

# Disclosure Report Cover

# COPY

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.

<b>1. Committee Information</b>				
a. Full Name <u>Stockton for Alderman</u>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>900 Old Winston Rd</u> <u>Suite 212</u> <u>Kernersville NC 27284</u>			d. Date Filed <u>10/4/2011</u>	
			e. Phone Number <u>336-993-9955</u>	
2. Report Year <u>2011</u>	3. Period Start Date (mm/dd/yy) <u>7/20/2011</u>	4. Period End Date (mm/dd/yy) <u>10/3/2011</u>	5. Treasurer Full Name <u>Courtney Turlington</u>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		<b>State/County</b>		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
		<u>2011 OCT -6 AM 9:12</u>		
<b>11. Account Information</b>				
a. Financial Institution Full Name <u>Fidelity Bank</u>		a. Financial Institution Full Name		
b. Purpose <u>Campaign Funds</u>	c. Account Code <u>FB</u>	b. Purpose	c. Account Code	
	d. Period Begin Balance <u>\$ 50.00</u>		d. Period Begin Balance	
<b>CERTIFICATION</b>				
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.				
<u>Courtney Turlington</u> Printed Name of Signer		<u>Courtney Turlington</u> Signature of Appointed Treasurer		<u>10/3/2011</u> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: <u>10/6/11</u>	Employee: <u>Judy Spears</u>	Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Postmarked:	Employee:			
Date Scanned:	Employee:			
Date Data Entered:	Employee:	<input type="checkbox"/> Signer has not received mandatory training		
<b>Please Note:</b> 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.				

# Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Stockton for Alderman						
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Duane Long 1537 Old Coach Rd Kernersville, NC 27284				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00
				Long Insurance		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Cash			\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 100.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						