Use this form to general report and committee information, must be signed and submitted along with other detailed forms.  1. Committee Information	Disclosure Re	eport (	Cover						Ame	ndment Yes 🔀 No
Committee Information	Use this form for ge	neral rep	port and committee is	ıformat	ion, must be	signed	and st	ibmitted along with	other d	letailed forms.
Bellinker CTE DERICK THOMPSON  Midling Address (include City, State and Zip Code) PO BOX 41821 FAYBITTIVILLI, NC 28309  A Seriod Start Date (emodely)  2. Report Year		W	uranan arang manan kalendaran kalendaran kalendaran kalendaran dari 1986 b			000000000000000000000000000000000000000			Calaries Contract	
CTE DERRICK THOMPSON	NOT SELECTION AND DESCRIPTION OF SELECTION OF SELECTIONS	rmation							Ι.	DV I
Natiling Address (acclude City, State and Zip Code)   O7/14/2022			~~~						c. 1	
PO BOX 41821 FAYETTEVILLE, NC 28309    PAY	CTE DERRICK T	HOMPS	SON							9ECUID
FAYETTEVILLE, NC 28309   07/14/2022   910-308-9688		lude City,	, State and Zip Code)						d.	Date Filed
2. Report Year   3. Period Start Date (mm/dd/yy)   4. Period End Date (min/dd/yy)   2.   2.   2.   2.   2.   2.   2.   2		NC 2830	)9							07/14/2022
2022 05/03/2022 07/11/2022 DERRICK THOMPSON    Ondidate Campaign   Party   Municipal   State/Caunty   Referendum   Party   Municipal   State/Caunty   Referendum   Perspenditure   Legal Expenditure   Legal Expenditure   Legal Expenditure   Pre-referendum   Pre-referendum   State/Caunty   Pre-referendum   Pre-runtif   Pre-referendum   Pre-runtif   Pre-referendum   Pre-runtif   Pre-runtif										910-308-9688
Condidate Campaint   Party   Check Only   Stype of Report   Check Only one type of report from one category)	2. Report Year	3. Peri	iod Start Date (mm/d	d/yy)		End Da	te	5. Treasurer F	ull Nan	1 <b>e</b>
Candidate Campaign   Party   Municipal   State/County   Referendum   PAC   Referendum   Joint Fundaiser   Joint Fundaiser   Dinit Fundaiser   Pre-clection   Pre-throngy   First   Final   Supplemental Final   Annual   Semi-annual   Semi-annual   Semi-annual   Mid Year   Year End   Mid Year   Year End   Special   Pinal   Special   Report Name   Pinal   Special   Pinal   Pinal   Special   Pinal   Pin	2022	28992288888888888	05/03/2022			2022		DERRICK	THOM	PSON
Candidate Campaign   Party   Municipal   State/County   Referendum   PAC   Referendum   Joint Fundaiser   Joint Fundaiser   Dinit Fundaiser   Pre-clection   Pre-throngy   First   Final   Supplemental Final   Annual   Semi-annual   Semi-annual   Semi-annual   Mid Year   Year End   Mid Year   Year End   Special   Pinal   Special   Report Name   Pinal   Special   Pinal   Pinal   Special   Pinal   Pin	6. Type of Commit	tee (Che	eck One)	9. Typ	e of Report	(c	heck o	only one type of rep	ort fron	ı one category)
PAC										••••
Expenditure   John Fundament   Legal Expense Fund   Pre-primary   First   Pinal   Supplemental Final   Annual   Supplemental Final   Final   Supplemental Final   Final   Year End	PAC		Referendum		Organizational	l		Organizational		Organizational
Pre-primary   First   Final   Supplemental Final   Supplemental Final   Supplemental Final   Annual   Supplemental Final   Annual   Special   Semi-annual   Semi-annual   Special   Spec	Expenditure	Independent Joint Fundraiser Expenditure			Thirty-five day	¥		Quarterly		Pre-referendum
