

48-Hour Notice

Page ___ of ___ Amendment Yes No

To be Used by Committees to Report Contributions of \$1,000 or more			
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. Report Date 10-26-04	
		e. Phone Number 910-285-3941	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) Justice For All Carolyn Justice P.O Box 296 Hampstead 28443 PH# 900 270 4604		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify c2 and c5) <input type="checkbox"/> Political Party <input checked="" type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source		b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify c2 and c5) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source	
b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality		b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy)	f. Amount \$	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code	g. Election Cycle Sum to Date \$	e. Account Code	g. Election Cycle Sum to Date \$
3. Total Contributions THIS Page (sum all the '21' entries on this page)		\$ 1000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
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, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.			
Dwight Strickland Printed Name of Signer		Dwight Strickland Signature of Appointed Treasurer	10-26-04 Date

Contributions from Other Political 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) Justice For All Carolyn Justice P.O. Box 296 Hampstead NC. 28443 Ph # 910 270 4604			b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality		
			e. Election Cycle Sum to Date \$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
DS	check		10-26-04	\$ 1000 ⁰⁰	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 1000 ⁰⁰	
5. Total of ALL CRO-1230 Pages				\$ 1000 ⁰⁰	
(This line must be on line 8 of Detailed Summary Page CRO-1100)				OCT 26 2004	