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APR 22 2010

# Disclosure Report Cover

Amendment ☐ Yes ☒ No

Use this form for general report and committee information. Must be signed and submitted along with other detailed forms. Do not use this form to update information.

**1. Committee Information**

a. Full Name: Campaign to Elect Gail McBrayer Strickland

c. ID Number: 4J619F

b. Mailing Address (include City, State and Zip Code): 165 Bryan Dr. Forest City NC

d. Date Filed: 4/21/10

e. Phone Number: 828-223-2879

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2010 | 2/25/10 | 4/17/10 | Jane A. McBrayer |

**6. Type of Committee** (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

**8. Number of Fundraisers this Report**: -0-

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

| Municipal | State/County | Referendum |
|---|---|---|
| ☐ Organizational | ☐ Organizational | ☐ Organizational |
| ☐ Thirty-five day | Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☒ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | Semi-annual | |
| ☐ Year End | ☐ Mid Year | |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**10. Special Report Name**: 2010 First Quarter Plus

**11. Account Information**

a. Financial Institution Full Name: RBC Bank

b. Purpose: Campaign

c. Account Code: 1

d. Period Begin Balance: $100.00

**11. Account Information**

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

| Printed Name of Signer | Signature of Appointed Treasurer | Date |
|---|---|---|
| Jane A. McBrayer | Jane A. McBrayer | 4/21/10 |

**FOR OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Date Received: | 4-22-10 | Employee: | [illegible] |
| Date Postmarked: | | Employee: | |
| Date Scanned: | | Employee: | |
| Date Data Entered: | | Employee: | |

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

**Please Note:** This form 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 committee changes.

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment ☐ Yes ☒ No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|---|---|---|
| Campaign to Elect Gail McBrayer Strickland | 2010 1st Qtr. Plus | 4J619F |

| Start of Election Cycle: January 1, 2010 | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 4) Cash on Hand at Start | | $ 100.00 | $ -0- |
| **RECEIPTS** | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | $ -0- | $ -0- |
| 6) Contributions from Individuals | (CRO-1210) | $ 7,539.77 | $ 7,539.77 |
| 7) Contributions from Political Party Committees | (CRO-1220) | $ -0- | $ -0- |
| 8) Contributions from Other Political Committees | (CRO-1230) | $ -0- | $ -0- |
| 9) Loan Proceeds | (CRO-1410) | $ -0- | $ 164.03 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | $ 29.99 | $ 29.99 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | $ -0- | $ -0- |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | $ -0- | $ -0- |
| 11c) Outside Sources of Income | (CRO-1250) | $ -0- | $ -0- |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | $ -0- | $ -0- |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | $ -0- | $ -0- |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | $ 7,569.76 | $ 7,733.79 |
| **EXPENDITURES** | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | $ 1350.00 | $ 1414.03 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | $ -0- | $ -0- |
| 13c) Coordinated Party Expenditures | (CRO-1310) | $ -0- | $ -0- |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | $ -0- | $ -0- |
| 15) Loan Repayments | (CRO-1420) | $ -0- | $ -0- |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | $ 921.71 | $ 921.71 |
| 17) In-Kind Contributions | (CRO-1510) | $ 3,934.77 | $ 3,934.77 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | $ 6,206.48 | $ 6,270.51 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | $ 1,463.28 | $ 1,463.28 |
| **ADDITIONAL INFORMATION** | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | $ -0- | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | $ 164.03 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | $ -0- | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | $ -0- | |
| 24) Account Transfers Within the Committee | (CRO-1720) | $ -0- | |
| 25) Administrative Support | (CRO-1710) | $ -0- | $ -0- |
| 26) Forgiven Loans | (CRO-1440) | $ -0- | $ -0- |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | $ -0- | $ -0- |
| 28) Contributions to be Refunded | (CRO-1215) | $ -0- | $ -0- |

## Contributions from Individuals

Pg 1 of 14 | Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-2879<br>Jane A. McBrayer<br>165 Bryan Dr<br>Forest City, NC 28043 | Mortgage Banker | RBC Bank | Candidate's Sister-in-Law | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 2/25/10 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-453-8718<br>Linda S. Philbeck<br>630 Bugger Hollow Rd<br>Ellenboro, NC 28040 | Teller/Banking | Mountain 1st Bank | Candidate's Sister-in-Law | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/2/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-9266<br>Minnie L. McBrayer<br>150 S. Magnolia St.<br>Forest City, NC 28043 | Homemaker | Retired | Candidate's mother | $ 600.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/4/10 | $ 600.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 750.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7539.77 |

## Contributions from Individuals

Pg 2 of 14 - Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☒ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-5572<br>Becky S. Heath<br>286 Wells Dr<br>Forest City, NC 28043 | Bookkeeping | DON Heath CPA | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/16/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☒ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-2156<br>Douglas Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | Co-owner/Grading | Strickland + Sons Grading | Candidate's Spouse | $ 1,000.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/22/10 | $ 1000.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☒ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Joan M. Robbins<br>789 Hopper Road<br>Rutherfordton, NC 28139 | Retired | Homemaker | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/25/10 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

