Disclosure Report Cover See this form for general report and committee information, must be signed and submitted along with other detailed forms. John Christopher Thompson - Chris Thompson For Alderman Full Name John Christopher Thompson - Chris Thompson For Alderman For No. Box 351 Kernersville NC 27285 A Disclosure Report Year John Christopher Thompson - Chris Thompson For Alderman For No. Box 351 Kernersville NC 27285 A Disclosure Report Year John Christopher Thompson - Chris Thompson For Alderman For No. Box 351 Kernersville NC 27285 A Disclosure Report Year John Christopher Thompson - Chris Thompson For Alderman A Period End Date (mm/48/5) Candidac Campaigs Party Manufacture	Disclosure Re	enort Cover						mendment	
Do not use this form to update information a. Full Name John Christopher Thompson - Chris Thompson For Alderman A. Full Name John Christopher Thompson - Chris Thompson For Alderman A. Full Name ZCQXPP d. But Bild Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Mailing Addres (include City, State and Zip Code) D. Pero of Committee (Citex Cone) D. Type of Fund d. State County D. Special D. Special D. Special D. Special D. Special D. Special Report Name Findelity Bank D. Purpose D. Purpose D. Period Begin Balance S. TSES.OO D. Special D. Period Begin Balance S. TSES.OO D. Special D. Deriod Mail Report State County D. Special D. Deriod Mail Hand Delivered D. Delivery Mail Hand Delivered D. Delivery Mail Hand Delivered	_	_	e informa	ation must be	sioned and	l submitted along			
1. Committee Information 2. ID Number 2. ID N									
Second Comparison Chris Thompson - Chris Thompson For Alderman C. 10 Number ZCQXPP									
Description								c. ID Number	
P.O. Box 351 Kernersville NC 27285 Condition Content Conten	John Christopher T	hompson - Chris Thompson	on For Ale	derman				ZCQXPP	
P.O. Box 351 Kernersville NC 27285 Condition Content Conten	b. Mailing Address (inc	clude City, State and Zip Code)						d. Date Filed	
2. Report Year 3. Period Start Date (nam/dd/yy) 10/19/2021 10/19/2022 10/19/2021 10/1								07/29/2022	
2. Report Year 3. Period Start Date (nam/dd/yy) 10/19/2021 10/19/2021 12/31/2021 8. Treasurer Full Name Revendand Re								e. Phone Number	
2. Report Year 3. Period Start Date (nam/dd/yy) 10/19/2021 10/19/2021 12/31/2021 8. Treasurer Full Name Revendand Re								226_3/5_2670	
2021 10/19/2021 12/31/2021 12/31/2021 Keternotus								330-343-3079	
Condidate Campaign	2. Report Year	3. Period Start Date (mr	n/dd/yy)	The State of the Control of the Cont	End Date			lame	
Candidate Campaign	2021	10/19/2021		12/3	31/2021	Kevin Bug	g		
PAC Referendum Organizational Or	6. Type of Commit	tee (Check One)	9. Ty	pe of Report	i (chec	k only one type of	report fi	om one category)	
Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum		aign Party	Munic	•					
Expenditure		Referendum		Organizational	1 L	Organizational		Organizational	
7. Type of Fund (t/applicable, check one)		Joint Fundraiser		Thirty-five day	y	Quarterly		Pre-referendum	
Boulding Fund	Legal Expense F	und						5	
Building Fund		(if applicable, check one)		Pre-primary	_	First		Final	
Other: Semi-annual Semi-annual Semi-annual Semi-annual Semi-annual Semi-annual Semi-annual Semi-annual Semi-annual Year End Mid Year Year End Year End Year End Special Spec	I 							Supplemental Final	
Other:	Building Fund		$ \sqcup$			5			
Other:								Special	
S. Number of Fundraisers this Report Special Special							-		
