

Disclosure Report Cover

Amendment

☐ Yes

No

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

1. Committee Information							
a. Full Name CTE DERRICK THOMPSON			c. ID Number 9ECUID				
b. Mailing Address (include City, State and Zip Code) PO BOX 41821 FAYETTEVILLE, NC 28309			d. Date Filed 07/14/2022				
			910-308-9688				
2. Report Year 2022	3. Period Start Date (mm/dd/yy) 05/03/2022	4. Period End Date (mm/dd/yy) 07/11/2022	5. Treasurer Full Name DERRICK THOMPSON				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category) <table border="1"><tr><td>Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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</td><td>State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input 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 type="checkbox"/> Final <input type="checkbox"/> Special</td><td>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</td></tr></table>			Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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 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 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
Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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 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 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 FIRST CITIZENS BANK		a. Financial Institution Full Name					
b. Purpose CHECKING	c. Account Code 01	b. Purpose	c. Account Code				
	d. Period Begin Balance \$ 1,301.38		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.							
DERRICK THOMPSON		Derrick Thompson		07/14/2022			
Printed Name of Signer		Signature of Appointed Treasurer		Date			
FOR OFFICE USE ONLY							
Date Received:	JUL 14 2022	Employee:	mcr				
Date Postmarked:		Employee:					
Date Scanned:		Employee:					
Date Data Entered:		Employee:					
		Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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.							

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)		2. Type of Report		3. ID Number	
CTE DERRICK THOMPSON		PRE-ELECTION REPORT		9CEUID	
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 3,110.45		\$ 2000.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 330.00		\$ 1,049.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,650.00		\$ 8,950.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 193.00		\$ 193.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3,173.00		\$ 12,192.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 5,160.07		\$ 10,890.62	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,160.07		\$ 10,890.62	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1301.38		\$ 1301.38	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Contributions from Individuals

Pg 1 of 3 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CTE DERRICK THOMPSON					9CEUID	
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cynthia Garrison 1887 Spiralwood Drive FAYETTEVILLE, NC 28304			b. Job Title/Profession		d. Comments	
			NONE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			UNEMPLOYED		\$ 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"/>	01	CK 5561			06/16/2022	\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANCINE THOMPSON 2066 LOGANBERRY DRIVE FAYETTEVILLE, NC 28304			b. Job Title/Profession		d. Comments	
			NONE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			UNEMPLOYED		\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Transfer			06/15/2022	\$ 1000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVE COOK 5601 BRYANT HOLLOW ROAD CUNNINGHAM, TN 37052			b. Job Title/Profession		d. Comments	
			NONE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			UNEMPLOYED		\$ 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"/>	01	CK 7243			05/29/2022	\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,300.00	
5. Total of ALL CRO-1210 Pages					\$ 1,300.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 3 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CTE DERRICK THOMPSON					9ECUID	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BILLY SAULS 14300 DELCASTLE DRIVE BOWIE, MD 20721			NONE			
			c. Employer's Name/Specific Field			
			UNEMPLOYED			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	CK 4322		05/11/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS ROBINSON 2090 LOGANBERRY DRIVE FAYETTEVILLE, NC 28304			NONE			
			c. Employer's Name/Specific Field			
			UNEMPLOYED			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	CK 4841		06/27/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NAOMA ELLISON 2000 GALAX DRIVE FAYETTEVILLE, NC 28304			NONE			
			c. Employer's Name/Specific Field			
			UNEMPLOYED			
					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"/>	01	CK 9143		07/07/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,850.00	

Contributions from Individuals

Pg 3 of 3

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CTE DERRICK THOMPSON					9ECUID	
3. Contributor Information					<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WAYNE YOUNTS 2911 BREEZWOOD AVENUE FAYETTEVILLE, NC 28303			CONSTRUCTION			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
				\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	CK 11041		06/23/2022	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information					<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MIKE COLVIN PO BOX 8048 FAYETTEVILLE, NC 28301			FUNERAL			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	MO 27901910463		07/12/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information					<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
				\$		
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					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,650.00	

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

☐

Yes

☒

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CTE DERRICK THOMPSON					9ECUID	
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/>	Add	01	CK 6780		5/23/2022	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	01	CK 282		5/25/2022	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	01	CASH		6/14/2022	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	0	CK 8656		07/07/2022	\$ 30.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	01	CK 10821		6/28/2022	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	01	CK 10993		07/06/2022	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	01	CK 4258		07/05/2022	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
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<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page					\$ 330.00	
5. Total of ALL CRO-1205 Pages					\$ 330.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment

☐ Yes

☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CTE DERRICK THOMPSON				9ECUID	
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
METROCOLOR 230 MARKET STREET WILMINGTON, DELAWARE 19801		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		c. Level Registered (Specify)		h. Original Expenditure Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		06/08/2022	
				i. Original Expenditure Amt	
				\$ 1,614.25	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
MEDIA	OWNER	REFUND		\$ 193.00	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		c. Level Registered (Specify)		h. Original Expenditure Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				i. Original Expenditure Amt	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		c. Level Registered (Specify)		h. Original Expenditure Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				i. Original Expenditure Amt	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
4. Total only this Page				\$ 193.00	
5. Total of ALL CRO-1240 Pages				\$ 193.00	

