

Disclosure Report Cover Sheet

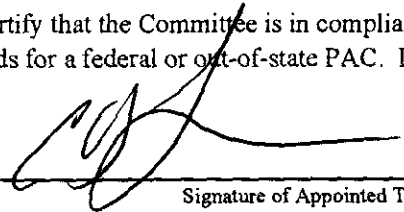
OCT 28 2002

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				10-25-02	
2. Address				7. ID Number	
P.O. Box 1595					
3. City	4. State	5. Zip	8. Phone		
Burgaw	NC	28425	910-270-5037		
9. Type of Report			10. Period Covered		11. Amendment
3rd Quarter Plus and Final			Start	8-25-2002	<input type="checkbox"/> Yes
			End	10-25-2002	<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	\$ 625.49		
MASTER CARD	Campaign Expenses	TFSC	\$ 00.00		
VISA	Campaign Expenses	CAU	\$ 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

10-28-02

Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Thomas For Sheriff		Final and 3rd Quarter Plus			
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		\$ 625.49			
RECEIPTS					
6) Contributions from Individuals (CRO-1210)		\$ 250.00	\$ 4049.66		
7) Contributions from Political Party Committees (CRO-1220)		\$	\$		
8) Contributions from Other Political Committees (CRO-1230)		\$	\$		
9) Loan Proceeds (CRO-1410)		\$ 1320.00	\$ 1320.00		
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)		\$	\$ 3,159.10		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 1570.00	\$ 8,528.76		
EXPENDITURES					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 1615.20	\$ 7998.47		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$		
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$		
14) Loan Repayments (CRO-1420)		\$ 580.29	\$ 580.29		
15) Refunds from Committee (CRO-1320)		\$	\$		
16) In-Kind Contributions (CRO-1510)		\$	\$		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 2195.49	\$ 8,578.76		
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)		\$ 0	\$ 0		
Additional Information					
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 (CRO-1610)		\$			
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
	Michael Grimes 101 Harbor Village Drive Hampstead, NC 28443 910-270-2971	TFS	CASH	8/28/2002	<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		\$ 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
	J.E. Register 2311 Hwy 17 Hampstead, NC 28443 910-329-7211	TFS	CASH	8/28/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Tire Sales/Auto Work				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field Wholesale Tire of Hampstead Holly Ridge		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
	Hugh B. Highsmith II 403 S. Bickett St. Burgaw, NC 28425 910-259-2928	TFS	Check	9/09/2002	<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			
		<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		\$			
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							\$ 250.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 250.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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 checked="" 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
	Pendur Chronicle 108 Courthouse Ave Burgaw, NC 28425 910-259-2504	brochures in paper	TFS	check	8/27/2002	\$75.00
	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	
					\$325.00	
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
	TOPSAIL VOICE US Highway 17 Hampstead, NC 28443 910-270-2944	1/4 page Ad in paper	TFS	check	8/27/2002	\$200.40
	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	
					\$350.40	
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
	Pendur Post 201 E. Fremont St. Burgaw, NC 28425 910-259-9111	1/4 PAGE Ad in paper	TFS	check	8/27/2002	\$157.50
	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	
					\$350.00	
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
	TOPSAIL VOICE US Highway 17 Hampstead, NC 28443 910-270-2944	1/2 page	TFS	check	9/2/2002	\$400.80
	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	
					\$751.20	
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
	Pendur Chronicle 108 Courthouse Ave Burgaw, NC 28425 910-259-2504	1/2 page Ad 1/2 Page Ad	TFS	check	9/2/2002	\$346.50
	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	
					\$421.50	
5. Total only this Page						\$1180.20
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)						

1. Name of Committee or Fund						2. ID Number		
Thomas for Sheriff								
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 Post 201 E. Freshmont St. Bursaw, NC 28425 410-255-9111			1/2 Page Ad TFS		check	9/2/2002	\$ 315.00
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		\$ 665.00		
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
	WZXS Unforgettable 103.9 1630 Military Cutoff Rd Wilmington, NC 28403 910 509-9177			Radio Ad	TFS	check	9/6/2002	\$ 120.00
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		\$ 120.00		
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
								\$
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		\$		
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
								\$
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		\$		
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
								\$
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		\$		
5. Total only this Page						\$ 435.00		
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 1615.00		
(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)								

1. Name of Committee or Fund				2. ID Number	
Thomas For Sheriff					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
	Chris Thomas (Candidate) P.O. Box 522 Hampstead, NC 28443 910-270-5037	8/28/2002		0 %	TFS
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		deputy sheriff	Pender Co. Sheriff's Dept		money order
		g. Security Pledged	h. If Amendment, choose change type:		k. Amount
	NONE	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$1320.00	
l. Full Name of Lending Institution				m. Loan Number	
N/A				N/A	
	n. Endorser/Maker Full Name (The people who guarantee the loan.)	o. Amount/Percentage	n. Endorser/Maker Full Name (The people who guarantee the loan.)		o. Amount/Percentage
	Chris Thomas	100			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
				%	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged	h. If Amendment, choose change type:		k. Amount
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
l. Full Name of Lending Institution				m. Loan Number	
	n. Endorser/Maker Full Name (The people who guarantee the loan.)	o. Amount/Percentage	n. Endorser/Maker Full Name (The people who guarantee the loan.)		o. Amount/Percentage
4. Total only this Page				\$1320.00	
5. Total of ALL CRO-1410 Pages (only show on last page)				\$1320.00	
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

Loan Repayments

1. Name of Committee or Fund			2. ID Number	
THOMAS FOR SHERIFF				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
	Chris Thomas (Candidate) P.O. Box 822 Hampstead, NC 28443 910-270-8037	8/28/2002	10/25/2002	TFS
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$ 1,320.00	\$ Remaining for given	draft
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$ 580.29
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
				\$
4. Total only this Page				\$ 580.29
5. Total of ALL CRO-1420 Pages (only show on last page)				\$ 580.29
(This line must be on line 14 of Detailed Summary Page CRO-1100)				



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

JAN 13 2003

FILED BY:


Committee Name: Thomas For Sheriff
 Treasurer Name: C. Thomas
 Treasurer Address: P.O. Box 522
 (include city, state, & zip) Hampstead, NC 28443

 Treasurer Phone: 910-270-5037

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

12-25-02
 Date Signed


 Signature