

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 (RO-2100A-1) to make those kinds of committee changes. Use the Addendum form (RO-1010) if more entries are needed.

1. Committee Information

a. Full Name Strickland For County Commissioner		c. ID Number
b. Mailing Address (include City, State and Zip Code) 181 Willard Rd Willard N.C. 28478		d. Date Filed
		e. Phone Number 910-285-3941

2. Report Year	3. Period Start Date (mm/dd/yyyy) 10-16-04	4. Period End Date (mm/dd/yyyy) 12-31-04	5. Treasurer Full Name Dwight Strickland
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6. Type of Committee (Check one) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Endorser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		8. Type of Report (Check all that apply) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Party Activities <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-meeting <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 Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input checked="" type="checkbox"/> Final <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"/> Initiative/Referendum <input type="checkbox"/> Proposition <input type="checkbox"/> Issue <input type="checkbox"/> Supplemental Fund <input type="checkbox"/> Special <input type="checkbox"/> Special	
7. Type of Fund (If applicable, check one) <input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other				9. Special Report Name			

10. Account Information a. Financial Institution Full Name Branch Bank and Trust		10. Account Information a. Financial Institution Full Name	
b. Purpose Strickland For County Commissioner campaign	c. Code OS	b. Purpose	c. Code
d. Period Begin Balance \$		d. Period Begin Balance \$	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, and correct.

Dwight Strickland (Printed Name of Signer) **Dwight Strickland** (Signature of Appointed Treasurer) Title

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
		<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronic Filed

JAN 11 2005

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
<i>Strickland for County Commissioner</i>		
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2923 ²²	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 300 ⁰⁰	\$ 3255 ⁰⁰
6) Contributions from Individuals (CRO-1210)	\$ 3694 ⁶⁵	\$ 14758 ⁴⁵
7) Contributions from Political Party Committees (CRO-1220)	\$	\$ 1250 ⁰⁰
8) Contributions from Other Political Committees (CRO-1230)	\$ 1000 ⁰⁰	\$ 1000 ⁰⁰
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources (CRO-1250)		
11a) Interest on Bank Accounts (CRO-1250i)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250j)	\$	\$
11c) Outside Sources of Income (CRO-1250k)	\$	\$
12) "Goods and Services" Contributions (CRO-1260)	\$	\$
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ 4994 ⁶⁵	\$ 20263 ⁴⁵
EXPENDITURES		
14) Disbursements (CRO-1310)		
14a) Operating Expenditures (CRO-1310i)	\$ 6864 ⁵⁵	\$ 18931 ¹⁰
14b) Contributions to Candidates/Political Committees (CRO-1310j)	\$	\$
14c) Coordinated Party Expenditures (CRO-1310k)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 500 ⁰⁰	\$ 500 ⁰⁰
17) In-Kind Contributions (CRO-1510)	\$	\$ 279 ⁰³
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ 7364 ⁵⁵	\$ 19710 ¹³
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ 553 ³²	\$ 553 ³²
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1610)	\$	\$
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	\$	\$

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Strickland for County Commissioner						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dwight Strickland 101 Wilked Rd Wilkeid NC. 28428			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle 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"/>	DS		Cards	10-26-04	\$ 1814 ⁶⁵	
<input type="checkbox"/>	DS		check	10-29-04	\$ 500 ⁰⁰	
<input type="checkbox"/>	DS		Add	10-25-04	\$ 630 ⁰⁰	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Johnny C Sutton 5940 N.C. 53 W Burgaw NC 28425			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle 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"/>	DS	check		10-20-04	\$ 300 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Peter J Jones 3361 Bruce Matt DR. Wilmington N.C. 28405 Ph 264-9009			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle 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"/>	DS	check		10-25-04	\$ 200 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3949.65	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

JAN 11 2005

Contributions from Individuals

Page _____ of _____ Amendment Yes No

1. Committee Full Name (and Fund if applicable) Stackland for County Commissioner						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) W C Worsley Jr. PO Box 1227 Wrightsville Beach N.C. 28480			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					S	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		11-01-04	\$ 250 ⁰⁰	
<input type="checkbox"/>					S	
<input type="checkbox"/>					S	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					S	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					S	
<input type="checkbox"/>					S	
<input type="checkbox"/>					S	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					S	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					S	
<input type="checkbox"/>					S	
<input type="checkbox"/>					S	
4. Total only this Page					S 250 ⁰⁰	
5. Total of ALL CRO-1210 Pages					S 3694,65	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