Disbursements

Pg 1 of 4 Amendment ☐ Yes ☒ No

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) CTE DERRICK THOMPSON					2. ID Number 9CEUID	
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		
4. Payee Information				Add		Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) UPS PRINT AND SIGN SHOP WESTWOOD SHOPPING CENTER FAYETTEVILLE, NC 28314			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments PAYMENT	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> County: <input checked="" type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CREDIT	A	06/20/2022	\$ 577.80	YARD SIGNS CARDS	
				\$		
4. Payee Information				Add		Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) METRO COLOR REPRODUCTIONS 230 N MARKET STREET WILMINTON DEL 19801			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments PAYMENT	
			c. Level Registered (Specify)			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CREIDIT	A	06/09/2022	\$1,614.25	PAPER AD	
				\$		
4. Payee Information				Add		Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) FAYETTEVILLE PRESS NEWSPAPER PO BOX 9166 FAYETTEVILLE, NC 28311			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments PAYMENT	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> County:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CREDIT	A	06/16/2022	\$ 200.00	MEDIA	
				\$		
5. Total only this Page					\$ 2,392.05	
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>					\$ 2,392.05	
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						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 4

Amendment

☐ Yes



No

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) CTE DERRICK THOMPSON					2. ID Number 9CEUID	
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		
4. Payee Information				<input type="checkbox"/> Add		<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Fayetteville Press Newspaper PO BOX 9166 FAYETTEVILLE, NC 28311			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments PAYMENT	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
			e. Election Sum to Date			
f. Account Code 01	g. Form of Payment CHECK	h. Purpose Code A	i. Date (mm/dd/yyyy) 06/16/2022	j. Amount \$ 200.00	k. Required Remarks MEDIA	
				\$		
4. Payee Information				<input type="checkbox"/> Add		<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> UPS PRINT SHOP WESTWOOD SHOPPING CENTER FAYETTEVILLE, NC 28314			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments PAYMENT	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
			e. Election Sum to Date			
f. Account Code 01	g. Form of Payment CREDIT	h. Purpose Code A	i. Date (mm/dd/yyyy) 06/16/2022	j. Amount \$ 934.39	k. Required Remarks SIGNS	
				\$		
4. Payee Information				<input type="checkbox"/> Add		<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> UPS PRINT SHOP WESTWOOD SHOPPING CENTER FAYETTEVILLE, NC 28314			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments PAYMENT	
			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 01	g. Form of Payment CREDIT	h. Purpose Code A	i. Date (mm/dd/yyyy) 06/16/2022	j. Amount \$ 216.07	k. Required Remarks	
				\$		
5. Total only this Page					\$ 1,350.46	
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>					\$ 3,742.51	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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Amendment

☐ Yes



No

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) CTE DERRICK THOMPSON					2. ID Number 9CEUID	
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		
4. Payee Information				<input checked="" type="checkbox"/> Add		<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) WIDU 2520 MURCHINSON ROAD FAYETTEVILLE, NC 28301			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County:			
f. Account Code	g. Form of Payment CREDIT CARD	h. Purpose Code A	i. Date (mm/dd/yyyy) 06/16/2022	j. Amount \$250.00	k. Required Remarks MEDIA	
				\$		
4. Payee Information				<input type="checkbox"/> Add		<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOYAL DESIGNZ 1017 CANOPY LN FORT BRAGG, NC 28310			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County:			
f. Account Code	g. Form of Payment CREDIT CARD	h. Purpose Code F	i. Date (mm/dd/yyyy) 05/14/2022	j. Amount \$137.68	k. Required Remarks T-SHIRTS	
				\$		
4. Payee Information				<input type="checkbox"/> Add		<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) UPS STORE PRINT AND SIGN 439 WESTWOOD SHOPPING CENTER FAYETTEVILLE, NC 28314			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County:			
f. Account Code	g. Form of Payment CREDIT CARD	h. Purpose Code A	i. Date (mm/dd/yyyy) 05/02/2022	j. Amount \$ 655.37	k. Required Remarks YARD SIGNS	
				\$		
5. Total only this Page					\$ 1043.05	
6. Total of ALL CRO-1310 Pages (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)					\$ 4,785.56	
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						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 4 of 4 Amendment ☐ Yes ☒ No

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) CTE DERRICK THOMPSON					2. ID Number 9CEUID	
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		
4. Payee Information			<input checked="" type="checkbox"/> Add		<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) UPS STORE AND PRINT SHOP WESTWOOD SHOPPING CENTER FAYETTEVILLE, NC 28314			b. Coordinated Committee Name CTE DERRICK THOMPSON		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					e. Election Sum to Date \$ 374.51	
f. Account Code	g. Form of Payment CREDIT CARD	h. Purpose Code B	i. Date (mm/dd/yyyy) 05/17/2022	j. Amount \$	k. Required Remarks MEDIA	
				\$		
4. Payee Information			<input type="checkbox"/> Add		<input type="checkbox"/> Remove	
			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks	
				\$		
				\$		
4. Payee Information			<input type="checkbox"/> Add		<input type="checkbox"/> Remove	
			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 374.51	
6. Total of ALL CRO-1310 Pages (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)					\$ 5,160.07	
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						
* Codes require detailed explanation in required remarks field (k)						