Building Fund	herened	100000000000000000000000000000000000000	licable check one)		Pre-nrimary			Firet		Final
Building Fund		(U app	ncubie, check one/	M	• •					
Other:				Ħ						d **
Mid Year   Year End   Mid Year   Year End   Mid Year   Year End   Final   Special   Final   Fi	Dunding rund						lH			<u></u>
Other:    Vear End   Final   Special   Final   Final   Special   Final   Final   Special   Final   Special   Final   Final   Final   Special   Final   Final   Final   Special   Final   Final						r	🖳			_ Special
8. Number of Fundraisers this Report   Special   Special	Other			H			[ [		10	Special Report Name
8. Number of Fundraisers this Report    Special   Final	Out.					•	H		11 (S <del>ER</del> ), No.	
Special   Spec	O No Lawretter		4Mi-Down-f	H			H			
11. Account Information   a. Financial Institution Full Name   FIRST CITIZENS BANK	78. Millime Rose Aunc	II 41261 2	tins Report	Land	эрссіаі					·
a. Financial Institution Full Name  FIRST CITIZENS BANK b. Purpose c. Account Code  O1 d. Period Begin Balance s 1,301.38  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 Printed Name of Signer  FOR OFFICE USE ONLY  Date Received: Date Postmarked:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	11. Account Inforn	nation				11. A	coun	-		
Description   C. Account Code   D. Purpose   C. Account Code	TOTAL DESCRIPTION OF THE CONTRACT OF THE CONTR	C-3/15/2017/19/19/19	e			a. Fina	ncial Iı	stitution Full Name		
CHECKING  d. Period Begin Balance \$ 1,301.38  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  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Date Scanned:  Employee:  Date Date Scanned:  Employee:  Employee:  Date Date Date Entered:  Employee:  Employee:  Employee:  This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	FIRST CITIZI	ENS BA	NK							
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 C State Board of Elections.    DERRICK THOMPSON	b. Purpose		c. Account Code			b. Parı	ose			c. Account Code
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 C State Board of Elections.    DERRICK THOMPSON	CHECKING		01							
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 C State Board of Elections.    DERRICK THOMPSON			d. Period Begin Balance						(	J. Period Regin Balance
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			\$ 1,301.38							\$
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	CERTIFICATION	L				L			1	
Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Postmarked:  Employee:  Employee:  Employee:  Employee:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Employee:  Employee:  Employee:  Date Data Entered:  Employee:  Date Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	the NC General Stat	tutes and	I that no funds are co	mmingl	ed with prob	iibited o	or othe	r non-disclosed fun		
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Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Employee	***************************************		ed Name of Signer		S	ignature o	of Appo	ointed Treasurer		Date
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Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Scanned:		Y.		Employee:					Signer has not received
	Date Data Enter	red:			Employee:					mandatory training
PHYLOGIAN OF CHARLES INTO THE SECOND DESCRIPTION	Please Note: Th	is form							ldress, t	reasurer, assistant treasurer,

