

Disclosure Report Cover

Amendment

Yes No

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 PORTMAN FOR TOWN COUNCIL			c. ID Number				
b. Mailing Address (include City, State and Zip Code) 101 FERN BLUFF WAY CARY, NC 27518			d. Date Filed 11/01/2011				
			e. Phone Number				
2. Report Year 2011		3. Period Start Date (mm/dd/yy) 07/01/2011	4. Period End Date (mm/dd/yy) 10/01/2011	5. Treasurer Full Name PAMELA A SWANSTROM			
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input 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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input type="checkbox"/> Organizational 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	
7. Type of Fund (if applicable, check one)		10. Special Report Name					
<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:							
8. Number of Fundraisers this Report 0							
3. Account Information			3. Account Information				
a. Financial Institution Full Name WACHOVIA BANK, N.A.,			a. Financial Institution Full Name				
b. Purpose CAMPAIGN RECEIPTS AND EXPENDITURES		c. Account Code 1	b. Purpose		c. Account Code		
		d. Period Begin Balance \$ 1,102.62			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							
<u>Pamela A Swanstrom</u> Printed Name of Signer			<u>Pamela A Swanstrom</u> Signature of Appointed Treasurer		<u>11/01/2011</u> Date		
FOR OFFICE USE ONLY							
Date Received: <u>NOV 3 11-3-11</u>		Employee: <u>JM</u>		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed			
Date Postmarked: _____		Employee: _____					
Date Scanned: _____		Employee: _____					
Date Data Entered: _____		Employee: _____		<input type="checkbox"/> Signer has not received mandatory training			
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>							