

# 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-1) to make those kinds of committee changes.  
 Use the Addendum form (CRO-1010) if more entries are needed.

## I. Committee Information

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

2. Report Year	3. Period Start Date (mm/dd/yyyy) <b>10-16-04</b>	4. Period End Date (mm/dd/yyyy) <b>12-31-04</b>	5. Treasurer Full Name <b>Dwight Strickland</b>
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<b>6. Type of Committee (Check one)</b> <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		<b>8. Type of Report (check only one type of report from one category)</b> <b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-ratoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special			<b>State/County</b> <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"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>Referendum</b> <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	
<b>7. Type of Fund (if applicable check one)</b> <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					<b>9. Special Report Name</b>			

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

**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
Date Postmarked _____	Employee _____	<input type="checkbox"/> Normal Mail
Date Scanned _____	Employee _____	<input type="checkbox"/> Registered Mail
		<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed

JAN 11 2005

Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Strickland for County Commission					
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2923 <sup>22</sup>		\$ 0	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 300 <sup>00</sup>		\$ 3255 <sup>00</sup>	
6) Contributions from Individuals (CRO-1210)		\$ 3694 <sup>65</sup>		\$ 14758 <sup>45</sup>	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$ 1250 <sup>00</sup>	
8) Contributions from Other Political Committees (CRO-1230)		\$ 1000 <sup>00</sup>		\$ 1000 <sup>00</sup>	
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>		\$ 4994 <sup>65</sup>		\$ 20263 <sup>45</sup>	
<b>EXPENDITURES</b>					
14) Dishbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 6864 <sup>53</sup>		\$ 18931 <sup>10</sup>	
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-1430)		\$ 500 <sup>00</sup>		\$ 500 <sup>00</sup>	
17) In-Kind Contributions (CRO-1510)		\$		\$ 279 <sup>03</sup>	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 7364 <sup>55</sup>		\$ 19710 <sup>13</sup>	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 553 <sup>32</sup>		\$ 553 <sup>32</sup>	
<b>ADDITIONAL INFORMATION</b>					
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-1440)		\$		\$	
27) 48-Hour Notice Reports Sum		\$		\$	



# Contributions from Individuals

1. Committee Full Name (and Fund if applicable) <b>Strickland for County Commissioner</b>						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>Dwight Strickland 181 Wilkes Rd Wilkes N.C. 28428</b>			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) <b>Johnny C Sutton 5940 N.C. 53 W Burgaw N.C. 28425</b>			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) <b>Peter J Jones 3361 Bruce Matt DR. Wilmington N.C. 28405 Ph 264-9009</b>			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					\$ 3444.65	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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**Contributions from Individuals**

1. Committee Full Name (and Fund if applicable) <b>Starkland for County Commissioner</b>						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>W.C. Worsley Jr. PO Box 1227 Wrightsville Beach N.C. 28480</b>				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"/>		<b>Check</b>		<b>11-01-04</b>	<b>\$ 250<sup>00</sup></b>	
<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"/>					\$	
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						\$ <b>250<sup>00</sup></b>
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ <b>3694.65</b>

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Contributions from Other Political Committees

1. Committee Name and Date Received Strickland for County Commissioners	
2. Contributor Information Name: Justice For All Address: Cerrillos Justice P.O. Box 296 Hampster, & Mc, 28443 Ph # 910 270 9604	3. Contribution Information Date Received: <input type="checkbox"/> Amount: <input checked="" type="checkbox"/> Method: <input checked="" type="checkbox"/> Description: DS check Date: 10-26-04 Amount: 1000 <sup>00</sup>
4. Contributor Information Name: <input type="checkbox"/> Address: <input type="checkbox"/> City: <input type="checkbox"/> State: <input type="checkbox"/> Zip: <input type="checkbox"/> Phone: <input type="checkbox"/>	5. Contribution Information Date Received: <input type="checkbox"/> Amount: <input type="checkbox"/> Method: <input type="checkbox"/> Description: <input type="checkbox"/> Date: <input type="checkbox"/> Amount: <input type="checkbox"/>
6. Contributor Information Name: <input type="checkbox"/> Address: <input type="checkbox"/> City: <input type="checkbox"/> State: <input type="checkbox"/> Zip: <input type="checkbox"/> Phone: <input type="checkbox"/>	7. Contribution Information Date Received: <input type="checkbox"/> Amount: <input type="checkbox"/> Method: <input type="checkbox"/> Description: <input type="checkbox"/> Date: <input type="checkbox"/> Amount: <input type="checkbox"/>
4. Total only this Page	1000 <sup>00</sup>
5. Total of ALL CRO 1230 Pages	1000 <sup>00</sup>

