

Disclosure Report Cover

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.

Amendment
 Yes No

1. Committee Information	
a. Full Name <u>Thompson for Cleveland County Commissioner</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>587 Oak Grove Clover Hill Rd Lawn Lake, NC 28090</u>	d. Date Filed <u>7/11/2022</u>
	e. Phone Number <u>704-472-8093</u>

2. Report Year <u>2022</u>	3. Period Start Date (mm/dd/yy) <u>5/1/2022</u>	4. Period End Date (mm/dd/yy) <u>6/30/2022</u>	5. Treasurer Full Name <u>Lisa C. Yarbro</u>
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:						10. Special Report Name	
8. Number of Fundraisers this Report							

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>TRUST</u>	a. Financial Institution Full Name	b. Purpose <u>Campaign Finance</u>	b. Purpose
c. Account Code <u>8093</u>	c. Account Code	d. Period Begin Balance <u>\$ 32.65</u>	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.

Lisa C Yarbro Lisa C Yarbro 7-11-22
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7-12-22 Employee: BP Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____
 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.

CLEVELAND COUNTY BO
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Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable) <i>Thompson for Cleveland County Comm</i>	2. Type of Report	3. ID Number
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Start of Election Cycle: January 1, <i>2022</i>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <i>32.65</i>	\$

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$ <i>500.00</i>	\$
6) Contributions from Individuals (CRO-1210)	\$	\$
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)	\$ <i>796.15</i>	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <i>1296.15</i>	\$

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ <i>675.00</i>	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ <i>653.80</i>	\$
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)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <i>1328.80</i>	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <i>0</i>	\$

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)	\$	\$

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Contributions from Individuals

Amendment
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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1205 is not used

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1. Committee Full Name (and Fund if applicable) Thompson for Cleveland County Comm.						2. ID Number CLEVELAND COUNTY BO	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Andrew White 5170 North Lee Rd. Shelby, NC 28150 704-300-0128				b. Job Title/Profession owner		d. Comments	
				c. Employer's Name/Specific Field ASR Grain		e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Steven Greene 2117 Renobeth Cr. Rd. Shelby, NC 28150 704-473-2058				b. Job Title/Profession owner		d. Comments	
				c. Employer's Name/Specific Field ASR Grain		e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jenny White 4528 shuford lake rd Lawndale, NC 28090 704-473-2843				b. Job Title/Profession owner		d. Comments	
				c. Employer's Name/Specific Field PCC		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 500.00		
5. Total of ALL CRO-1210 Pages					\$ 500.00		
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Disbursements

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) Thompson for Cleveland County Comm.	2. ID Number
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3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures
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4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Community First Media 503. N. Lafayette St. Shelby, NC 28150 704-484-1047	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Election Sum to Date \$ 675.00

f. Account Code 8093	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 5/5/2022	j. Amount \$ 675.00	k. Required Remarks 1/4 Pg Ad SS/KMH
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4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Thompson for Soil + Water Board 587 Oak Grove Clover Hill Ch. Laurdale, NC 28090 Rd.	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Election Sum to Date \$ 653.80

f. Account Code 8093	g. Form of Payment Check	h. Purpose Code D	i. Date (mm/dd/yyyy) 7/11/22	j. Amount \$ 653.80	k. Required Remarks Contribution
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4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks
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5. Total only this Page	\$
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 1328.80

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			

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NORTH CAROLINA STATE BOARD OF ELECTIONS

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Thompson for Cleveland County Commis. State

Treasurer Name:

Lisa C. Yarbro

Treasurer Address:

110 PLAINVIEW CHRD

(include city, state, & zip)

LAWNDALE, NC 28090

Treasurer Phone:

704-473-5490

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 \$1,000 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 \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7/11/2022
Date Signed

Lisa C Yarbro
Signature

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