

RECEIVED

NOV 3 2011

Amendment

Yes No

Disclosure Report Cover

Use this form for general report and committee information for the BOARD OF ELECTIONS submitted along with other detailed forms. Do not use this form to update information.

a. Full Name THE COMMITTEE TO ELECT MARGO BILLS		c. ID Number
b. Mailing Address (include City, State and Zip Code) 1813 KEOKUK COURT APEX, NC 27523-5108		d. Date Filed 10/18/2011
		e. Phone Number (919) 303-8338

2011	07/24/2011	09/27/2011	VICKI LH PRITKO
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: 0	<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	Municipal <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	State/County <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	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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a. Financial Institution Full Name COASTAL FEDERAL CREDIT UNION		a. Financial Institution Full Name COASTAL FEDERAL CREDIT UNION	
b. Purpose CAMPAIGN FUNDS	c. Account Code 1	b. Purpose REQUIRED TO OPEN CHECKING ACCOUNT	c. Account Code 2
d. Period Begin Balance \$ 475.00		d. Period Begin Balance \$ 25.00	

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.

Vicki L.H. Pritko Printed Name of Signer Vicki L.H. Pritko Signature of Appointed Treasurer 10/18/2011 Date

FOR OFFICE USE ONLY

Date Received: OCT 30 2011 Employee: [Signature] Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: _____ Employee: _____
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.