

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 <u>Committee to Elect Anne Petree Stedman</u> | | c. ID Number <u>4DU10C</u> |
| b. Mailing Address (include City, State and Zip Code) <u>802 North Main Ave Newton, NC 28658</u> | | d. Date Filed <u>10-4-11</u> |
| 2. Report Year <u>2011</u> | | e. Phone Number <u>828-465-0404</u> |

| | | |
|--|---|--|
| 3. Period Start Date (mm/dd/yy) <u>7-1-11</u> | 4. Period End Date (mm/dd/yy) <u>9-27-11</u> | 5. Treasurer Full Name <u>Anne Petree Stedman</u> |
|--|---|--|

| | | | | |
|--|---|---|---------------------------------------|---|
| 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"/> Organizational | <input type="checkbox"/> State/County | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input checked="" type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input checked="" type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| 8. Number of Fundraisers this Report <u>None</u> | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | 10. Special Report Name |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

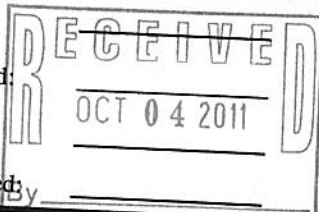
| | | | |
|---|---|------------------------------------|-------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name <u>SECU</u> | | a. Financial Institution Full Name | |
| b. Purpose <u>Campaign Finance</u> | c. Account Code <u>APS</u> | b. Purpose | c. Account Code |
| | d. Period Begin Balance <u>\$ 820.33</u> | | 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.

Anne Petree Stedman Printed Name of Signer
Anne Petree Stedman Signature of Appointed Treasurer
10-4-11 Date

FOR OFFICE USE ONLY

| | | | |
|-----------------------|---|-----------------|---|
| Date Received: |  | Employee: _____ | Delivery Method |
| Date Postmarked: | | Employee: _____ | <input type="checkbox"/> Normal Mail |
| Date Scanned: | | Employee: _____ | <input type="checkbox"/> Registered Mail |
| Date Data Entered by: | | Employee: _____ | <input type="checkbox"/> Hand Delivered |
| | | Employee: _____ | <input type="checkbox"/> Electronically Filed |
| | | Employee: _____ | <input type="checkbox"/> Signer has not received mandatory training |

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) <i>Committee to Elect Anne Petree Steiner</i> | 2. Type of Report <i>2011 Mid Year 36 day Semi Annual</i> | 3. ID Number <i>404100</i> |
|--|--|-------------------------------|

| | | |
|---|-----------------------------|---------------------------|
| Start of Election Cycle: <i>January 1, 2011</i> | Total this Reporting Period | Total this Election Cycle |
|---|-----------------------------|---------------------------|

| | | |
|--------------------------|------------------|----|
| 4) Cash on Hand at Start | \$ <i>820.33</i> | \$ |
|--------------------------|------------------|----|

RECEIPTS

| | | |
|--|------------------|-------------------|
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ <i>95.00</i> | \$ <i>355.00</i> |
| 6) Contributions from Individuals (CRO-1210) | \$ <i>825.00</i> | \$ <i>3279.66</i> |
| 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) | \$ <i>920.00</i> | \$ <i>3634.66</i> |

EXPENDITURES

| | | |
|--|-------------------|-------------------|
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ <i>1063.88</i> | \$ <i>2703.55</i> |
| 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) | \$ | \$ |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ <i>254.66</i> |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ <i>1063.88</i> | \$ <i>2958.21</i> |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ <i>676.45</i> | \$ <i>676.45</i> |

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) | \$ | \$ |

*Under 50
 Over 50*

Contributions from Individuals

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
 Committee to Elect Anne Petree Stedman 4DU10C

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Joan Inscoc
 P.O. Box 567
 Newton, NC 28658
 (828) 464-5272

b. Job Title/Profession
 Retired

c. Employer's Name/Specific Field
 Retired

d. Comments

e. Election Sum to Date
 \$ 100.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | APS | check | | 7/5/11 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Pat Gantt
 205 Hillside Ln.
 Newton, NC 28658
 (828) 464-8606

b. Job Title/Profession
 Retired

c. Employer's Name/Specific Field
 Retired

d. Comments

e. Election Sum to Date
 \$ 100.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | APS | check | | 7/5/11 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Jim Jarrett
 204 Brentwood Circle
 Newton, NC 28658
 (828) 464-0674

b. Job Title/Profession
 Retired

c. Employer's Name/Specific Field
 Retired

d. Comments

e. Election Sum to Date
 \$ 100.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | APS | check | | 7/5/11 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$ 300.00