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-ELECTIO	N REPORT	9CEUID		
	2022	Total this	Total this		
Start of Election Cycle: January 1,		Reporting Period	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 Organization	ons <i>(CRO-1250)</i>	\$ 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	c, 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 Commit	tees (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, 13	5, 16 and 17)	\$ 5,160.07	\$ 10,890.62		
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	tract 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 campaign	rs) <i>(CRO-1430)</i>	\$ 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	,	\$ 0.00	\$ 0.00		
20) Contributions to be Ketunded	(CRO-1215)	φ 0.00	φ 0.00		

		m Individuals	over \$50 o	P or contributions un			لبا ا	ment Yes No
		and Fund if applica				2. ID Nu		
СТ	E DERRICK THO	OMPSON					9CEUID	
3. Contri	ibutor Informatio	o <b>n</b>		Add R	emove			
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	city, state, & zip)			NONE		DONA	TION	
	nia Garrison ralwood Drive							
	EVILLE, NC 283	304						
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	IGHAM, TN 3705							
0011111		· <del>-</del>		c. Employer's Name/	Specific Field			
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5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1,300.00

\$

		_	_	Amendment		
Contributions from Individuals	Pg		of _	Yes	$\boxtimes$	No

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

1. Comm	ittee Full Name (	and Fund if applical	ble)			2. ID Nun	ber	
CTE	DERRICK THOM	IPSON				·	9ECUID	
3. Contri	butor Informatio	) <u>n</u>		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	8	
	city, state, & zip)	·····		NONE				
	LY SAULS	TD:					ļ	
	ELCASTLE DRIV MD 20721	E						
DOWIE,	10110 20721			c. Employer's Name/Sp	ecific Field			
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	ne, Mailing Address á	k Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)			NONE				
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	EVILLE, NC 283							
		• •		c. Employer's Name/Sp	ecific Field	1		
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	ac, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip) MA ELLISON			NONE				
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		04						
	EVILLE, NC 283					.1		
	EVILLE, NC 283			c. Employer's Name/Sp		† 		
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	EVILLE, NC 283					e. Election S		
	,			UNEMPLOYE	D	\$	200.00	
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	g. Account Code	b. Form of Payment CK 9143	i. In-K	UNEMPLOYE	D j. Date (mm/dd/yy	\$ yy)	200.00  k. Amoun  \$	
4. Total	g. Account Code	h. Form of Payment CK 9143	i. In-K	UNEMPLOYE	D j. Date (mm/dd/yy	\$ yy) 22	200.00 k. Amoun \$ \$	200.00

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			1	c. Employer's Name/Spe	cific Field	<u> </u>		
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\$

## Aggregated Contributions from Individuals

Page

\_\_ of <u>1</u>

Amendment Yes

No

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

1. Cor	Number									
	E DERRICK T					9ECUID				
	ntributor Infor				-					
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Datc (mm/dd/yyyy)	f. Amount				
X	Add	01	CK 6780		5/23/2022	\$ 50.00				
	Remove	01	CROTO							
	Add Remove	01	CK 282		5/25/2022	\$ 50.00				
X	Add	01	CASH		6/14/2022	\$ 50.00				
	Remove	V1								
	Add Remove	0	CK 8656		07/07/2022	\$ 30.00				
	Add									
	Remove	01	CK 10821		6/28/2022	\$ 50.00				
X	Add	01	CK 10993		07/06/2022	\$ 50.00				
	Remove	V1	CK 10775			*				
	Add	01	CK 4258		07/05/2022	\$ 50.00				
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			Pages			· · · · · · · · · · · · · · · · · · ·				
	5. Total of ALL CRO-1205 Pages  (This line must be on line 5 of Detailed Summary Page CRO-1100)									

