	b. Job Title/Profession Liner Officer				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field BNSLOW Clean Co. Trash companies		j. If Amendment, choose change type: <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 25.00			
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"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$			
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"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$			
4. Total only this Page							\$ 275.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 3699.66
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

UG 21 2002

Other Receipt Sources

1. Name of Committee or Fund THOMAS For Sheriff				2. ID Number	
3. Type of Receipt Source <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 type="checkbox"/> Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Chris & Katie Thomas 222 Winnie Pearl Lane Hampstead, Nc 28443 910-270-5037	TFS	CASH	11/12/2000 11/23/2001	\$ 1,659.10
		TFS	CASH	12/27/2001	\$ 1,000
f. If Outside Source of Income, explain: Candidate's Personal funds		g. If Amendment, choose change type: <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #: \$ 2,659.10	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 2,659.10
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i> <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>					\$ 2,659.10

JUG 21 2002

Disbursements

1. Name of Committee or Fund Thomas For Sheriff				2. ID Number			
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Co. Board of Elections P.O. Box 1232 Burgaw NC 28425 910-259-1220		Filing Fee	TFS	check	2/19/2002	\$ 437. ⁰⁰
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 437. ⁰⁰	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Southern Printing Co. 203 S. Dudley St. Burgaw NC 28425 910-259-4507		mailing labels	CLD	Credit Card	11/20/2001	\$ 28.34
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 28.34	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Ben's Advertising 1171 Old Maple Hill Rd. W. Maple Hill, NC 28454 910-259-2423		Campaign hats	TFS	check	12/24/2001	\$ 495.82
			Campaign signs	TFS	check	1/18/2002	\$ 183.12
			Campaign posters	TFS	check	11/9/2001	\$ 547.27
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 1,826.21	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Votes Unlimited P.O. Box 188 Ferndale, NY 12734 1-800-431-1275		Campaign signs	TFSC	Credit Card	2/26/2002	\$ 870.48
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 870.48	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	RBC Centura P.O. Box 6057 Rocky Mount, NC 27802 252-454-3775		Checks	TFS	Withdrawal from Checking	8/1/2000	\$ 15.00
			Fees	TFS	Withdrawal from Checking	11/8/2001	\$ 84.80
						3/8/2002	\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 99.80	
5. Total only this Page							\$ 3261.83
6. Total of ALL CRO-1310 Related Pages (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)							\$

Disbursements

1. Name of Committee or Fund Thomas for Sheriff						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	ATTN Universal Card P.O. Box 8213 HACKENSACK, NJ 07606 1-800-636-8330		Campaign Signs web page @ 9150 monthly fee	TFS	check	4/26/2002	\$ 636.12
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date
							\$ 651.12 ✓
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Party City Guilmington 4715 New Centre Dr. Guilmington, NC 28405 910-397-2776		Party rental Campaign event	TFS	check	5/17/2002	\$ 19.16
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date
							\$ 19.16
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date
							\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date
							\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date
							\$
5. Total only this Page							\$ 670.28
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$ 3932.11
(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)							

In-Kind Contributions

1. Name of Committee or Fund		2. ID Number		
Thomas For Sheriff <hr/> a. Full Name, Mailing Address & Phone (include city, state, and zip) Chris Fidler Old House Road Hampstead, NC 28443 910-329-1521		c. Description Campaign Cards materials for signs	d. Date (mm/dd/yyyy) 11/01/2001 6/20/2009	e. Fair Market Amount \$ 100.00 \$ 100.00 \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$ 200.00
a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount \$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount \$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount \$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
a. Full Name, Mailing Address & Phone (include city, state, and zip)		c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount \$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
4. Total only this Page				\$ 200.00
5. Total of ALL CRO-1510 Pages <small>(only show on last page)</small> <small>(This line must be on line 16 of Detailed Summary Page CRO-1100)</small>				\$ 200.00

AUG 21 2002

Debts and Obligations Owed BY the Committee

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&T Universal Card</i>	\$ 00.00	\$ 870.48	\$ 00.00	\$ 870.48
	f. Description				
	Votes Unlimited - Signs on MasterCard TFSC				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code: TFSC			
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
	f. Description				
	Votes Unlimited - Signs - MasterCard				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code: TFSC			
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
	f. Description				
	Orotech, Inc. Web host monthly fee Campaign Web Site				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code: TFSC			
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
	f. Description				
	Orotech, Inc. Web host \$14 months @ \$15.00 per month Campaign Web Site				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code: TFSC			
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
		\$	\$	\$	\$
	f. Description				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code:			
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
		\$	\$	\$	\$
	f. Description				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code:			
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	
(This line must be on line 21 of Detailed Summary Page CRO-1100)					