JAN 11 2005

Disbursements

1. Committee Full Name (and Fund if applicable) <b>Strickland for County Commissioners</b>				2. ID Number	
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"/> 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>Alphagraphics 180 Racine Dr. Wilmington N.C 28403 392 0800</b>		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"/> Municipal		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm dd/yyyy)	j. Amount	
		<b>Printing of Flyers</b>		\$ <b>1814.65</b>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>The Pender Chronicle Burgaw N.C. 28425</b>		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"/> Municipal		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm dd/yyyy)	j. Amount	
<b>DS</b>	<b>check</b>	<b>Full Page Add</b>	<b>10-25-04</b>	\$ <b>709.50</b>	
<b>DS</b>	<b>check</b>	<b>Thank you Add</b>	<b>11-15-04</b>	\$ <b>82.50</b>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>The Topsail Voice Hampstead 28443</b>		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"/> Municipal		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm dd/yyyy)	j. Amount	
<b>DS</b>	<b>check</b>	<b>Full Page Add</b>	<b>10-28-04</b>	\$ <b>861.72</b>	
	<b>check</b>	<b>Thank you Add</b>	<b>11-15-04</b>	\$ <b>100.20</b>	
5. Total only this Page				\$ <b>3568.57</b>	
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>					

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Disbursements

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1. Donor Name and Fund (if applicable)		2. The Amount	
3. Type of Disbursement <input type="checkbox"/> Personal Expenses <input type="checkbox"/> Political Party (Candidate, Party, or Committee)			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Local Registered (Party) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> National c. Date from dd m/yyyy d. Amount			
Rev Elberta Hudson Wilmington N.C. 28403		Check 10 99 04 50.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Local Registered (Party) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> National c. Date from dd m/yyyy d. Amount			
Rowline Corbett Borgman N.C. 28425		Check 10 29 04 50.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Local Registered (Party) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> National c. Date from dd m/yyyy d. Amount			
Total of ALL CRO-1310 Pages		108.00	

5. Total only this Page

6. Total of ALL CRO-1310 Pages

7. This line goes in line 14 of Budget Summary Page (RO) from the Operating Expenses

8. This line goes in line 14b of Budget Summary Page (RO) from the Candidates Political Comm

9. This line goes in line 14c of Budget Summary Page (RO) from the Candidate Party Expenses

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CR-1310

1. Committee Full Name (and Fund if applicable)		Stratford for County Commissioners	
2. Type of Disbursement		<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions for Candidates <input type="checkbox"/> Contributions for Incumbents	
3. (Please use separate CR-1310 forms for each type of disbursement)			
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments
Mandy Mitchell Willard N.C. 28428		<input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Municipal	
e. Section Code	f. Amount	g. Date (mm/dd/yyyy)	h. Purpose
	25.00	10-29-04	check
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments
Darlene Avery Rocky Point 28457		<input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Municipal	
e. Section Code	f. Amount	g. Date (mm/dd/yyyy)	h. Purpose
	25.00	10-29-04	check
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments
Darlene Avery Rocky Point 28457		<input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Municipal	
e. Section Code	f. Amount	g. Date (mm/dd/yyyy)	h. Purpose
	25.00	10-29-04	check
5. Total only this Page			
75.00			
6. Total of All CR-1310 Pages			
(This line goes in line 14a of Detailed Summary Page (CR-1310) from Operating Expenses) (This line goes in line 14b of Detailed Summary Page (CR-1310) from Candidates/Political Expenses) (This line goes in line 14c of Detailed Summary Page (CR-1310) from Coordinated Party Expenses)			

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"/> Political Party Expenses				
4. Payee Information <span style="float: right;"><input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove</span>				
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	c. Comments	
Domingue Baccus Rocky Point N.C. 28457				
c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> State <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
	check	Botv	10-29-04	25.00
4. Payee Information <span style="float: right;"><input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove</span>				
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	c. Comments	
Ella Moore Burgaw N.C. 28425				
c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> State <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
	check	Botv	10-29-04	25.00
4. Payee Information <span style="float: right;"><input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove</span>				
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	c. Comments	
Ella Moore Burgaw N.C. 28428				
c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> State <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
	check	Botv	10-29-04	25.00
5. Total only this Page				75.00
6. Total of ALL CRO-1310 Pages				
<i>(This line goes in line 15a of Detailed Summary Page CRO-1310 if 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>				

