

Statement of Organization

JUL 11 2002

Page 1 of 2

1. Name of Committee Thomas For Sheriff						7. Date 7/1/02	
2. Address of Committee P.O. Box 1595						8. ID Number	
3. City Burgaw		4. State NC		5. Zip 28425		6. Phone 910.270.5087	
9. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Type of Committee (Check one and complete the respective information required below.)							
<input checked="" type="checkbox"/> 10. Candidate Committee <input type="checkbox"/> Primary Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)							
a. Name of Candidate Chris Thomas		b. Candidate ID Number		c. Office Sheriff		d. Party Affiliation Democrat	
						e. Dist/Cty/Mun Pender	
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input type="checkbox"/> Primary Candidate Committee							
a. If Fundraiser, Name of Event				b. If Fundraiser, Event Location			
c. Candidate Names		d. Candidate ID Number		e. Office		f. Party Affiliation	
						g. Share of Profits %	
						%	
						%	
						%	
<input type="checkbox"/> 12. Party Committee - NA							
a. Type (Check one)						b. Party	
<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Subordinate						Democrat	
<input type="checkbox"/> 13. General Political Committee							
a. Category (Check one)							
<input type="checkbox"/> Banking/Finance		<input type="checkbox"/> Conservative/Liberal		<input type="checkbox"/> Health		<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Building/Real Estate		<input type="checkbox"/> Environment		<input type="checkbox"/> Insurance		<input type="checkbox"/> Minority	
<input type="checkbox"/> Religious		<input type="checkbox"/> Get Out the Vote		<input type="checkbox"/> Legal		<input type="checkbox"/> Information Tech/Telecommunications	
<input type="checkbox"/> Political Party not part of the Party Plan of Organization				<input type="checkbox"/> Other:			
b. Type (Check one)				c. Definition of Type			
<input type="checkbox"/> Parent Entity				<input type="checkbox"/> Political Purpose			
<input type="checkbox"/> Economic Interest							
d. Member Definition							
Connected Organization or Affiliated Committee							
e. Name		f. Mailing Address (include city, state, & zip)				g. Relationship	
<input type="checkbox"/> 14. Referendum Committee							
a. Name of Referendum				b. Referendum Date		c. Declaration (Check one)	
						<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Statement of Organization

Page 2 of 2

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Chris Thomas	P.O. Box 1595	Burgaw	NC	28425	270-5037
g. Email Address					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
NONE					
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Chris Thomas	P.O. Box 1595	Burgaw	NC	28425	270-5037
g. Email Address					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
RBC Centura	P.O. Box 6057	Rocky Mt.	NC	27802	checking
g. Purpose Campaign - election					
4747 Universal Card	P.O. Box 8213	South Hackensack	NJ		Credit Card
MASTER CARD					
g. Purpose Campaign expenditures - election					
h. Code TFSC					

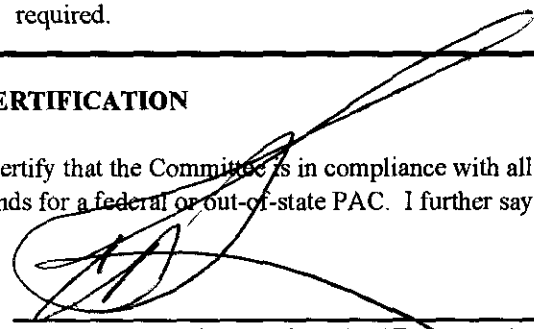
19. Certification of Threshold (for Candidate and Party Committees Only)

☐ I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

☒ I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

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

7/1/02

 Date

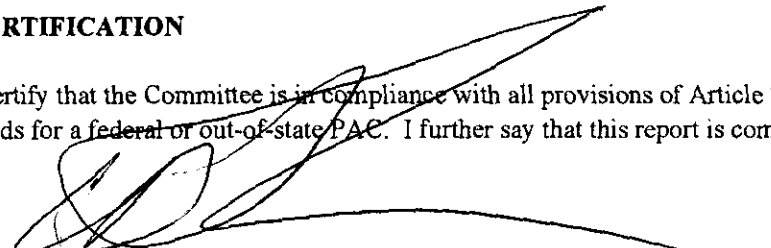
Disclosure Report Cover Sheet

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					
2. Address				7. ID Number	
P.O. Box 1595					
3. City	4. State	5. Zip	8. Phone		
Burgaw	NC	28425	270-5037		
9. Type of Report			10. Period Covered		11. Amendment
			Start End		<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"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> "Booster Fund"	
<input type="checkbox"/> Other Fund:		<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Building 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	\$ 000.000		
MASTERCARD	Campaign Expenses	TFSC	\$ 000.000		
VISA	Campaign Expenses	CSU	\$ 000.000		
			\$		
			\$		
			\$		

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

7/1/02
Date