

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 (CRO-2100A-E) to make those kinds of committee changes. Use the Addendum form (CRO-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: 03-06-04

e. Phone Number: 910-285-3941

2. Report Year: _____ 3. Period Start Date (mm/dd/yyyy): 04-26-04 4. Period End Date (mm/dd/yyyy): 07-30-04 5. Treasurer Full Name: Dwight Strickland

6. Type of Committee (Check one)

Candidate Campaign Party
 Joint Fundraiser PAC
 Referendum

7. Type of Fund (if applicable, check one)

Soft Money Account
 "Booster Fund"
 Building Fund
 NC Political Party Financing Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing Fund
 Other

8. Type of Report (check only one type of report from one category)

Municipal
 Organizational
 Thirty-five day
 Pre-primary
 Pre-election
 Pre-convention
 Semi-annual
 Mid Year
 Year End
 Final
 Special

State/County
 Organizational
 Quarterly
 First Plus
 Second
 Third Plus
 Fourth
 Semi-annual
 Mid Year
 Year End
 Final
 Special

Referendum
 Organizational
 Pre-referendum
 Final
 Supplemental Final
 Agenda
 Special

9. Special Report Name: _____

10. Account Information

a. Financial Institution Full Name: Branch Bank and Trust

b. Purpose: Strickland For Commissioner Campaign c. Code: DS

d. Period Begin Balance: \$ 0

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 08-06-04 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____ Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Strickland For County Commissioner		Organizational			
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 325 ⁰⁰		\$ 325 ⁰⁰	
6) Contributions from Individuals (CRO-1210)		\$ 2472 ⁹⁸		\$ 2472 ⁹⁸	
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 (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
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>		\$		\$	
EXPENDITURES					
14) Disbursements (CRO-1410)					
14a) Operating Expenditures (CRO-1410)		\$ 2656.27		\$ 2656.27	
14b) Contributions to Candidates/Political Committees (CRO-1410)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1410)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1420)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 2656.27		\$ 2656.27	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 141.71		\$ 141.71	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1530)		\$		\$	
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-1430)		\$		\$	
27) 48-Hour Notice Reports Sum		\$		\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						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 181 Willard Rd Willard N.C. 28478				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>				04-26-04	S 68 ⁰⁰		
<input type="checkbox"/>				05-06-04	S 789 ³⁰		
<input type="checkbox"/>				05-07-04	S 467 ⁴⁵		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dwight Strickland 181 Willard Rd Willard N.C. 28478				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		05-07-04	S 500 ⁰⁰		
<input type="checkbox"/>		check		07-16-04	S 150 ⁰⁰		
<input type="checkbox"/>		check		07-26-04	S 300 ⁰⁰		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dwight Strickland 181 Willard Rd Willard N.C. 28478				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>				07-30-04	S 6.68		
<input type="checkbox"/>				07-16-04	S 41.55		
<input type="checkbox"/>					S		
4. Total only this Page					S 2322.98		
5. Total of ALL CRO-1210 Pages					S		
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

AUG 06 2004

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number
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		
Mrs T I Ranniger 370 Scotts Hill Loop Rd Wilmington N.C.			c. Employer's Name/Specific Field	e. Election Cycle Sum to Date		
			S			
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		06-08-04	\$ 150 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			
f. 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			
f. 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						\$ 150 ⁰⁰
5. Total of ALL CRO-1210 Pages						\$ 2472 ⁹⁸
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