JAN 11 2005

Disbursements

1. Committee Full Name (and Fund if applicable): <b>Strickland for County Commissioner</b>		2. ID Number			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of disbursement.)</i> <input type="checkbox"/> Voluntary Expense <input type="checkbox"/> Administration and Office Expenses <input type="checkbox"/> Campaign Expenses					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip): <b>Ruth Smith Atkinson N.C. 28421</b>		b. Coordinated Committee Name	c. Level Registered (Specify): <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> State <input type="checkbox"/> Municipal	d. Comments	e. Election Cycle Sum to Date
f. Account Code	g. Form of Payment	h. Purpose <b>Govt</b>	i. Date (mm dd yyyy) <b>10 29 04</b>	j. Amount <b>25<sup>00</sup></b>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip): <b>Louise Moore Atkinson N.C. 28421</b>		b. Coordinated Committee Name	c. Level Registered (Specify): <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> State <input type="checkbox"/> Municipal	d. Comments	e. Election Cycle Sum to Date
f. Account Code	g. Form of Payment	h. Purpose <b>Govt</b>	i. Date (mm dd yyyy) <b>10-29-04</b>	j. Amount <b>25<sup>00</sup></b>	
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	c. Level Registered (Specify): <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> State <input type="checkbox"/> Municipal	d. Comments	e. Election Cycle Sum to Date
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm dd yyyy)	j. Amount	
5. Total only this Page				<b>50<sup>00</sup></b>	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14c of Detailed Summary Page CRO 1100 of Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO 1100 of Contribute Candidates Political Comm.)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO 1100 of Coordinated Party Expenditures)</i>					

CRO-1310

Nov. 2004 Rev. of Election

MD-10-03

JAN 11 2005

Disbursements

Numbered  Yes  No  
 Pg. 7 of 7

1. Committee Full Name (and if applicable) <b>Strickland for County Commissioners</b>		2. ID Number	
3. Type of Disbursement <input type="checkbox"/> <b>Disbursement</b> <input type="checkbox"/> <b>Reimbursable Expense</b> <small>Please use separate CRF 1310 forms for each type of disbursement.</small>			
4. Payee Information <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Remove</b>			
a. Full Name, Mailing Address & Phone <small>(include city, state &amp; zip)</small> <b>Hampstead Post Office</b> <b>PO Box 296</b> <b>Hampstead N.C. 28443</b>		b. Coordinator's Committee Name <input type="checkbox"/> <b>County</b> <input type="checkbox"/> <b>State</b> <input type="checkbox"/> <b>Local Registered Society</b>	
c. Election Case Number (Date)		d. Date (month/day/year) <b>10-22-04</b>	
e. Amount <b>2119.93</b>		f. Form of Payment <b>check</b>	
g. Purpose <b>Postage</b>		h. Amount <b>2119.93</b>	
4. Payee Information <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Remove</b>			
a. Full Name, Mailing Address & Phone <small>(include city, state &amp; zip)</small> <b>Oscar Mitchell</b> <b>Willard N.C. 28478</b>		b. Coordinator's Committee Name <input type="checkbox"/> <b>County</b> <input type="checkbox"/> <b>State</b> <input type="checkbox"/> <b>Local Registered Society</b>	
c. Election Case Number (Date)		d. Date (month/day/year) <b>10-29-04</b>	
e. Amount <b>25.00</b>		f. Form of Payment <b>check</b>	
g. Purpose <b>Gas</b>		h. Amount <b>25.00</b>	
4. Payee Information <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Remove</b>			
a. Full Name, Mailing Address & Phone <small>(include city, state &amp; zip)</small> <b>Albert Harrison</b> <b>Williamston N.C. 28403</b>		b. Coordinator's Committee Name <input type="checkbox"/> <b>County</b> <input type="checkbox"/> <b>State</b> <input type="checkbox"/> <b>Local Registered Society</b>	
c. Election Case Number (Date)		d. Date (month/day/year) <b>10-28-04</b>	
e. Amount <b>25.00</b>		f. Form of Payment <b>check</b>	
g. Purpose <b>Gas</b>		h. Amount <b>25.00</b>	
5. Total only this Page			
6. Total of ALL CRF-1310 Pages			
(This line goes in the Line of Detailed Summary Page (CRF 1310) if coordinated Party Expenses)		(This line goes in the Line of Detailed Summary Page (CRF 1310) if coordinated Party Expenses)	
<b>6864.35</b>		<b>6864.35</b>	

JAN 11 2005

CRF-1310

NO. 500-10-107-1-0000

NO. 500-10-107-1-0000

Refunds/Reimbursements From the Committee

Pg \_\_\_\_ of \_\_\_\_ Amendment  Yes  No

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