Use thi	is form to report in	ndividual contributions	s over \$5	50 or contributions u	Pg under \$50 if form	of CRO 1205 is	not used	Yes	
1. Con	nmittee Full Nam		2. ID Number						
APPLE	E FOR ALDERMA	AN					TCQC7	L	
	tributor Informa			Add F	Remove		Block house		
	Name, Mailing Addres	is & Phone		b. Job Title/Professi	d. Comm	d. Comments			
(include city, state, & zip) KAREN A. STACHERSKI				NO JOB TITLE					
470 BENT CREEK TRAIL KERNERSVILLE, NC. 27284				c. Employer's Name/Specific Field					
A Bayer on the	JRO V 111111, 110. 2	2/204		NOT EMPLOYED- RETIRED		III A CONTRACTOR	a Planting Comp 4: The		
			-	KETIKED	e. Election	n Sum to Date	TELS TAN		
					\$	50.00			
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	1	CHECK				9/2021	\$	50.00	
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	ributor Informat			Add 🗆 R	lemove		Hall Bridge	and Marian Section	
	ame, Mailing Address	& Phone		b. Job Title/Professio		d. Comme	an fg	NACE OF THE PROPERTY.	
	le city, state, & zip)			MEDIATOR/AR			TRANSFER FROM		
	WADE APPLE						DATE'S RE		
(CANDI	IDATE) NT CREEK TRAI	· -		c. Employer's Name/S		ACCOL		****	
	ERSVILLE, NC. 27			APPLE MEDIATION, LLC					
KLIKAT	NO VILLE, INC. 2	/284				e. Election	c. Election Sum to Date		
f. Prior	m &	1	-1			\$	\$ 2600,00		
P X LIGI	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/	yyyy) k. Amount			
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3. Contr	ibutor informati	ion Historia		Add Re			\$		
	me, Mailing Address			b. Job Title/Profession	emove				
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	WADE APPLE			ARBITRATOR			N COMMIT		
(CANDI)			1	c. Employer's Name/Specific Field		CHECKI	ING ACCOU	JNI	
145 BEN	T CREEK TRAIL	_	Ī	APPLE MEDIATION, LLC					
CERNER	RSVILLE, NC 272	284				e. Election S	e. Election Sum to Date		
						\$	\$ 2800.00		
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The said	42.4						\$		
2	lonly this Page		The state of the s			\$		2750.00	
	of ALL CRO					Φ.			
(This line	must be on line 6 of 1	Detailed Summary Page Ch	RO-1100)			\$		3875.94	

Contributions from Individuals

Amendment

Cont	ributions fro	om Individuals	•		Pg	of	Amendn	nent Yes 🔲 1	
1. Com	mittee Full Name	dividual contributions e (and Fund if applica	over \$5	0 or contributions	under \$50 if form (The second name of the second na		MINERAL CONTROL OF THE SECTION OF TH	
	FOR ALDERMA		RULL		A STATE OF THE PARTY OF THE PAR	2. ID N			
	tributor Informat						TCQC7	L 	
	ame, Mailing Address	A CONTRACTOR OF THE PARTY OF TH			Remove				
	ame, Maning Address le city, state, & zip)	& Pnone		b. Job Title/Profess		d. Comm	ents	page of the	
	RT REED			NO JOB ITTLE	3				
	OMAS ROSS LAI	.NE		e. Employer's Nam	a Munnten Dinta				
	ERSVILLE, NC. 2			c. Employer's Name/Specific Field NOT EMPLOYED - RETIRED					
						e. Election	e. Election Sum to Date		
f. Prior	a Annual Code	2 44				\$	100.00		
P Liter	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd	/yyyy)	k. Amour		
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3. Conti	ributor Informati	ion		Add 🗍 I		Control of the said	\$		
	me, Mailing Address			b. Job Title/Professi	Remove			223000 B	
(include	e city, state, & zip)			TAX CONSULTANT &			ats		
	MICHAEL BLACK			PHOTOGRAPH					
6935 OL	D VALLEY SCH	OOL ROAD		c. Employer's Name/Specific Field					
KERNEI	RSVILLE, NC. 27	/284			PARADIGM TAX GROUP				
				THE BIOM INDIVIDUO		c. Election	c. Election Sum to Date		
						\$	20.00		
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	ne, Mailing Address &			Add R	lemove				
(include	city, state, & zip)			p. ann 1 mc/1 laiceath	OH STEEL	d. Commen	ts		
	LANE WILLIAM								
	GENTS PARK RC		Ī	c. Employer's Name/	Specific Field				
CERNER	RSVILLE, NC. 272	284				7			
				c. I		e. Election S	e. Election Sum to Date		
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. Total	only this Page						\$		
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		Detailed Summary Page CR	V3. 7700)			\$		3875.94	
CRO-1216	0			IC State Decal CEL at					

NC State Board of Elections

April 2007

Disbuisch			Pg	of	f Yes N		
Use this form to	o report expenditure	es from the commit	ttee for; operating expense	s, contributions	to candidate/political		
committees and	d coordinated party	expenditures.			-		
APPLE FOR A	Full Name (and Fu	ind if applicable)			2. ID Number		
3. Type of Dish		nice nea vengente.			TCQC7L		
Operating		Contributions to C	CRO-1310 forms for each andidates/Political Committees				
4. Payee Inform		Contributions to Ca	Add Committees		Coordinated Party Expenditures		
The second secon	iling Address & Phone		b. Coordinated Committee	Remove			
(include city, state			d. Coordinated Committee	Name	d. Comments		
THE PRESCO			7				
	MAIN STREET, STI	E. G	c. Level Registered (Specify	A			
	LLE, NC. 27284	3. 0	Federal Federal	County:			
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4. Payee Inform			Add	Remove	多数对称的		
	ling Address & Phone		b. Coordinated Committee !		d. Comments		
(include city, state,	, & zip)						
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Annual Control of the	ing Address & Phone		Add	Remove	AND THE RESERVE THE PARTY OF THE PARTY.		
include city, state,			b. Coordinated Committee N	ame	d. Comments		
melane citi posts.	& 24p)						
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			c. Level Registered (Specify)	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM			
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				\$			
. Total only this				BILL HER CHANGE BELL	\$ 815.94		
. Total of ALL	CRO-1310 Pages				\$ 815.94		
(This line goes in l	line 13a of Detailed Sum	ımary Page CRO-1100	if Operating Expenses)				
(This line goes in l	line 13b of Detailed Sum	nmary Page CRO-1100 i	if Contrib to Candidates/Politic	al Comm)	\$ 2781.46		
(I his line goes in l	line 13c of Detailed Sum	ımary Page CRO-1100 i	if Coordinated Party Expenditu	res)			
. Purpose Code	es (List detailed exp	penditure code in (h	h.) above)	The Report of			
* - Media - Salaries	B* - Printing	C* - Fundr	raising	D - To Anoth	er Candidate		
- Postage	F* - Equipment J - Penalties		al Party H* - Holding Public Office Expenses				
)* - Other	a - 1 charties	K* - Office	Expenses	Q* - Donatio	on to Legal Expense Fund		
Codes require	detailed explanation	on in required rec	marks field (b)	ALCOHOLD STREET			

Disbursements

Amendment