## **Refunds/Reimbursements To the Committee**

g 1

of 1

Amendment Yes

 $\times$ 

No

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

(1) (A)	No	and Fund if and	ashlo)			2. ID Number			
1. Committee Full CTE DERRICK T			KADIE)			- L. LEVINGRIUCI	9ECUID		
OTE DERMON I	TIOMES	OH.					71		
3. Contributor In	formatio	m		Add	Remove	l			
a. Full Name, Mailing	Control of Control of Control	nacidation benefit Medit International and accommendation	[]	d. Type of Cor	A CONTRACTOR OF THE PROPERTY O		g. C	omments	
(include city, state,				Candid	PAC	-			
METROCOLOR									
230 MARKET ST	REET			Refere	ndum	Party			
WILMINGTON, I		ARE 19801							
				e. Level Regist	ered (Specify)		h. C	Priginal Expenditure Date	
				Federa		County:		06/08/2022	
				State	$\square$	Municipality:			
							i, O	riginal Expenditure Amt	
							\$	1,614.25	
b. Job Title/Profession	 I	c. Employer's Name	e/Specific Field	f. Purpose				lection Sum to Date	
MEDIA		OWNER		REFUND			\$	193.00	
k. Account Code	l. Form c	of Payment	m. In-Kind Descrip	tion	n. Date (mm/d	ld/yyyy)	1	o. Amount	
								\$	
3. Contributor In	formatio	'n		Add	Remove			9/30/30/30 (Sec. 19.10)	
a. Full Name, Mailing	****************			d. Type of Cor	nmittee		g. C	Comments	
(include city, state,	& zip)			Candio	late	PAC			
				Refere	ndum	Party			
				e. Level Regist	ered (Specify)		h. C	Priginal Expenditure Date	
				Federa		County:			
				State		Municipality:			
							i. O	riginal Expenditure Amt	
							\$		
b. Job Title/Profession		c. Employer's Nam	e/Specific Field	£ Purpose			j. E	lection Sum to Date	
							\$		
k. Account Code	l. Form e	of Payment	m. In-Kind Descrip	tion	n. Date (mm/c	ld/yyyy)		o. Amount	
								\$	
3. Contributor In	formatio	n		Add	Remove				
a. Full Name, Mailing	Address &	¿ Phone		d. Type of Cor	nmittee		g. C	Comments	
(include city, state,	& zip)			Candio	late	PAC			
				Refere	ndum	Party			
				e. Level Regist	ered (Specify)		h. (	Original Expenditure Date	
				Federa	ı 🔛	County:			
				State		Municipality:			
							i.O	riginal Expenditure Amt	
							\$		
b. Job Title/Profession	 l	c. Employer's Nam	e/Specific Field	f. Purpose			j. E	lection Sum to Date	
							\$		
k. Account Code	l. Form	l of Payment	m. In-Kind Descrip	tion	n. Date (mm/d	ld/yyyy)		o. Amount	
		<u> </u>			,			\$	
/ Total autous	Dage		L				\$	193.00	
4. Total only this 25. Total of ALL C		n Pages							
L. AUGUS VI DALLI C		<b>"6</b> "	A KANDA GANGA SANAK SANAK				\$	193.00	

Disbursements	Pg	1

				Amendment		
Pg	1_	of	4	Yes	$\boxtimes$	No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun- RRICK THOMPSON				2. ID Number 9CEUID
3. Type of Disbi			RO-1310 forms for each ty	ne of Disburseme	White the transfer of the contract of the cont
Operating E		A	didates/Political Committees	F**7	rdinated Party Expenditures
<u>VV</u>	Market District Control of the Contr	COMMODERATE			2. (a) 2. (b) 2. (c) 2.
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			CTE DERRICK THO	DMPSON	PAYMENT
	AND SIGN SHOP	_			
	HOPPING CENTER	· ·			
FAYETTEVILL	E, NC 28314				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Reguired Remarks
1	CDEDIT	<u> </u>	06/20/2022	¢ 577.90	YARD SIGNS
1	CREDIT	Α	06/20/2022	\$ 577.80	CARDS
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	~		CTE DERRICK THO		PAYMENT
	LOR REPRODUC	TIONS	<b>*</b>		
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WILMINTON E					
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					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					PAPER AD
1	CREIDIT	A	06/092022	\$1,614.25	
				\$	
4. Payee Inform	ation	$\overline{\Box}$	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,			CTE DERRICK THO	OMPSON	PAYMENT
FAYETTEVIL	LE PRESS NEWSF	PAPER			
PO BOX 9166			c. Level Registered (Specify)		•
<b>FAYETTEVILL</b>	E, NC 28311				
			Federal	County:	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					MEDIA
01	CREDIT	A	06/16/2022	\$ 200.00	
				_	10-000-01-01-00-0
				\$	
5. Total only thi	s Page			<u>,                                      </u>	\$ 2,392.05
	CRO-1310 Pages				2,0,2.0
		marv Page CRO-110	of Operating Expenses)		
			) if Contrib to Candidates/Politic	al Comm)	\$ 2,392.05
			) if Coordinated Party Expenditu		
	es (List detailed ex	CA SECURITION OF THE PROPERTY			
A* - Media	B* - Printing	C* - Fund		D - To Another	r Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		e Expenses	-	to Legal Expense Fund
O* - Other	A SON WIRE SECURISION OF THE SECURITION OF THE S				
* Codes require	e detailed explanati	ion in required re	emarks field (k)		