JAN 11 2005

Disbursements

1. Committee Full Name (and Fund if applicable)		2. ID Number	
<p><u>Strickland for County Commission</u></p>			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>			
<input checked="" type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committee <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
<p><u>Alphagraphics</u> <u>190 Racine Dr.</u> <u>Wilmington N.C 28403</u> <u>392 0800</u></p>			
		c. Level Registered (Specify)	e. Election Cycle Start to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipal	
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
		<u>Printing of Flyers</u>	<u>1814.65</u>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
<p><u>The Pender Chronicle</u> <u>Burgaw N.C. 28425</u></p>			
		c. Level Registered (Specify)	e. Election Cycle Start to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipal	
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
<u>OS</u>	<u>check</u>	<u>Full Page Add</u>	<u>709.50</u>
<u>OS</u>	<u>check</u>	<u>Thank you Add</u>	<u>82.50</u>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
<p><u>The Topsail Voice</u> <u>Hampstead 28443</u></p>			
		c. Level Registered (Specify)	e. Election Cycle Start to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipal	
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
<u>OS</u>	<u>check</u>	<u>Full Page Add</u>	<u>861.72</u>
	<u>check</u>	<u>Thank you Add</u>	<u>100.20</u>
5. Total only this Page			<u>3568.57</u>
6. Total of ALL CRO-1310 Pages			
* This line goes in line 11a of Detailed Summary Page CRO-1100 if Operating Expenses * This line goes in line 14b of Detailed Summary Page CRO-1100 if Contributions/Political Comm * This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures			

JAN 11 2005

Disbursements

P. 2 of 7 Yes No

1. Committee Full Name and Fund of application		2. ID Number		
3. Type of Disbursement <i>Please use separate CRO-1310 forms for each type of disbursement.</i>				
<input checked="" type="checkbox"/> General Expense <input type="checkbox"/> Equipment <input type="checkbox"/> Other				
4. Payee Information <input checked="" type="checkbox"/> All <input type="checkbox"/> Reserve				
a. Full Name, Mailing Address & Phone <i>include city, state & zip</i>		b. Unincorporated Committee Name		c. Comments
The Pender Post				
Level Registered or Special? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Cash Summary Date				
5. Account Code	6. Form of Payment	7. Purpose	8. Date paid (MM/YY)	9. Amount
DS	Personal Check	Full Page Add	10-25-04	630 ⁸⁰
	check	Thank you Add	11-15-04	95 ²⁵
4. Payee Information <input checked="" type="checkbox"/> All <input type="checkbox"/> Reserve				
a. Full Name, Mailing Address & Phone <i>include city, state & zip</i>		b. Unincorporated Committee Name		c. Comments
Doug Johnson Watha N.C. 28471				
Level Registered or Special? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Cash Summary Date				
5. Account Code	6. Form of Payment	7. Purpose	8. Date paid (MM/YY)	9. Amount
	check	Botu	10-29-04	50 ⁰⁰
4. Payee Information <input checked="" type="checkbox"/> All <input type="checkbox"/> Reserve				
a. Full Name, Mailing Address & Phone <i>include city, state & zip</i>		b. Unincorporated Committee Name		c. Comments
Della Herning Watha N.C. 28471				
Level Registered or Special? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Cash Summary Date				
5. Account Code	6. Form of Payment	7. Purpose	8. Date paid (MM/YY)	9. Amount
	check	Botu	10-29-04	50 ⁰⁰
Total only this Page: 826 ⁰⁵				
6. Total of ALL CRO-1310 Pages				
<i>This line goes on the Total Disbursed Summary Page (Row 10) of Operating Expenses.</i> <i>This line goes on the Total Disbursed Summary Page (Row 10) of Contributions Committee Political Costs.</i> <i>This line goes on the Total Disbursed Summary Page (Row 10) of Unincorporated Party Expenditures.</i>				