Special Final Final Final Special Final	Other:				' <u> </u>			10. Special Report Name	
Special Spec	D M L CT .	to the sale of the				_			
a. Financial Institution Full Name Fidelity Bank b. Purpose	8. Number of Fund			Special					
Fidelity Bank b. Purpose c. Account Code b. Purpose c. Account Code Campaign Account For Receipts and Expenditures conditions condi	11. Account Inform	ation		\$1,45 Jun 19	11. Accou	int Information			
b. Purpose c. Account Code b. Purpose c. Account Code Campaign Account For Receipts and Expenditures \$ 1525.00	a. Financial Institution	Full Name			a. Financial	Institution Full Nam	ne		
Campaign Account For Receipts and Expenditures d. Period Begin Balance \$ 1525.00 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. John C 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 Scanned: Employee: Date Date Entered: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: Date Scanned: Date Scanned: D									
Account For Receipts and Expenditures \$ 1525.00 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. John C Thompson Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Postmarked: Employee: Date Scanned: Employee: Date Scanned: Employee: Date Scanned: Employee: Date Date Entered: Employee: Date Scanned: Date Data Entered: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: Employee: Date Scanned: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: Employee: Date Scanned: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: Employee: Date Scanned: Employee: Date Scanned: Date Scanned: Employee: Date Scanned: D	b. Purpose	c. Account Code			b. Purpose	/^		c. Account Code	
Expenditures \$ 1525.00 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 Control of Elections. John C Thompson	, .		100			Ame	ended		
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. John C Thompson	Receipts and	d. Period Begin Balar	ace					d. Period Begin 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 State Board of Elections. John C Thompson	Expenditures	\$ 1525.00						\$	
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 State Board of Elections. John C Thompson	CERTIFICATION								
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. John C Thompson			oliance wi	ith all applica	ble provisio	ons of Article 22.4	22B &	22D-22M of Chapter 163 of	
is complete, true and correct and that I have been trained by the State Board of Elections. John C Thompson 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: Date Scanned: Date Scanned: Employee: Date Date Employee: Employee: Date Date This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,									
John C Thompson									
FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Scanned: Employee: Emp				(Ab)	le C 1	7	07	7/29/2022	
Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Data Entered: Employee: Employee				Si	ignature of A	pointed Treasurer			
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Date Postmarked: Date Scanned: Employee:	Date Received:	<u> </u>	_	Employee:	_		D		
Date Scanned: Date Data Entered: Employee: 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,	Date Postmarke	d:	_	Employee:	_			Hand Delivered	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Scanned:		_	Employee:	_			Signer has not received	
	Date Data Enter	red:	_	Employee:	_	9		mandatory training	
	Please Note: Th						e address	s, treasurer, assistant treasurer,	

