

Disclosure Report Cover

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

Amendment



Yes



No

1. Committee Information

a. Full Name

c. ID Number

b. Mailing Address (include City, State and Zip Code)

d. Date Filed

5th for Mayor
222 Shalimar Drive
Durham, NC 27713

7-28-08

e. Phone Number

919-544-4036

2. Report Year

3. Period Start Date (mm/dd/yy)

4. Period End Date (mm/dd/yy)

5. Treasurer Full Name

2008

1/1/08

7/24/08

Southgate Jones Jr./Thomas A. Jones Jr.

6. Type of Committee (Check One)

9. Type of Report (check only one type of report from one category)

- ☒ Candidate Campaign
☐ Joint Fundraiser
☐ Referendum
- ☐ Party
☐ PAC
☐ Legal Expense Fund

- Municipal**
- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☒ Mid Year
☐ Year End
☒ Final
☐ Special

- State/County**
- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

- Referendum**
- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund
☒ Other:

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

b. Purpose

c. Account Code

Campaign
Finance

d. Period Begin Balance

\$ 2531.98

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).

Thomas Andrew 5th Jr.
Printed Name of Signer

Thomas A. Jones Jr.
Signature of Appointed Treasurer

7-28-08
Date

FOR OFFICE USE ONLY

Date Received:

28 July 08

Employee:

m. ak

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

RECEIVED
JUL 28 2008

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

IN PERSON

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	
Stith for Mayor		Final / Mid Year			
Start of Election Cycle: January 1, 2007		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2531.98		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 2998.00	
6) Contributions from Individuals (CRO-1210)		\$		\$ 190,311.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$ 2150.00	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$ 2500.00	
9) Loan Proceeds (CRO-1410)		\$		\$ -	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$ 3080.00	
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)		\$		\$ 389.14	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$		\$ 201,428.14	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2531.98		\$ 201,428.14	
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)		\$ 2531.98		\$ 201,428.14	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
ADDITIONAL INFORMATION					
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)		\$ JUL 28 2008		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Disbursements

Page 1 of 4

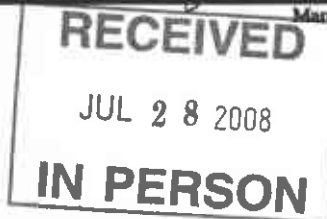
Amendment
☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <i>Slith for MAYOR</i>				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Judy Kay Jefferson 5745 Sedgwick Dr. JACKSON, MISS. 39211 601-573-9742</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>600.00</i>
f. Account Code	g. Form of Payment <i>check</i>	h. Purpose <i>media</i>	i. Date (mm/dd/yyyy) <i>1-24-08</i>	j. Amount \$ <i>500.00</i>	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>The Carolina TIMES 923 Old Fayetteville St. Durham, NC 682-2913 27701</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment <i>check</i>	h. Purpose <i>Display ads</i>	i. Date (mm/dd/yyyy) <i>1-25-08</i>	j. Amount \$ <i>300.00</i>	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Sprint P.O. Box 1769 1-888-211-4727 Newark, NJ 07101-1769</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>1748.50</i>
f. Account Code	g. Form of Payment <i>check</i>	h. Purpose <i>cellphone</i>	i. Date (mm/dd/yyyy) <i>1-25-08</i>	j. Amount \$ <i>138.83</i>	
5. Total only this Page				\$ <i>938.83</i>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ <i>1938.83</i>	

CRO-1310

NC State Board of Elections

March 2003



Disbursements

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Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Slith for Mayor			2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures				
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Parents of Murder Children P.O. Box 645 Durham, NC 27702 919-491-0821		b. Coordinated Committee Name		d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment check	h. Purpose donation	i. Date (mm/dd/yyyy) 1-25-08	j. Amount \$ 250.00
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Union Baptist Church 904 N. Roxboro St Durham, NC 27701 688-7900		b. Coordinated Committee Name		d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment check	h. Purpose youth/childrens fund donation	i. Date (mm/dd/yyyy) 1-25-06	j. Amount \$ 250.00
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mt. Zion Christian Church 3519 Fayetteville St Durham, NC 688-4245		b. Coordinated Committee Name		d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment check	h. Purpose youth fund donation	i. Date (mm/dd/yyyy) 1-25-08	j. Amount \$ 250.00
5. Total only this Page				\$ 750.00
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$

CRO-1310

NC State Board of Elections

March 2003



Disbursements

Page 3 of 4

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Stith for Mayor					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
1st Congregation of Christ 2221 Oak Ridge Durham, NC 27701 489-0990					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	check	Youth Fund donation	1-25-08	\$ 225.00	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Postmaster Shannon Plaza Sta Durham, NC 27707 800-275-8777					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 5412.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	check	postage	5-2-08	\$ 205.00	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Duke University Com. Cancer Center DUMC 3828 Durham, NC 27710/684-8111					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	Bank check	donation/IM Memory of SJS	7-24-2008	\$ 161.53	
				\$	
5. Total only this Page				\$ 591.53	
6. Total of ALL CRO-1310 Pages				\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

CRO-1310

NC State Board of Elections

March 2003

RECEIVED

JUL 28 2008

IN PERSON

Disbursements

Page 4 of 4

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Stitch For Mayor				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) 1st Citizens Bank P.O. Box 27131 Raleigh, NC 27611 888-323-4752			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 46.00
f. Account Code	g. Form of Payment direct	h. Purpose BANK Fee	i. Date (mm/dd/yyyy) 7-24-08	j. Amount \$ 1.62	
			j. Amount \$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount \$	
			j. Amount \$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount \$	
			j. Amount \$		
5. Total only this Page				\$ 1.62	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ 2531.98	

CRO-1310

NC State Board of Elections

March 2003

RECEIVED
 JUL 28 2008
 IN PERSON



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name:

Stith For Mayor

Treasurer Name:

Southgate Jones Jr. / Thomas Stith

Treasurer Address:

222 Shalimar Drive

(include city, state, & zip)

Durham, NC 27713

Treasurer Phone:

919-544-4036

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7-28-08

Date Signed

Thomas A. Stith
Signature

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