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D	IS	h	u	rs	em	en	ts

Amendment Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. Yes

1. Committee l	Full Name (and Fun	d if applicable)	Nija		an direc	(in 19) (2) (in 19) (in 19)		2. ID Number		
CTE DE	RRICK THOMPSO	N						9CEUID		
3. Type of Dist	oursement <u>(Plea</u>	<u>ise use separate C</u>	RC	)-1310 forms for each	h ty	<u>pe of Disbursem</u>	ent.)	Allegia (para sa sa sa palamana sa sa sa sa		
Operating 1	Expenses	Contributions to Car	ndid	ates/Political Committees		Co	ordinate	d Party Expenditures		
4. Payee Infort	nation		A	.dd -		Remove	6 (6 (9)			
a. Full Name, Mai	ling Address & Phone		b	. Coordinated Committee	Nar	ne	d. Co	mments		
(include city, state, & zip)				CTE DERRICK T	ΉO	MPSON	PA	YMENT		
Fayetteville Pro	Fayetteville Press Newspaper									
PO BOX 9166			c. Level Registered (Specify)							
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			IL	Federal		County:				
			State Municipality:			e. Ele	ection Sum to Date			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount			k. Re	quired Remarks			
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01	CHECK	Α		06/16/2022		\$ 200.00				
						\$				
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4. Payee Inform	nation		99369699	.dd		Remove			81.80/80/0	
	ling Address & Phone		b.	. Coordinated Committee			ļ	mments		
(include city, state				CTE DERRICK TH	ION	1PSON		PAYMENT		
UPS PRINT		··								
	SHOPPING CENTE	R								
FAYETTEVILI	LE, NC 28314		H	T 170 14 160 16			-			
			C.	Level Registered (Specify	<u>y)</u>		-			
			ŀ	Federal	<u> </u>	County:				
			State Municipality:				e. Election Sum to Date			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount					quired Remarks		
01	CREDIT	A	06/162022 \$ 934.39			SIGNS				
						\$				
4. Payee Inform	nation		A	.dd		Remove	(6) (6) (5)		9.00 (5.4	
a. Full Name, Mail	ing Address & Phone	. 14	b. Coordinated Committee Name			d. Comments				
(include city, state,	, & zip)		CTE DERRICK THOMPSON				P	AYMENT		
UPS PRINT										
	SHOPPING CENTE	R								
FAYETTEVILI	LE, NC 28314		<u> </u>							
			c.	Level Registered (Specify	y)					
			L	Federal		County:				
				State	<u> </u>	Municipality:	e, Ele	ction Sum to Date		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks		
01	CREDIT	A		06/16/2022		\$ 216.07				
						\$				
5. Total only th	is Page						\$	1,350.46		
6. Total of ALI	CRO-1310 Pages									
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$	3,742.51			
	•		-	Contrib to Candidates/Poli			۴	J, 174.J1		
				Coordinated Party Expend	litur	25)				
	les (List detailed ex									
A* - Media B* - Printing C* - Fund										
								Public Office Expenses 1 to Legal Expense Fund		
O* - Other	.c L	ларсно <del>со</del>		ADanado	n w Le	Sai eyhense lana				
The second control of	e detailed explanat	ion in required re	ema	arks field (k)						

Disbursements
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				Amendment			
Pg	3_	of	4	Yes	$\boxtimes$	No	