Amendment

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. NC State Board of Elections August 2008 CRO-1000

D Us

1	Amer	dment	
etailed Summary	\boxtimes	Yes	No
se this form to summarize all disclosure reporting forms and to total monetary information.			

CI : TIL C A11	2. Type of Report		3. ID Number
Chris Thompson for Alderman	Year End		ZCQXPP
Start of Election Cycle: January 1,	2021	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 1525.00	\$ 25.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1000.00	\$ 1000.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 1500.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
1) Other Receipt Sources	The state of the s		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organiza	ntions (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b.	11c, 11d and 11e)	\$ 1000.00	\$ 2500.00
EXPENDITURES			
3) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Comm	nittees (CRO-1310)	\$ 2395.59	\$ 2395.59
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
7) In-Kind Contributions	(CRO-1510)	\$	\$
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	, 15, 16 and 17)	\$ 2395.59	\$ 2395.59
9) Cash on Hand at End (Add lines 4 and 12 together, then so	ubtract line 18)	\$ 129.41	\$ 129.41
ADDITIONAL INFORMATION			
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campai	igns) (CRO-1430)	\$	
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$ ended	
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CRO-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
8) Contributions to be Refunded	(CRO-1215)	\$	\$

Use this	form to report ind	ividual contributions	over \$5	0 or contrib	utions	under \$50 if form	n CRO 1205 is	not used	
1. Comn	nittee Full Name	(and Fund if applica	ble)		inep.		2. ID Nu	ımber	
Chris Th	ompson for Alder	man						ZCQXPP	
3. Contr	ibutor Informati	on		Add [Remove			
a. Full Nai	me, Mailing Address	& Phone		b. Job Title	e/Profe	ssion	d. Comme	ents	
	city, state, & zip)			Self Emp	oloyed	l			
	hompson								
1178 Ma				*		ne/Specific Field Appraisal Servic			
Kernersv	rille, NC 27284			ike Stauş	gmer.	Appraisai Servic	e. Election	Sum to Date	
							\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	 Kind Descripti	ion	j. Date (mm	/dd/vvvv)	k. Amount	
	1	Check			. 0 %		27/2021	\$	1000.00
								\$	
								\$	
3. Contr	ibutor Informatio	on Maria Maria		Add [Remove		a at ay force	
	ne, Mailing Address &	& Phone		b. Job Title	/Profe	ssion	d. Comme	nts	
(include	city, state, & zip)								
				e Employe	ete Mar	ne/Specific Field			
				C. Employe	1 2 1401	icopeeine Field			
							e. Election	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descripti	on	j. Date (mm/	/dd/yyyy)	k. Amount	
								\$	
								\$	
								\$	
3. Contri	butor Informatio	on		Add [Remove			
	ne, Mailing Address &	& Phone		b. Job Title	/Profes	sion	d. Comme	nts	
(include	city, state, & zip)								
				c. Employer	r's Nan	ne/Specific Field			
							e. Election	Sum to Date	
		(\$		
f. Prior	g. Account Code	h. Form of Payment	j. In-k	and Descripti	on	j. Date (mm/	dd/yyyy)	k. Amount	
			/					\$	
								\$	
					10.00	12122		\$	
4. Total	only this Page	e					\$		1000.00
5. Total	of ALL CRO		PA 1100				\$		1000.00

Contributions from Individuals

Amendment

Yes

 \boxtimes

Disbursements

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

Chris Thompson for Alderman ZCQXPP								
			DO 1210 C	100 m	CDLL		ZCQXPP	
3. Type of Disb			RO-1310 forms for			Party Expenditures		
Operating E				- Indiana in the second in the			Party Expenditures	
4. Payee Inform			Add		Remove	1.0		
	ng Address & Phone		b. Coordinated Comm	littee N	ame	d. Con	nments	
(include city, state,								
Pura Vita Promo	otions					_		
PO Box 708			c. Level Registered (S	pecify)				
Kernersville NC	27285		Federal County:					
			State		Municipality:	e. Elec	tion Sum to Date	
						\$ 14	459.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	/y)	j. Amount k. Requir		uired Remarks	
0	Check 1026	В	11/07/2021		\$1495.59	Yard	Signs	
			11.01.2021		4.130103	-		
					\$			
4. Payee Inform	ation		Add		Remove			
-	ng Address & Phone		b. Coordinated Comm	ittee Na	ame	d. Com	nments	
(include city, state,	_							
	g Company, Inc							
PO Box 337			c. Level Registered (Sp	pecify)		1		
Kernersville NC	27285		Federal	П	County:			
Kernersville Ne			State	Ħ	Municipality:	e. Elec	tion Sum to Date	
			- Lami			\$ 90	0.00	
						1		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount		uired Remarks	
1	Check	A	11/11/2021		\$900.00		rtisements	
						News	paper	
					\$			
4. Payee Inform	ation		Add		Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Comm	ittee Na	ame	d. Com	ments	
(include city, state,	& zip)							
	_							
			c. Level Registered (Sp	ecify)				
			Federal		County:			
	lAm	ended	State		Municipality:	e. Elect	tion Sum to Date	
		onded				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	v)	j. Amount	k. Rea	uired Remarks	
	O. T. C. W. C. L. M. W. W. W.		= (777	.,	\$			
					Φ			
					\$			
5. Total only thi	s Page					\$	2395.59	
	CRO-1310 Pages			35 7.5				
		amary Page CRO-1100	() if Operating Expenses			\$	2395.59	
			if Contrib to Candidates			Ψ	JU 10 7	
) if Coordinated Party Ex	penditu	res)	and the same of th		
7. Purpose Code	es (List detailed ex	penditure code in	(h.) above)					
A* - Media	B* - Printing	C* - Fund	Iraising D - To Anoth					
E - Salaries	F* - Equipment						Office Expenses	
I - Postage	J - Penalties	K* - Offic	ce Expenses		Q* - Donatio	on to Leg	al Expense Fund	
O* - Other	4.4.55 3 3 3		wants field (la)	100	letsyll, sewi		CERCULA - DESCRIPTION	
* Codes require	e detailed explanati	on in required re	emarks field (K)	1307		111111111111111111111111111111111111111		