

OCT 25 2004

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
		e. Phone Number 910 285 3941

2. Report Year	3. Period Start Date (mm/dd/yyyy) 07-30-04	4. Period End Date (mm/dd/yyyy) 10-16-04	5. Treasurer Full Name Dwight Strickland
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6. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		8. Type of Report (check only one type of report from one category)		
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:		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 type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth 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
		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 Commissioner campaign	c. Code DS	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 Dwight Strickland _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> 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 Commissioners		Third Quarter Plus			
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 141.71		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 2630.00		\$ 2955.00	
6) Contributions from Individuals (CRO-1210)		\$ 8590.82		\$ 11063.80	
7) Contributions from Political Party Committees (CRO-1220)		\$ 1250.00		\$ 1250.00	
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>		\$ 12470.82		\$ 15268.80	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 9410.28		\$ 12066.55	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 279.03		\$ 279.03	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 9689.31		\$ 12345.58	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 2923.22		\$ 2923.22	
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		\$		\$	

Contributions from Political Party Committees Pg _____ of _____

Amendment

Yes No

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) Pender County Republican Party PO Box 131 Hampstead N.C. 28443						b. Comments	
						c. Election Cycle Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)		h. Amount		
			08 10 04		\$ 1000 ⁰⁰		
			09-14-04		\$ 250 ⁰⁰		
					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Cycle Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)		h. Amount		
					\$		
					\$		
					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Cycle Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)		h. Amount		
					\$		
					\$		
					\$		
4. Total only this Page						\$ 1250 ⁰⁰	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>						\$	

Disbursements

1. Committee Full Name (and Fund 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 checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates Political Committees <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	
Time Warner Cable 2508 Independence Blvd Suite 204 Wilmington N.C. 28412						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
DS	check	T.V. Add		10-11-04	\$ 1718.70	
					\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
The Pender Chronicle 108 Courthouse Ave P.O. Box 726 Burgaw N.C. 28425						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
DS	check	Campaign Add		10-11-04	\$ 132 ⁰⁰	
DS	check	campaign Add		10-18-04	\$ 132 ⁰⁰	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Topsail Voice P.O. Box 880 Hampstead N.C. 28443						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
DS	check	Campaign Add		10-15-04	\$ 320 ⁶⁴	
5. Total only this Page					\$ 2303.34	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 of Operating Expenses)</i>						
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 of Contrib to Candidates Political Comm)</i>						
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 of Coordinated Party Expenditures)</i>						

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 checked="" type="checkbox"/> Contributions to Candidates/Political Committees <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) Telemedia Group 1930 Gordon Acres Dr. Wilmington N.C. 28411				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		e. Election Cycle Sum to Date \$	
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
				Video Tape		10-13-04	\$ 800⁸⁰
							\$
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) America's Campaign Store PO Box 1612 Jeffersonville IN 47131				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 Cycle Sum to Date \$	
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
				Signs		08-23-04	\$ 1055⁰⁰
				Signs		10-05-04	\$ 740⁰⁴
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) The Pender Post PO Box 955 Burgaw N.C. 28425				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 Cycle Sum to Date \$	
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
		P check		Add		10-18-04	\$ 152⁴⁰
							\$ 2748²⁴
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							