CRO-1310

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Disbursements

Page 3 of 7

Amounts in Dollars Cents

1. Contributor Full Name and Email of applicant		2. Amount		
3. Type of Disbursement <i>Please use appropriate RRF description for all types of Disbursements</i>				
<input type="checkbox"/> <i>Administrative Expenses</i> <input type="checkbox"/> <i>Capital Expenses</i> <input type="checkbox"/> <i>Construction</i> <input type="checkbox"/> <i>Equipment</i> <input type="checkbox"/> <i>General</i> <input type="checkbox"/> <i>Information Technology</i> <input type="checkbox"/> <i>Legal</i> <input type="checkbox"/> <i>Professional Fees</i> <input type="checkbox"/> <i>Printing</i> <input type="checkbox"/> <i>Travel</i> <input type="checkbox"/> <i>Transportation</i> <input type="checkbox"/> <i>Utilities</i> <input type="checkbox"/> <i>Other</i>				
4. Payee Information <input type="checkbox"/> <i>Vote</i> <input type="checkbox"/> <i>Referral</i>				
a. Full Name Mailing Address & Phone <i>include city, state, & zip</i>		b. Constituent Committee Name		c. Comments
Rev Elberta Hudson Wilmington N.C. 28403		Level Registered (Specify) <input type="checkbox"/> <i>State</i> <input type="checkbox"/> <i>Federal</i> <input type="checkbox"/> <i>Other</i>		Date of Cycle Summary Date
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Govt	10-29-04	50.00
4. Payee Information <input type="checkbox"/> <i>Vote</i> <input type="checkbox"/> <i>Referral</i>				
a. Full Name Mailing Address & Phone <i>include city, state, & zip</i>		b. Constituent Committee Name		c. Comments
Pauline Corbett Borgaw N.C. 28425		Level Registered (Specify) <input type="checkbox"/> <i>State</i> <input type="checkbox"/> <i>Federal</i> <input type="checkbox"/> <i>Other</i>		Date of Cycle Summary Date
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check	Govt	10-29-04	50.00
4. Payee Information <input type="checkbox"/> <i>Vote</i> <input type="checkbox"/> <i>Referral</i>				
a. Full Name Mailing Address & Phone <i>include city, state, & zip</i>		b. Constituent Committee Name		c. Comments
		Level Registered (Specify) <input type="checkbox"/> <i>State</i> <input type="checkbox"/> <i>Federal</i> <input type="checkbox"/> <i>Other</i>		Date of Cycle Summary Date
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
5. Total only this Page				100.00
6. Total of ALL CRO-0310 Pages				
<i>This line goes in line 14a of the Detail Summary Page (RO) of Non-Operational Expenses.</i> <i>This line goes in line 14b of the Detail Summary Page (RO) of Campaign Candidates Political Action</i> <i>This line goes in line 14c of the Detail Summary Page (RO) of Campaign Candidates Party Expenditures</i>				

CRO-0310

U.S. House of Representatives

JAN 11 2005

Disbursements

1. Committee Full Name (and Fund if applicable)		2. ID Number		
<p><u>Stickleland for County Commissioner</u></p>				
3. Type of Disbursement <i>Please use separate CRO-1310 forms for each type of disbursement.</i>				
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contribution to Candidate/Political Committee <input type="checkbox"/> Contribution to Party <input type="checkbox"/> Other				
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		c. Comments
<p><u>Mandy Mitchell</u> <u>Willard N.C. 28478</u></p>				
c. Level Registered (Specify):				
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipal				
e. Election Cycle Sum to Date				
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	<u>check</u>	<u>Botu</u>	<u>10-28-04</u>	<u>25.00</u>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		c. Comments
<p><u>Darlene Avery</u> <u>Rocky Point 28457</u></p>				
c. Level Registered (Specify):				
<input type="checkbox"/> Individual <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipal				
e. Election Cycle Sum to Date				
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	<u>check</u>	<u>Botu</u>	<u>10-29-04</u>	<u>25.00</u>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		c. Comments
<p><u>Darlene Avery</u> <u>Rocky Point 28457</u></p>				
c. Level Registered (Specify):				
<input type="checkbox"/> Individual <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipal				
e. Election Cycle Sum to Date				
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	<u>check</u>	<u>Botu</u>	<u>10-29-04</u>	<u>25.00</u>
5. Total only this Page				<u>75.00</u>
6. Total of ALL CRO-1310 Pages				
(This line goes in line 14 of Detailed Summary Page CRO-1310 if Operating Expenses) (This line goes in line 13 of Detailed Summary Page CRO-1310 if Contribution to Candidates/Political Committee) (This line goes in line 11 of Detailed Summary Page CRO-1310 if Coordinated Party Expenditures)				