5. Total of ALL CRO-1210 Pages \$ 825.00
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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) Committee to Elect Anne Petree Stedman 2. ID Number 4DU10C

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
George Petree
614 W. 8th St.
Newton, NC 28658
(828) 464-2132

b. Job Title/Profession
Sales

c. Employer's Name/Specific Field
Terry Moore Ford

d. Comments

e. Election Sum to Date
\$ 100.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | APS | check | | 7/6/11 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Donny Setzer
315 W. 7th St.
Newton, NC 28658
(828) 466-5151

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field
Retired

d. Comments

e. Election Sum to Date
\$ 100.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | APS | check | | 7/30/11 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Ana Cristina Godoy
1844 Bonners Circle
Conover, NC 28658
(828) 465-9745

b. Job Title/Profession
Jeweler

c. Employer's Name/Specific Field
Godoy Design studio

d. Comments

e. Election Sum to Date
\$ 200.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | APS | check | | 7/30/11 | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$ 400.00

5. Total of ALL CRO-1210 Pages \$ 825.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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
 Committee to Elect Anne Petree Stedman

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Nancy Pannel
 P.O. Box 1095
 Conover, NC 28613
 (828) 464-2851

b. Job Title/Profession
 Retired

c. Employer's Name/Specific Field
 Retired

d. Comments

e. Election Sum to Date
 \$ 50.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | APS | check | | 8/10/11 | \$ 50.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Jim Gargis
 210 Brentwood Cir.
 Newton, NC 28658
 (828) 464-0187

b. Job Title/Profession
 Retired

c. Employer's Name/Specific Field
 Retired

d. Comments

e. Election Sum to Date
 \$ 75.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | APS | check | | 8/31/11 | \$ 75.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

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 |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$ 125.00

5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 825.00

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) Committee to Elect Anne Petree Steadman 2. ID Number 4DU10C

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
High Performance Graphics
3197 S NC Hwy 127
Hickory, NC 28602
(828)294-0637

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$ 308.56

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|------------------|---------------------|
| <u>APS</u> | <u>check</u> | <u>B</u> | <u>8/9/11</u> | <u>\$ 143.40</u> | <u>Printing</u> |
| | | | | \$ | |

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Soldiers Reunion Committee
101 N. Brady Ave.
Newton, NC 28658
(828) 466-2695

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$ 25.00

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------------|---------------------|
| <u>APS</u> | <u>check</u> | <u>0</u> | | <u>\$ 25.00</u> | <u>Parade space</u> |
| | | | | \$ | |

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Over the Top
1647 S NC Hwy 16
Newton, NC 28658
(828) 465-1626

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$ 1904.95

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|------------------|---------------------|
| <u>APS</u> | <u>check</u> | <u>B</u> | <u>7/12/11</u> | <u>\$ 782.44</u> | <u>Printing</u> |
| | | | | \$ | |

5. Total only this Page \$ 950.84

6. Total of ALL CRO-1310 Pages
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
\$ 1063.88

7. Purpose Codes (List detailed expenditure code in (h.) above)

| | | | |
|--------------|----------------|----------------------|-------------------------------------|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

* Codes require detailed explanation in required remarks field (k)
 CRO-1310 NC State Board of Elections December 2009

Disbursements

Amendment Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | |
|--|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) Committee to Elect Anne Petree Stedman | 2. ID Number 4DU10C |
|--|-------------------------------|

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

| | | |
|--|--|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Home Depot 1530 8th St. Dr. SE Hickory, NC 28602 (828) 327-9200 | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | e. Election Sum to Date \$ 41.22 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| APS | check | F | 8/20/11 | \$ 41.22 | Yard sign stakes |
| | | | | \$ | |

4. Payee Information Add Remove

| | | |
|--|--|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Home Depot 1530 8th St. Dr. SE Hickory, NC 28602 (828) 327-9200 | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | e. Election Sum to Date \$ 69.04 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| APS | check | F | 9/4/11 | \$ 27.82 | Yard sign stakes |
| | | | | \$ | |

4. Payee Information Add Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Postmaster 218 S Main Ave Newton, NC 28658 (828) 464-4031 | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | e. Election Sum to Date \$ 132.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| APS | check | I | 9/7/11 | \$ 44.00 | Postage |
| | | | | \$ | |

5. Total only this Page \$ 113.04

6. Total of ALL CRO-1310 Pages
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
 \$ 1063.88

- 7. Purpose Codes** (List detailed expenditure code in (h.) above)
- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

* Codes require detailed explanation in required remarks field (k)