Discl	osure	Report	Cover
	ODGE	THEBOTE	COICE

Amendment

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.

1. Committee Information					
a. Full Name				c. ID Number	
Committee to Elect	- Dicre P	ickett Cleak	of Suprin	Crt.	
b. Mailing Address (include City, State and Zip C	ode)		,	d. Date Filed	
2931 Moser Lare				7-26-11	
Burlington, N.C.	27215		1	e. Phone Number	
)				336-227-5681	
2. Report Year 3. Period Start Date (mn	dd/yy) 4. Period E	nd Date (mm/dd/yy)	5. Treasure	r Full Name	
2009 1-1-11	NAME OF TAXABLE PARTY.	1-11	-	e A. Pickett	
6. Type of Committee (Check One)				rt from one category)	
Candidate Campaign Party	Municipal	State/County		Referendum	
PAC Referendum	Organizational			Organizational	
Independent Expenditure Joint Fundraiser	Thirty-five day	10000	1	Pre-referendum	
Legal Expense Fund	Pre-primary	First	1	Final	
7 Tomo of Francis (if and in the standard	Pre-election	Seco		Supplemental Final	
7. Type of Fund (if applicable, check one)  Booster Fund	Pre-runoff	Thir		Annual	
Building Fund	Semi-annual  Mid Year	Four Semi-ann		Special	
building Fand	Mid Year Year End	-	-	10 Casaial Danaut Nama	
Other:	Final		End	10. Special Report Name	
8. Number of Fundraisers this Report	Special	Final	Lild		
or reminer of a mineralisers this areport	Брески	Special			
		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN CO			
11. Account Information a. Financial Institution Full Name		11. Account Inform			
a. Financial Institution Full Name		a. Financial Institution	Full Name		
Bank of America					
b. Purpose c. Account	Code	b. Purpose		c. Account Code	
Checking Acct.			I		
	egin Balance		1	d. Period Begin Balance	
\$5	71.79			\$	
CERTIFICATION	11. 19			Ψ	
Personal Company of the Company of t					
I certify that the Committee or Fund is in con					
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 entry and that I have been trained by the NC State Board of Elections.					
report is complete, true and correct and that I	have been trained by	the NC State Board of	Elections.		
Diane a. Kinke	1 Dice	a. His	hoil	7-26-11	
Printed Name of Signer	Sign	ature of Appointed Treas	surer	Date	
FOR OFFICE USE ONLY					
Date Received: 7-26-	Employ	ee: <u>JG</u>		<u>very Method</u> Normal Mail	
Date Postmarked:	Employ	ee:		Registered Mail Hand Delivered	
Date Scanned:	Employ	ee:		Electronically Filed	
Date Data Entered:	Employ	ee:		Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,					
198		information, or acco			
You must amend the Statem					
2 of most different the States	or organization	Site District to	commin	and onlinges.	

## **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) 3. ID Number 2. Type of Report Convittee to Fleet Diag Picket Total this Total this January 1, 2005 Start of Election Cycle: Reporting Period **Election Cycle** 4) Cash on Hand at Start \$ 3 386.57 RECEIPTS (CRO-1205) \$ 5) Aggregated Contributions from Individuals \$ 6) Contributions from Individuals (CRO-1210) \$ 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 (CRO-1250) 11a) Interest on Bank Accounts \$ 19.12 30 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) \$ 30 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 60 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ (CRO-1310) \\$ 13c) Coordinated Party Expenditures 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) \$ 113,60 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 192.09 ADDITIONAL INFORMATION (CRO-1330) \$ 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) (CRO-1610) 22) Debts and Obligations owed by the Committee \$ 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 24) Account Transfers Within the Committee (CRO-1720) \$ (CRO-1710) 25) Administrative Support \$ \$ 26) Forgiven Loans (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$

Other	Receipt	Sources
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Other Rec	eipt Sources		Pg	of	_	Yes No
Use this form to	report income not report	ed on another form.	i.e. interest incor	ne, not for profit	cont	ributions etc.
1. Committee Full Name (and Fund if applicable) 2.				2. II	D Number	
	ee to Elect T					
	eipt Source ( <u>Please use</u>			<del></del>		
Interest		tions from Not-for-Profit			ource	s of Income
4. Contributor	<del></del>	<u> </u>	Add Rer	nove	a C	omments
(include city, sta	ing Address & Phone te, & zip)		D. NOI-IOI-FIGHE		u. Ci	JIBREIRS
Ronh	D Arrein		c. Outside Source	Explanation		
P.O. B ox 25118 Tompo, 71. 33622-5118					a Fl	ection Sum to Date
Tom	po, 71.331	8115-66			\$	19.12
	g. Form of Payment	h. In-Kind Description	<u>[</u>	i. Date (mm/dd/yyy	y)	j. Amount
	Trhevest					\$ .30 +
						\$
4. Contributor	Information		Add Rer	nove		
a. Full Name, Mail	ing Address & Phone		b. Not-for-Profit I	ederal ID#	d. Co	omments
(include city, sta	te, & zip)				Į	
			c. Outside Source	Explanation		
					e. El	ection Sum to Date
					\$	
f. Account Code	g. Form of Payment	h, In-Kind Description		i. Date (mm/dd/yyy	L	j. Amount
	· ·			, , , , , , , , , , , , , , , , , , , ,	•	\$
						\$
4. Contributor	Information		Add 🔲 Rer	nove		
1	ing Address & Phone		b. Not-for-Profit I	ederal ID#	d. Ce	omments
(include city, sta	te, & zip)					
			c. Outside Source	Explanation		
					<u> </u>	
					e. El	ection Sum to Date
:			]		\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yyy	y)	j. Amount
						\$
						\$
5. Total only	this Page	-	<del></del>		\$	.300
6. Total of ALL CRO-1250 Pages				:		
(m) 1 P				\$	,304	
						, , , ,
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)						

Amendment