

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 08-06-04
		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
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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) 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 checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input 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"/> Pix referendum <input type="checkbox"/> Email <input type="checkbox"/> Supplemental Email <input type="checkbox"/> Aerial <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 Commissioner Campaign		b. Purpose	
c. Code DS		c. Code	
d. Period Begin Balance \$ 0		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 08-06-04
 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

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-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 2656.27		\$ 2656.27	
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)		\$		\$	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 2656.27		\$ 2652.27	
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-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		\$		\$	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment Yes No

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	<u>H P</u>	<u>check</u>		<u>05-20-04</u>	<u>\$ 100⁰⁰</u>
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	<u>A D</u>	<u>check</u>		<u>05-25-04</u>	<u>\$ 25⁰⁰</u>
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	<u>R H</u>	<u>check</u>		<u>06-29-04</u>	<u>\$ 50⁰⁰</u>
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	<u>L W</u>	<u>check</u>		<u>06-26-04</u>	<u>\$ 100⁰⁰</u>
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	<u>J K</u>	<u>check</u>		<u>07-08-04</u>	<u>\$ 50⁰⁰</u>
<input type="checkbox"/> Add					
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<input type="checkbox"/> Add					
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<input type="checkbox"/> Remove					

4. Total only this Page \$ 325⁰⁰

5. Total of ALL CRO-1205 Pages \$ 325⁰⁰
(This line must be on line 5 of Detailed Summary Page CRO-1100)

AUG 06 2004

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)	2. ID Number
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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
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5. Total of ALL CRO-1210 Pages	S
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(This line must be on line 6 of Detailed Summary Page CRO-1100)

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 Ronniger 370 Scotts Hill Loop Rd Wilmington N.C.				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		06-08-04	\$ 150 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. 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						\$ 150 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$ 2472 ⁹⁸	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

AUG 06 2004

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 Committee <input type="checkbox"/> Expenditure Party Organization					
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	
Board of Elections P.O. Box 1232 Burgaw N.C. 28425					
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"/> Municipal					
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)		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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipal					
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)		b. Coordinated Committee Name		d. Comments	
The Pender Post P.O. Box 955 Burgaw N.C. 28425					
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"/> Municipal					
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-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

1. Committee Full Name (and Fund if applicable): Strickland For County Commissioner		2. ID Number	
3. Type of Disbursement (Please use separate (RO-1310) form for each type of disbursement.)			
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions for Candidates, Political Committee, or Party Expenses			
4. Payee Information			
<input 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 c. Level Registered (Specify)	
d. Comments		e. Election Cycle Sum to Date	
f. Account Code 05	g. Form of Payment Check # 531	h. Purpose Thank you Add	i. Date (mm/dd/yyyy) 07-26-04
j. Amount 95.25			
4. Payee Information			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) The Pender Chronicle 108 Courthouse Ave. PO Box 726 Burgaw N.C. 28425		b. Coordinated Committee Name c. Level Registered (Specify)	
d. Comments		e. Election Cycle Sum to Date	
f. Account Code 05	g. Form of Payment Check # 527	h. Purpose Complain Add	i. Date (mm/dd/yyyy) 07-05-04
j. Amount 264.00			
4. Payee Information			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hampstead Printing 16865 Hwy 17 N Hampstead N.C. 28443		b. Coordinated Committee Name c. Level Registered (Specify)	
d. Comments		e. Election Cycle Sum to Date	
f. Account Code 05	g. Form of Payment Check # 530	h. Purpose CARDS	i. Date (mm/dd/yyyy) 07-14-04
j. Amount 135.00			
5. Total only this Page			
k. Total of ALL (RO-1310) Pages 618.30			
6. Total of ALL (RO-1310) Pages			
(This line goes in line 14a of Detailed Summary Page (RO-1310) if you are a Candidate, Political Committee, or Party Expenses)			
(This line goes in line 14b of Detailed Summary Page (RO-1310) if you are a Candidate, Political Committee, or Party Expenses)			
(This line goes in line 14c of Detailed Summary Page (RO-1310) if you are a Candidate, Political Committee, or Party Expenses)			

Disbursements

Page 3 of 3
 No
 Yes
 Amendment

1. Committee Full Name (and Fund if applicable) Strickland for County Commissioner		2. ID Number	
3. Type of Disbursement <i>(Please use separate RO-1310 forms for each type of disbursement.)</i> <input type="checkbox"/> Repatriated Expenses <input type="checkbox"/> Political Activities and/or Political Expenses <input type="checkbox"/> Other			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone America's Campaign Store P.O. Box 1612 Jeffersonville IN 47131 (include city, state & zip)			
b. Full Name, Mailing Address & Phone (include city, state & zip)		c. Level Registered (Specify) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal	
d. Comments		e. Election Cycle Start to Date	
f. Account Code		g. Form of Payment	
h. Purpose		i. Date (month/day/year)	
j. Amount		k. Amount	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state & zip)		b. Full Name, Mailing Address & Phone (include city, state & zip)	
c. Level Registered (Specify) <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal		d. Comments	
e. Election Cycle Start to Date		f. Account Code	
g. Form of Payment		h. Purpose	
i. Date (month/day/year)		j. Amount	
k. Amount		l. Amount	
5. Total only this Page 1256.75			
6. Total of ALL RO-1310 Pages 2656.27			

AUG 06 2004

RO-1310

(This line goes in the 14c of Detailed Summary Page (RO-1310) if Coordinated Party Expenditures)
 (This line goes in the 14b of Detailed Summary Page (RO-1310) if Coordinated Party Expenditures)
 (This line goes in the 14a of Detailed Summary Page (RO-1310) if Coordinated Party Expenditures)