AUG 06 2004

Disbursements

1. Committee Full Name (and Fund if applicable): Strickland For County Commissioner						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>							
<input checked="" type="checkbox"/> Expense for campaign <input type="checkbox"/> Political <input type="checkbox"/> Non-Political <input type="checkbox"/> Other							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip): Board of Elections P.O. Box 1232 Burgaw N.C. 28425				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify): <input type="checkbox"/> Local <input checked="" 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	
DS		Personal Check	Personal Filing Fee		04-26-04	68 ⁰⁰	
DS		Cash	Print out		07-30-04	6.68	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip): Topsail Voice P.O. Box 880 Hampstead N.C. 28443				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify): <input type="checkbox"/> Local <input checked="" 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	
DS		check 528	Campaign Add			320 ⁶⁴	
DS		check	Thank you Add			80 ¹⁶	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip): The Pender Post P.O. Box 955 Burgaw N.C. 28425				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify): <input type="checkbox"/> Local <input checked="" 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	
DS		check # 529	Campaign Add		07 02-04	152 ⁸⁸	
DS		check # 526	Campaign Add		07 09-04	152 ⁸⁶	
5. Total only this Page						781.22	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 14a of Detailed Summary Page CRO-1300 of Operating Expenses)</i> <i>(This line goes in line 4b of Detailed Summary Page CRO-1300 of Contributions Candidates Political Comm)</i> <i>(This line goes in line 4c of Detailed Summary Page CRO-1300 of Coordinated Party Expenditures)</i>							

AUG 06 2004

Disbursements

1. Committee Full Name (and Fund if applicable) Strickland For County Commissioner				2. ID Number	
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"/> Contributions for Candidates/Political Parties <input type="checkbox"/> Contributions for Party Expenses					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> The Pender Post PO Box 955 Burgaw N.C. 28425		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> General <input checked="" type="checkbox"/> Party <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	
DS	Check # 531	Thank you Add	07-26-04	95 ²⁵	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> The Pender Chronicle 108 CourtHouse AVE. PO Box 726 Burgaw N.C. 28425		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> General <input checked="" type="checkbox"/> Party <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	
DS	Check 527	Campaign Add	07-05-04	264 ⁰⁰	
DS	Check # 532	Thank you Add	07-	82 ⁵⁰	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Hampstead Printing 16865 Hwy 17 N Hampstead N.C. 28443		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> General <input checked="" type="checkbox"/> Party <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	
DS	Check # 530	Cards	07-14-04	135 ⁰⁰	
D		Cards	07-16-04	41 ⁵⁵	
5. Total only this Page				618.30	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1310 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1310 if Contributions/Candidates/Political Parties)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1310 if Coordinated Party Expenditures)</i>					

AUG 06 2004

Disbursements

Amendment Yes No

1. Committee Full Name (and Unit if applicable)		2. ID Number	
Strickland For County Commissioner			
3. Type of Disbursement <i>(Please use separate CRO 1310 forms for each type of Disbursement)</i>			
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contribution to Candidate Political Committee <input type="checkbox"/> Contribution to Party Political Committee			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name <i>(if applicable)</i>	
America's Campaign Store P.O. Box 1612 Jeffersville IN 47131			
c. Level Registered (Specify)		d. Election Cycle Sum to Date	
<input type="checkbox"/> Party <input type="checkbox"/> Candidate <input type="checkbox"/> State <input type="checkbox"/> Municipal			
e. Account Code	f. Form of Payment	g. Purpose	h. Date (mm/dd/yyyy)
			05-06-04
			05-07-04
			789.30
			467.45
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name <i>(if applicable)</i>	
c. Level Registered (Specify)		d. Election Cycle Sum to Date	
<input type="checkbox"/> Party <input type="checkbox"/> Candidate <input type="checkbox"/> State <input type="checkbox"/> Municipal			
e. Account Code	f. Form of Payment	g. Purpose	h. Date (mm/dd/yyyy)
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name <i>(if applicable)</i>	
c. Level Registered (Specify)		d. Election Cycle Sum to Date	
<input type="checkbox"/> Party <input type="checkbox"/> Candidate <input type="checkbox"/> State <input type="checkbox"/> Municipal			
e. Account Code	f. Form of Payment	g. Purpose	h. Date (mm/dd/yyyy)
5. Total only this Page			1256.75
6. Total of ALL CRO 1310 Pages			2656.27
<i>(This line goes in line 11a of Detailed Summary Page CRO 1310 of Operating Expenses.)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO 1310 if Contrib to Candidates Political Comm.)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO 1310 if Coordinated Party Expenditures.)</i>			

CRO-1310

NO STATE PRINTING FEES

AUG 06 2004