

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 Jeff L. Thigpen Campaign	c. ID Number
b. Mailing Address (include City, State and Zip Code) 615 Howard Street Greensboro, NC 27403	d. Date Filed 1/23/08
	e. Phone Number 336-707-7391

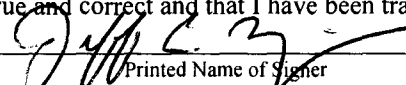
2. Report Year 2007	3. Period Start Date (mm/dd/yy) 8/17/07	4. Period End Date (mm/dd/yy) 12/31/07	5. Treasurer Full Name Jeff L. Thigpen
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report n/a		10. Special Report Name	

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB and T		a. Financial Institution Full Name	
b. Purpose campaign	c. Account Code 9919	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 50.00		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 if 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 according to N.C.G.S. 163-278.7(f).

 Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date 1/23/08

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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	
Jeff L. Thigpen Campaign		2007 Year End		
Start of Election Cycle: January 1,		2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 50.00	\$ 50.21
5) Aggregated Contributions from Individuals		(CRO-1205)	\$	\$
6) Contributions from Individuals		(CRO-1210)	\$	\$
7) Contributions from Political Party Committees		(CRO-1220)	\$	\$
8) Contributions from Other Political Committees		(CRO-1230)	\$	\$
9) Loan Proceeds		(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee		(CRO-1240)	\$	\$
11) Other Receipt Sources				
11a) Interest on Bank Accounts		(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)	\$	\$
11c) Outside Sources of Income		(CRO-1250)	\$.21	\$
11d) Legal Expense Fund – Other Sources		(CRO-1270)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)			\$.21	\$.21
13) Disbursements				
13a) Operating Expenditures		(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures		(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$	\$
15) Loan Repayments		(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee		(CRO-1320)	\$	\$
17) In-Kind Contributions		(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 0	\$ 0
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$	\$ 50.21
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee		(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee		(CRO-1620)	\$	
24) Account Transfers Within the Committee		(CRO-1720)	\$	
25) Administrative Support		(CRO-1710)	\$	\$
26) Forgiven Loans		(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum		(CRO-2200)	\$	\$
27) Contributions to be refunded		(CRO-1215)	\$	\$

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Jeff L. Thigpen Campaign					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input checked="" type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Pay Pal San Jose, CA				Online payment processing conf	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
	debit		9/8/07	\$.21	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$.21	
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				\$.21	