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun RRICK THOMPSON			<u> </u>	2. ID Number 9CEUID				
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Contributions to Candidates/Political Committees   Coordinated Party Expenditures									
4. Payee Inform		M	Add	Remove					
- Control of the Cont			b. Coordinated Committee Na		d. Comments				
(include city, state,	ing Address & Phone		CTE DERRICK THO		d. Comments				
WIDU	ec zip)		OTH BEAUTIE	311H 5011					
2520 MURCHII	NSON ROAD								
FAYETTEVILI									
	,		c. Level Registered (Specify)						
			Federal						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	CREDIT		06/16/2022	\$250.00	MEDIA				
	CARD	A	06/16/2022	\$250.00					
				\$					
				Ψ					
4. Payee Inforn	nation		Add	Remove					
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments				
(include city, state,	& zip)		CTE DERRICK THOM	<b>IPSON</b>					
LOYAL DESIG	GNZ								
1017 CANOPY									
FORT BRAGG,	, NC 28310								
			c. Level Registered (Specify)						
			Federal	County:					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	CREDIT	F	05/14/2022	\$137.68	T-SHIRTS				
	CARD		03/11/2022	4137.00					
				\$					
		<u> </u>							
4. Payee Inforn			Add	Remove	1				
I .	ing Address & Phone		b. Coordinated Committee Na		d. Comments				
(include city, state,			CTE DERRICK THO	MPSON					
UPS STORE	PRINT AND SIGN	mrn							
	OD SHOPPING CEN	VIER							
FAYETTEVILI	LE, NC 28314		a Level Projectored (Specify)						
			c. Level Registered (Specify)	C					
			Federal	County:					
5 A	T - E CD	h. Purpose Code	: Data (mm/dd/mm)	j. Amount	ly Dequired Demontes				
f. Account Code	g. Form of Payment  CREDIT	ii. k iii pose Cone	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks  YARD SIGNS				
	CARD	A	05/02/2022	\$ 655.37	TAKD SIGNS				
	CARD								
}				\$					
5. Total only th	is Page	<u> </u>		1	\$ 1043.05				
	CRO-1310 Pages	100			Ф 1015.05				
a the technical confliction belongs to contract a mater	line 13a of Detailed Sun								
(This line goes in	\$ 4,785.56								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
	es (List detailed ex		SPECIFICATION OF THE CONTROL OF THE						
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate				
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses				
I - Postage	J - Penalties	Q* - Donatio	n to Legal Expense Fund						
O* - Other  * Codes requir	e detailed explanat	ion in required r	emarks field (k)						

					- Ame	ndment		
Disbursements	Pg	4_	of	4		Yes	$\boxtimes$	N
Use this form to report expenditures from the committee for; operating exp	penses,	contributio	ons to	candida	ate/poli	tical		

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	'ull Name (and Fun			z negosi okonomiskog mandel	2. ID Number				
- C	RRICK THOMPSON			·	9CEUID				
3. Type of Disb	ursement <u>(Plea</u>		CRO-1310 forms for each	type of Disbursem	ent.)				
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform	nation	M	Add	Remove					
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee	Name	d. Comments				
(include city, state,			CTE DERRICK TI	HOMPSON					
UPS STO	RE AND PRINT SI	HOP			_				
WESTWOOD S	HOPPING CENTER	₹	c. Level Registered (Specify	·)					
FAYETTEVILL	.E, NC 28314								
			Federal	County:					
			State \	Municipality:	e. Election Sum to Date				
				<u>,                                      </u>					
					\$ 374.51				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	CREDIT	<u> </u>			MEDIA				
	CARD	В	05/17/2022	\$					
				\$					
4. Payee Inform	ation		Add	Remove					
The state of the s	ng Address & Phone		b. Coordinated Committee		d. Comments				
(include city, state,	=		b. Cool dinated Committee	I TAMIC	u. Comments				
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			c. Level Registered (Specify)	,					
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
L'Account Coue	g. Por ar or r ayment	m i ui post cout	1. Date (min/du/yyyy)	J. Amount	k. Nequired Nemarks				
				\$					
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Angelet grand design and a second and a second and	CRO-1310 Pages				φ 5/4.31				
and the second second		marv Paoe CRO-1101	0 if Operating Expenses)						
	line 13b of Detailed Sum	\$ 5,160.07							
		•	o if Coordinated Party Expendi	•					
7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate				
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses				
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund				
O* - Other			-	t waste standard and a second and	•				
* Codes require	e detailed explanati	on in required re	emarks field (k)						