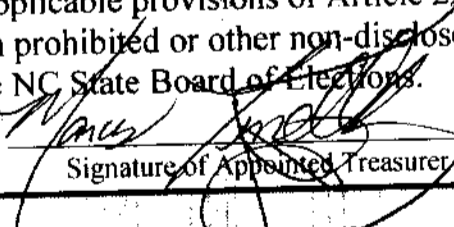


Disclosure Report Cover

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

I. Committee Information		c. ID Number	
a. Full Name Northern Guilford County Conservative Republican Club			
b. Mailing Address (include City, State and Zip Code) 3300 battleground Ave suite 400 Greensboro Nc 27410		d. Date Filed 08/25/09	
		e. Phone Number 336-288-6890	
2. Report Year 2009	3. Period Start Date (mm/dd/yy) 08/20/09	4. Period End Date (mm/dd/yy) 08/30/09	5. Treasurer Full Name Marcus Dale Kindley
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		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 type="checkbox"/> Final <input type="checkbox"/> Special State/County <input checked="" 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	
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"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name Wachovia		a. Financial Institution Full Name	
b. Purpose Checking	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 100.00		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.			
Marcus D. Kindley Printed Name of Signer		 Signature of Appointed Treasurer	
		08/26/09 Date	
FOR OFFICE USE ONLY		Delivery Method	
Date Received: <u> </u>	AUG 28 2009	<input checked="" type="checkbox"/> Normal Mail	
Date Postmarked: <u>8/27/09</u>	Employee: <u> </u>	<input type="checkbox"/> Registered Mail	
Date Scanned: <u>9/1/09</u>	Employee: <u> </u>	<input type="checkbox"/> Hand Delivered	
Date Data Entered: <u> </u>	Employee: <u> </u>	<input type="checkbox"/> Electronically Filed	
		<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.			