

Amendment

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Disclosure Report Cover

1. Committee Informat	ion									
a. Full Name		c. ID Number								
Stockton for Alderman										
b. Mailing Address (include	d. Date Filed									
900	10/4/2011									
		e. Phone Number								
900 01 d Winston Rd Suite 212 Kernersville NC 27284 336-993-9955										
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name										
2011 7	20/2011		12011	Courtru						
6. Type of Committee (		. Type of Rep funicipal	ort (check only one State/County		rt <sup>i</sup> from one category) Referendum					
Candidate Campaign	Referendum	Qrganizationa			Organizational					
Independent Expenditure		Thirty-five da			Pre-referendum					
Legal Expense Fund	1	Pre-primary First			Final					
		Pre-election	Seco		Supplemental Final					
<b>·</b>	pplicable, check one)	Pre-runoff	Thir	_						
<ul> <li>Booster Fund</li> <li>Building Fund</li> </ul>	l,	Semi-annual Mid Yea	r Semi-ann		Special					
Dellating Faile	lř	Year End	1	L	10. Special Report Name					
Other:		Final	T Year	r End						
8. Number of Fundrais	ers this Report	Special	Final		011					
			Special Special							
11. Account Information										
a. Financial Institution Full Name										
Fidelit	# Bank									
b. Purpose	c. Account Code		b. Purpose	a service a	c. Account Code					
					i c					
a. `	FR				$\mathbf{O}$					
Campingn	FP d Partial Barin	) Balance								
Campaign Funds	d. Period Begin			-	d. Period Begin Balance					
Campingn Funds	d. Period Begin \$ 50:									
CERTIFICATION	\$ 50.	60			d. Period Begin Balance					
CERTIFICATION I certify that the Commit	\$ 50. tee or Fund is in compliar	00 nce with all appl		rticle 22A, 22B	d. Period Begin Balance \$ & 22D-22M of Chapter 163					
CERTIFICATION I certify that the Commit of the NC General Statut	\$ 50. tee or Fund is in compliar es and that no funds are c	00 nce with all appl ommingled with	prohibited or other no	rticle 22A, 22B on-disclosed fur	d. Period Begin Balance					
CERTIFICATION I certify that the Commit of the NC General Statut report is complete, true a	\$ 50. tee or Fund is in compliar es and that no funds are c	00 nce with all appl ommingled with	prohibited or other no	rticle 22A, 22B on-disclosed fur	d. Period Begin Balance					
CERTIFICATION I certify that the Commit of the NC General Statut	\$ 50. tee or Fund is in compliar es and that no funds are c	nce with all appl ommingled with been trained by	the NC State Board of	rticle 22A, 22B on-disclosed fun f Elections. 7	d. Period Begin Balance \$ & 22D-22M of Chapter 163					
CERTIFICATION I certify that the Commit of the NC General Statut report is complete, true a Courtmy Printed Nat	\$ 50. tee or Fund is in compliar es and that no funds are c nd correct and that I have Urlington me of Signer	nce with all appl ommingled with been trained by	prohibited or other no	rticle 22A, 22B on-disclosed fun f Elections. 7	d. Period Begin Balance					
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CERTIFICATION I certify that the Commit of the NC General Statut report is complete, true a Courtmy Printed Nat	\$ 50. tee or Fund is in compliar es and that no funds are c nd correct and that I have Urlington me of Signer	nce with all appl ommingled with been trained by	prohibited or other no the NC State Board of mature of Appointed Trea	rticle 22A, 22B on-disclosed fun f Elections. 7 surer 2000 Deli	d. Period Begin Balance \$ & 22D-22M of Chapter 163 ads. I further certify that this (0) 3 2011 Date Very Method Normal Mail					
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		om Individua		Pg	of	L	Amendment Yes No			
1			RO 1205 is not used							
1. Con	amittee Full Nan	ne (and Fund if app	licable)			2.1	D Number			
Stockton for Alderman										
3. Con	3. Contributor Information									
a. Full N	a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comments				
(inclu										
ľ	Duano	Long								
Duane Long 1537 Old Couch Rd Kernersville, NC 27284				c. Employer's Name/Specific Field						
Keon ouille NC 272811			1 cm hore man		e. Election Sum to Date					
	permersurice, NC 21204			Long Insurance						
						\$	00.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount			
		Karata					5 How Man			
							\$			
							\$			
3 Con	tributor Informa	i ation		Add 🗖 Rei	nove	: .*.				
	lame, Mailing Addre			b. Job Title/Profe			omments			
	de city, state, & zip)									
				1		1				
1				c. Employer's Nar	ne/Specific Field					
I						e. Election Sum to Date				
1						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	I /y)	k. Amount			
							\$			
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							\$			
							\$			
3. Contributor Information										
	a. Full Name, Mailing Address & Phone b				sion	d. C	omments			
(includ	le city, state, & zip)			1						
			c. Employer's Name/Specific Field							
						e. El	ection Sum to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y)	k. Amount			
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	al only this Pa		1. 			\$	100.00			
	5. Total of ALL CRO-1210 Pages									
(This line must be on line 6 of Detailed Summary Page CRO-1100)										
CRO-12	CRO-1210 NC State Board of Elections April 2007									

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