

COPY

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 Stockton for Alderman		c. ID Number 4CQ2HP	
b. Mailing Address (include City, State and Zip Code) 503 G Bodenhamer St Kernersville, NC 27284		d. Date Filed 1/23/2012	
		e. Phone Number 336-993-9955	
2. Report Year 2011	3. Period Start Date (mm/dd/yy) 11/1/2011	4. Period End Date (mm/dd/yy) 12/31/2011	5. Treasurer Full Name Courtney Turlington
6. Type of Committee (Check One) ☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		9. Type of Report (check only one type of report from one category) 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 ☐ Other:		10. Special Report Name	
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name Fidelity Bank		a. Financial Institution Full Name	
b. Purpose Campaign Funds	c. Account Code FB	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 150.00		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 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.			
Courtney Turlington Printed Name of Signer		Courtney Turlington Signature of Appointed Treasurer	
		1/23/2012 Date	
FOR OFFICE USE ONLY			
Date Received: 1/23/12	Employee: Judy Spears	Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed	
Date Postmarked:	Employee:	☐ Signer has not received mandatory training	
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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Stockton for Alderman		Final		4CQ2HP	
Start of Election Cycle: January 1, 2008		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 150.00		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 1127.65		\$ 1287.65	
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)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1127.65		\$ 1287.65	
EXPENDITURES					
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)		\$ 150.00		\$ 150.00	
17) In-Kind Contributions (CRO-1510)		\$ 1127.65		\$ 1137.65	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1277.65		\$ 1287.65	
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)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

Pg 3 of 5 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Stockton for Alderman				4CQ2HP	
3. Contributor Information: ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Neal Stockton 503 E Bodenhamer St. Kernersville, NC 27284			retired		
			c. Employer's Name/Specific Field		
					e. Election Sum to Date
					\$ 987.65
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		personal check	pens, signs, lip balm	11/10/2011	\$ 1127.65
☐					\$
☐					\$
3. Contributor Information: ☐ Add ☐ 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
☐					\$
☐					\$
☐					\$
3. Contributor Information: ☐ Add ☐ 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
☐					\$
☐					\$
☐					\$
4. Total only this Page					\$
5. Total of ALL CRO-1210 Pages					\$ 1127.65
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

In-Kind Contributions

Pg 4 of 5 Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Stockton for Alderman		4CQ2HP
3. Contributor Information ☒ Add ☐ Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Neal Stockton 503 E Bodenhamer St Kernersville, NC 27284	☒ Individual	
	☐ Candidate	
	☐ Party	
	☐ PAC	
	☐ Referendum	d. Election Sum to Date
	☐ Other Receipt Source	\$ 987.65
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
pens, signs, and lip balm	11/10/2011	\$ 1127.65
		\$
		\$
3. Contributor Information ☐ Add ☐ Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual	
	☐ Candidate	
	☐ Party	
	☐ PAC	
	☐ Referendum	d. Election Sum to Date
	☐ Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information ☐ Add ☐ Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual	
	☐ Candidate	
	☐ Party	
	☐ PAC	
	☐ Referendum	d. Election Sum to Date
	☐ Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1127.65

Refunds/Reimbursements From the Committee

Pg 5 of 5 Amendment
☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable) <u>Stockton for Alderman</u>			2. ID Number <u>4CQ2HP</u>		
3. Payee Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Neale Stockton</u> <u>503 E Bodenhamer St</u> <u>Kernersville, NC 27284</u>			d. Type of Committee ☒ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date <u>11/18/2011</u>
			e. Level Registered ☐ Federal ☐ County: ☐ State ☐ Municipality:		i. Original Receipt Amount <u>\$ 150.00</u>
			f. Purpose Code <u>L</u>		j. Election Sum to Date <u>\$ 150</u>
b. Job Title/Profession <u>retired</u>		c. Employer's Name/Specific Field <u>Kernersville Police Dept</u>		g. Comments	
				k. Account Code <u>FB</u>	
l. Form of Payment <u>check</u>		m. Required Remarks		n. Date (mm/dd/yyyy) <u>11/18/2011</u>	o. Amount <u>\$ 150.00</u>
3. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date
			e. Level Registered ☐ Federal ☐ County: ☐ State ☐ Municipality:		i. Original Receipt Amount <u>\$</u>
			f. Purpose Code		j. Election Sum to Date <u>\$</u>
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
				k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount <u>\$</u>
3. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date
			e. Level Registered ☐ Federal ☐ County: ☐ State ☐ Municipality:		i. Original Receipt Amount <u>\$</u>
			f. Purpose Code		j. Election Sum to Date <u>\$</u>
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
				k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount <u>\$</u>
4. Total only this Page <u>\$</u>					
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) <u>\$ 150.00</u>					
6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)					