



## Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number		
Jeff L. Thigpen Campaign	1 <sup>ST</sup> QUARTER PLUS			
<b>Start of Election Cycle: January 1, 20 02</b>	<b>Total this Period</b>	<b>Total this Election Cycle</b>	<b>For Office Use Only</b>	
4) Cash on Hand at Start of Election Cycle		\$ 0		
5) Cash on Hand at Start of Present Reporting Period	\$ 0			
<b>RECEIPTS</b>				
6) Contributions from Individuals (2 pages) (CRO-1210)	\$ 1,635.00	\$ 1,635.00		
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 147.00		
10) Refunds & Reimbursements to Committee (CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources (CRO-1250)				
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 1,635.00	\$ 1,782.00		
<b>EXPENDITURES</b>				
13) Disbursements (CRO-1310)				
13a) Operating Expenditures (1 page) (CRO-1310)	\$ 190.65	\$ 337.65		
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0		
14) Loan Repayments (CRO-1420)	\$ 0	\$ 0		
15) Refunds from Committee (CRO-1320)	\$ 0	\$ 0		
16) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 190.65	\$ 337.65		
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$ 1,444.35	\$ 1,444.35		
<b>Additional Information</b>				
19) Non-Monetary Gifts Given to Committees (CRO-1330)	\$ 0			
20) Outstanding Loans (including ones from other campaigns) (2 page) (CRO-1430)	\$ 147.00			
21) Debts and Obligations owed BY the Committee (1 page) (CRO-1610)	\$ 147.00			
22) Debts and Obligations owed TO the Committee (CRO-1620)	\$ 0			
23) Parent Entity's Administrative Support (CRO-1710)	\$ 0			

(7 pages total)

**Contributions from INDIVIDUALS**

1. Name of Committee or Fund				2. ID Number			
Jeff L. Thigpen Campaign							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	unitemized 1-#50	0001	check	3/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	unitemized 1-#10 1-#15 5 contributors 2-#25 1-#50	0001	checks	3/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 125.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	unitemized 1-#40 2-#50 6 contributors 1-#75 2-#100	0001	checks	3/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 415.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	unitemized 1 contributor	0001	check	3/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 35.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Z.N. Holler 113 S. Tremont Drive Greensboro NC 27403	0001	check	3/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$ 250.00	
<b>4. Total only this Page</b>							\$ 875.00
<b>5. Total of ALL CRO-1210 Pages</b> (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

**Contributions from INDIVIDUALS**

1. Name of Committee or Fund				2. ID Number			
Jeff L. Thigpen Campaign							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	unitemized 1 contributor	0001	check	3/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	unitemized 1-#10 3 contributors 1-#25 1-#50	0001	checks	3/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 85.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Bernard Gutterman 604 Waycross Drive Greensboro NC 27410	0001	check	3/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
RETIRED - MANAGEMENT		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 200.00			
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
KAY CHEMICAL		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	M. LEE McALLISTER 204 IRVING PLACE GREENSBORO NC 27408	0001	check	3/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
MANAGEMENT		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 250.00			
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
JEFFERSON - PILOT		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	unitemized 1-#25 2 contributors 1-#100	0001	checks	3/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 125.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page							\$ 760.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 1635.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

**Disbursements**

<b>1. Name of Committee or Fund</b> Jeff L. Thigpen Campaign						<b>2. ID Number</b>		
<b>3. Type of Disbursement</b> (Please use separate CRO-1330 forms for each type of Disbursements.)								
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Staples 4214 West Wendover Ave. Greensboro NC 27407			Supplies	0001	check	3/15/02	\$ 21.23
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 21.23	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	U.S. Postmaster			postage	0001	check	3/18/02	\$ 68.00
				postage	0001	check	3/18/02	\$ 13.60
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 81.60	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Alltel 1603 New Garden Road Greensboro NC 27410			communications	0001	check	4/3/02	\$ 79.32
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 79.32	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Democratic Lunch Forum 7 Battleground Court Greensboro NC 27408				0001	check	4/4/02	\$ 8.50
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>5. Total only this Page</b>							\$ 190.65	
<b>6. Total of ALL CRO-1310 Related Pages</b> (only show on last page)							\$ 190.65	
<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>								

# Outstanding Loans

1. Name of Committee or Fund		2. ID Number			
Jeff L. Thigpen Campaign					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
	Jeff Thigpen 2111 Maywood Street Greensboro NC 27403 (Candidate)	2/21/02		0 %	\$ 147.00
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		Admissions Officer	Guilford College		\$ 147.00
		g. Security Pledged			
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
<b>4. Total only this Page</b>					\$ 147.00
<b>5. Total of ALL CRO-1430 Pages</b> (only show on last page)					\$ 147.00
<i>(This line must be on line 20 of Detailed Summary Page CRO-1100)</i>					

# Debts and Obligations Owed BY the Committee

1. Name of Committee or Fund		2. ID Number			
Jeff L. Thigpen Campaign					
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	Jeff Thigpen 2111 Maywood Street Greensboro NC 27403  (Candidate)	\$ 147.00	\$ 0	\$ 0	\$ 147.00
	f. Description	filing fee			
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code:			
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
	f. Description				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code:			
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
	f. Description				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code:			
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
	f. Description				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code:			
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
	f. Description				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code:			
3. Creditor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
	f. Description				
	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. If Credit Acct, list Number/Code:			
<b>4. Total only this Page</b>					\$
<b>5. Total of ALL CRO-1610 Pages</b> (only show on last page)					\$
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>					