CRO-1310

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Disbursements

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Validated Yes No

1. Committee Full Name and Fund if applicable Starkland for County Commissioner		ID Number		
3. Type of Disbursement <i>(Please use separate CR0-1310 pages for each type of Disbursement.)</i>				
<input checked="" type="checkbox"/> Political Expenses <input type="checkbox"/> Fundraising <input type="checkbox"/> Other				
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name	c. Comments	
Dominique Baccus Rocky Point N.C. 28457				
d. Level Registered (Specify)		e. Election Cycle Start Date		
<input checked="" type="checkbox"/> Party <input type="checkbox"/> Other				
<input checked="" type="checkbox"/> Self <input type="checkbox"/> Member				
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check	Govt	10-29-04	95.00
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name	c. Comments	
Ella Moore Burgaw N.C. 28425				
d. Level Registered (Specify)		e. Election Cycle Start Date		
<input type="checkbox"/> Party <input type="checkbox"/> Other				
<input type="checkbox"/> Self <input type="checkbox"/> Member				
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check	Govt	10-29-04	25.00
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name	c. Comments	
Ella Moore Burgaw N.C. 28428				
d. Level Registered (Specify)		e. Election Cycle Start Date		
<input type="checkbox"/> Party <input type="checkbox"/> Other				
<input type="checkbox"/> Self <input type="checkbox"/> Member				
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check	Govt	10-29-04	25.00
5. Total only this Page				75.00
6. Total of ALL CR0-1310 Pages				
<i>(This line goes in line 14 of Detailed Summary Page CR0-1310 for Operating Expenses)</i> <i>(This line goes in line 14 of Detailed Summary Page CR0-1310 for Contributions to Candidates/Political Groups)</i> <i>(This line goes in line 14 of Detailed Summary Page CR0-1310 for Coordinated Party Expenditures)</i>				

CR0-1310

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Disbursements

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Applicable Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Strickland for County Commissioner					
3. Type of Disbursement <i>(Please use numbers 1-800-330 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Campaign Expenses <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		c. Comments	
Ruth Smith Atkinson N.C. 28421					
c. Level Registered (Specify):					
<input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> State <input type="checkbox"/> Municipal					
f. Account Code		g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
			Govt	10-29-04	25.00
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		c. Comments	
Louise Moore Atkinson N.C. 28421					
c. Level Registered (Specify):					
<input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> State <input type="checkbox"/> Municipal					
f. Account Code		g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
			Govt	10-29-04	25.00
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		c. Comments	
c. Level Registered (Specify):					
<input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> State <input type="checkbox"/> Municipal					
f. Account Code		g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
5. Total only this Page				50.00	
6. Total of ALL CRD-1310 Pages					
<i>(This line goes in line 14a of Detailed Summary Page CRD-1310 for Operating Expenses.)</i> <i>(This line goes in line 14b of Detailed Summary Page CRD-1310 for Candidates/Political Groups.)</i> <i>(This line goes in line 14c of Detailed Summary Page CRD-1310 for Coordinated Party Expenditures.)</i>					

CRD-1310

November 2004 Edition

JAN 11 2005

Disbursements

1. Committee Full Name (and Fund if applicable) Starkland for County Commissioner		11. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 for each type of Disbursement)</i>			
<input checked="" type="checkbox"/> Operational Expense <input checked="" type="checkbox"/> Salary or wages <input type="checkbox"/> Other <input type="checkbox"/> Other			
4. Payee Information <input checked="" type="checkbox"/> Adm. <input type="checkbox"/> Rec. Serv.			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Hampstead Post Office PO Box 296 Hampstead N.C. 28443		b. Coordinated Committee Name	d. Comments
		c. Fund Registered (Specify) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Local	e. Election Cycle Start Date
f. Account Code	g. Form of Payment check	h. Purpose Postage	i. Date (mm/dd/yyyy) 10-22-04
		j. Amount 2119⁰⁰	
4. Payee Information <input checked="" type="checkbox"/> Adm. <input type="checkbox"/> Rec. Serv.			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Oscar Mitchell Willard N.C. 28478		b. Coordinated Committee Name	d. Comments
		c. Fund Registered (Specify) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Local	e. Election Cycle Start Date
f. Account Code	g. Form of Payment check	h. Purpose Govt	i. Date (mm/dd/yyyy) 10-29-04
		j. Amount 25⁰⁰	
4. Payee Information <input type="checkbox"/> Adm. <input type="checkbox"/> Rec. Serv.			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Albert Harrison Wilmington N.C. 28403		b. Coordinated Committee Name	d. Comments
		c. Fund Registered (Specify) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Local	e. Election Cycle Start Date
f. Account Code	g. Form of Payment check	h. Purpose Govt	i. Date (mm/dd/yyyy) 10-29-04
		j. Amount 25⁰⁰	
		k. Amount 2169⁰⁰	
5. Total only this Page			
6. Total of ALL CRO-1310 Pages			
<i>(This line goes on line 14a of Detailed Summary Page CRO-1310 of Operating Expenses)</i> <i>(This line goes on line 14b of Detailed Summary Page CRO-1310 of Contributions/Candidates/Political Comm)</i> <i>(This line goes on line 14c of Detailed Summary Page CRO-1310 of Coordinated Party Expenditures)</i>			
			6864⁵⁵

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Refunds/Reimbursements From the Committee

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Strickland for County Commissioner					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Dwight Strickland 181 Willard Rd Willard N.C. 28478			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					i. Original Receipt Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$ 500.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					i. Original Receipt Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					i. Original Receipt Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1320 Pages					\$
<i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>					

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