Disbursements

1. Committee Full Name (and Fund if applicable)					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 to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Hampstead Printing 16865 Hwy 17 N Hampstead N.C 28443			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality			
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
DS	check	cards			\$ 90 ⁹⁵	
					\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
B B T 415 N Norwood St Wallace NC			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality			
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
DS		Service Charge		09-02-09	\$ 5.00	
					\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
West G 322 Shipyard Blvd Wilmington N.C. 28412			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality			
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
DS	check	TU Add		10-11-09	\$ 2000 ⁰⁰	
DS	check	TU Add		10-11-09	\$ 2262 ²⁵	
5. Total only this Page					\$ 4358 ²⁵	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Strickland for County Commissioner					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	H G	check		08-19-04	\$ 20 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	S W	check		08-22-04	\$ 50 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	I B	check		09-09-04	\$ 50 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	M P	check		09-10-04	\$ 50 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	J W	check		09-10-04	\$ 100 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	D M	check		09-18-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	S T	check		08-25-04	\$ 50 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	D M	check		08-18-04	\$ 10 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	D P	check		09-24-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	B O	check		09-23-04	\$ 100 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	M H	check		09-20-04	\$ 50 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	N T	check		08-23-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	J S	check		08-20-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	R S	check		08-24-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	C D	check		08-23-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	M S	check		08-24-04	\$ 30 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	B G	check		08-24-04	\$ 20 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	J B	check		08-28-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	C H	check		08-30-04	\$ 100 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	V N	check		08-30-04	\$ 10 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	D V	check		09-01-04	\$ 20 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	W U	check		08-31-04	\$ 50 ⁰⁰
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	R K	check		08-31-04	\$ 25 ⁰⁰
4. Total only this Page					\$ 910 ⁰⁰
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Strickland for County Commissioner					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	J. B.	check		8-13-04	\$ 25 ⁰⁰
<input type="checkbox"/> Remove	C S	check		8-12-04	\$ 100 ⁰⁰
<input type="checkbox"/> Add	W B	check		8-12-04	\$ 25 ⁰⁰
<input type="checkbox"/> Remove	J F	check		8-13-04	\$ 20 ⁰⁰
<input type="checkbox"/> Add	B M	check		8-14-04	\$ 25 ⁰⁰
<input type="checkbox"/> Remove	I L	check		8-15-04	\$ 75 ⁰⁰
<input type="checkbox"/> Add	B A	check		8-16-04	\$ 25 ⁰⁰
<input type="checkbox"/> Remove	M M	check		8-17-04	\$ 20 ⁰⁰
<input type="checkbox"/> Add	R B	check		8-17-04	\$ 10 ⁰⁰
<input type="checkbox"/> Remove	S K	check		8-17-04	\$ 50 ⁰⁰
<input type="checkbox"/> Add	A L	check		8-13-04	\$ 25 ⁰⁰
<input type="checkbox"/> Remove	L K	check		8-18-04	\$ 100 ⁰⁰
<input type="checkbox"/> Add	R W	check		8-17-04	\$ 50 ⁰⁰
<input type="checkbox"/> Remove	R P	check		8-18-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add	H S	check		8-17-04	\$ 50 ⁰⁰
<input type="checkbox"/> Remove	D R	check		8-18-04	\$ 100 ⁰⁰
<input type="checkbox"/> Add	B C	check		8-16-04	\$ 25 ⁰⁰
<input type="checkbox"/> Remove	S G	check		8-16-04	\$ 10 ⁰⁰
<input type="checkbox"/> Add	G M	check		8-17-04	\$ 25 ⁰⁰
<input type="checkbox"/> Remove	A J	check		8-16-04	\$ 10 ⁰⁰
<input type="checkbox"/> Add	B H	check		8-19-04	\$ 50 ⁰⁰
<input type="checkbox"/> Remove	P R	check		8-19-04	\$ 25 ⁰⁰
<input type="checkbox"/> Add	E D	check		8-19-04	\$ 25 ⁰⁰
4. Total only this Page					\$ 895 ⁰⁰
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

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) Jeffrey L Morris PO Box 280 Hampstead N.C. 28443			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"/>		check		10-15-04	\$ 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) Carolyn Justice P.O. Box 296 Hampstead N.C. 28443			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		Letters stamp envelopes cards	10 06-04	\$ 279.83	
<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)			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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 579.83	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Strickland for County Commissioners						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 \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			TV Tape	10-13-04	\$ 800⁰⁰	
<input type="checkbox"/>			Signs	08-23-04	\$ 1055⁰⁰	
<input type="checkbox"/>			Signs	10-05-04	\$ 740⁰⁴	
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 \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DS		Add	10-18-04	\$ 152⁴⁰	
<input type="checkbox"/>	DS		TV Time	10-11-04	\$ 2262²⁵	
<input type="checkbox"/>					\$	
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 \$
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					\$ 5010.99	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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) Laurie M. Lefler PO Box 2629 Surf City N.C. 28478			b. Job Title/Profession Restaurateur		d. Comments	
			c. Employer's Name/Specific Field Self Employed Max's Pizza		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		08-13-04	\$ 200 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) A D Zander Guy P.O. Box 4180 Surf City N.C. 28445			b. Job Title/Profession Realtor		d. Comments	
			c. Employer's Name/Specific Field Sand Dollar Realtor		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		08-14-04	\$ 500 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) Alfred J Freimark 401 olde Point Road Hampstead N.C. 28443			b. Job Title/Profession Retired		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		8-20-04	\$ 150 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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) Vogen U Everhart 308 Woodcroft Dr. Goldsboro N.C. 27534			b. Job Title/Profession Retired		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"/>				10-11-04	\$ 1,000⁰⁰	
<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) Samuel A Williams P.O. Box 1269 Burgaw N.C. 28425-1269			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"/>				10-12-04	\$ 250⁰⁰	
<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) Jeffrey A Corbett 1404 Halcyon Ln. Wilmington N.C 28411			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"/>				10-14-04	\$ 200⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1450⁰⁰	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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) Kevin J Strickland PO Box 220 117 Swright St Burgaw N.C 28425				b. Job Title/Profession Lawyer		d. Comments	
				c. Employer's Name/Specific Field Self Employed		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"/>				08-06-04	\$ 250 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) Stephen C Holland 8315 N.C. Hwy 53 east Burgaw NC 28425				b. Job Title/Profession Restaurateur		d. Comments	
				c. Employer's Name/Specific Field Self employed Holland's Shelter Creek Fish Camp		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"/>				08-16-04	\$ 250 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) Donald H Luther 690 Lewis Rd Hampstead N.C 28443				b. Job Title/Profession Retired		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"/>				09-04-04	\$ 200 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 700 ⁰⁰		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8590,82		