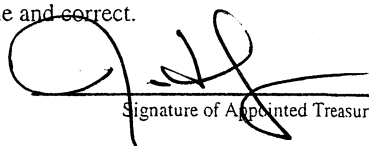


Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by forms CRO-3100 and CRO-3500.

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1. Committee Information		WAKE CO. BOARD OF ELECTIONS	
a. Full Name		b. Mailing Address (include City, State and Zip Code)	
Committee to Elect Jim Thompson		9713 PRECIOUS STONE DR. WAKE FOREST, NC, 27587	
		d. Date Organized	e. Phone Number
		7/10/11	919-417-4217
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
JAMES (Jim) N. THOMPSON JR.		NON-PARTISAN	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
9713 PRECIOUS STONE DR. WAKE FOREST, NC 27587	WF TOWN COMMISSIONER	AT-LRO	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
JAMES N. THOMPSON			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
9713 PRECIOUS STONE DR. WAKE FOREST, NC 27587			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9194174217	thompj8255@gmail.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
		STATE EMPLOYEES CREDIT UNION	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN FUNDS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	Checking
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.			
Jim Thompson Printed Name of Signer		 Signature of Appointed Treasurer	7/10/11 Date



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

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 WAKE CO. BOARD OF ELECTIONS

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: JAMES (Jim) THOMPSON
 Treasurer Name: JAMES (Jim) THOMPSON
 Treasurer Address: 9713 PRECIOUS STONE DR.
 (include city, state, & zip) WAKE FOREST, NC, 27507

 Treasurer Phone: 919 417 4217

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/10/11
 Date Signed

[Signature]
 Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name: Comm. #102 to Elect Jim Thompson
 Treasurer Name: Jim Thompson
 Treasurer Address: 9713 Precious Stone Dr
 (include city, state, & zip) WF, NC, 27507

 Treasurer Phone: 919-417-4217

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/10/11
 Date Signed

[Signature]
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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 Raleigh, NC 27611-7255
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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Jim Thompson

Committee Name: Committee to Elect Jim Thompson

Treasurer Name: Jim Thompson

If Candidate is own treasurer, designate an agent to carry out designations: Hollyn Thompson (WIFE)

Committee ID #: _____

Level Registered: [State] (County) If county, specify: WAKE

I, Jim Thompson, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
 funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>The Methodist Home for Children</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 7/18/11

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.