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|---|---|
| **4. Total only this Page** | $ 1,150.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 3 of 14 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-7115<br>Jeff Arrowood<br>712 Ted Smith Rd<br>Rutherfordton, NC 28139 | Auctioneer | Horse Sales | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/24/10 | $100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-248-1843<br>Cynthia M. Campbell<br>151 Bentwood Dr<br>Forest City, NC 28043 | Homemaker | | Candidate's Sister | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/23/10 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Julia A. Hensley<br>811 N. Washington St.<br>Rutherfordton, NC 28139 | Executive Dir Non-Profit | Retired | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/24/10 | $100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 300.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

 - Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☒ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-288-6264<br>ERin Hooper<br>219 Farmer Johns TRL.<br>Rutherfordton, NC 28139 | | | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/24/10 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-453-8066<br>Frances Melton<br>127 England Dr<br>Ellenboro, NC 28040 | | | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/23/10 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-248-2845<br>Tracy Self<br>390 Self Rd<br>Bostic, NC 28018 | | | | $ 40.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/24/10 | $ 40.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 90.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 5 of 14 · Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-7252<br>Barbara M. Hobson<br>126 Bryan Dr<br>Forest City, NC 28043 | Retired | County Government | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/26/10 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-6834<br>Nancy M. Spicer<br>758 Hudlow Rd<br>Forest City, NC 28043 | | | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/26/10 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-287-9167<br>Cindy M. Hill<br>1025 Painters Gap Rd<br>Rutherfordton, NC 28139 | | | | $ 10.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/25/10 | $ 10.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 135.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 6 of 14 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-286-8650<br>Thomas Carpenter<br>1419 Rock Corner Rd<br>Forest City, NC 28043 | Owner | Carpenter Designs | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/26/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-286-9722<br>Sheila Guffey<br>5191 US Hwy 64<br>Union Mills, NC 28167 | | | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/26/10 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-6837<br>Michael H. Elliott<br>261 Burl Bridges Rd<br>Forest City, NC 28043 | Inspector | Town of Forest City | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/26/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 125.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 7 of 14 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Sabrina B. Beam<br>1984 US Hwy 64<br>Rutherfordton, NC 28139 | | | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/25/10 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Kim Baker<br>790 Race Path Ch Rd<br>Ellenboro, NC 28040 | TeacheR | Education | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/27/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Michael L. Tate<br>1053 US Hwy Bus<br>Ellenboro, NC 28040 | | | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/29/10 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 100.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 8 of 14 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Brooke S. Kelly<br>5016 Treybrooke Dr<br>Wilmington, NC 28409 | Homemaker | | Candidate's Daughter | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/1/10 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-248-2618<br>Shay A. Guffey<br>241 Oakwood Dr<br>Forest City, NC 28043 | Teacher | Education | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/31/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Peggy Kelly<br>222 Windy Hills Dr<br>Wilmington, NC 28409 | Customer Relation Rep | Restaurant | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/30/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 200.00 |
| **5. Total of ALL CRO-1210 Pages**<br>*(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 9 of 14 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-9266<br>Minnie L. McBrayer<br>150 S. Magnolia St<br>Forest City, NC 28043 | Retired | Homemaker | Candidate's mother | $ 625.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/2/10 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-429-8565<br>Karen Black<br>PO Box 658<br>Ellenboro, NC 28040 | | | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/31/10 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-5384<br>Jeanette G. Huntley<br>932 Joe Bostic Rd<br>Bostic, NC 28018 | | | | $ 10.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 3/31/10 | $ 10.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 60.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 10 of 14 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-4868<br>Sheila Strickland<br>205 Cross Over Rd<br>Ellenboro, NC 28040 | Retired | Banking | Candidate's Sister-in-Law | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | Check | | 3/31/10 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Denise P. Gavin<br>P.O. Box 334<br>Bostic, NC 28018 | Exec. Sec | REMC | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/5/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-675-2576<br>Sharon Bullock<br>264 Brookridge Dr<br>Forest City, NC 28043 | Student | | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/3/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 200.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals



Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Eddie McBrayer<br>186 Georgia Ave<br>Forest City, NC 28043<br>828-245-2716 | Retired | McBrayer Furniture | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/3/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Susan C. Cochran<br>235 Garden Brook Dr<br>Forest City, NC 28043 | RN | Health Care | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/10/10 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Pam Strickland<br>1940 Tinsey Rd<br>Ellenboro, NC 28040 | Owner | Dreamweavers Dance Studio | Candidate's Sister-in-law | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/10/10 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 300.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 12 of 14 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 45619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-453-8718<br>Linda Philbeck<br>630 Bugger Hollow Rd<br>Ellenboro, NC 28040 | Teller/Banking | Mountain 1st Bank | Candidate's Sister-in-Law | $ 95.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/9/10 | $ 45.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-2879<br>Reuben McBrayer<br>165 Bryan Dr<br>Forest City, NC 28043 | Builder | Self-employed | Candidate's Brother | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/15/10 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Thomas D. McBrayer<br>311 Old Cordleen Rd<br>Forest City, NC 28043 | Retired | SALES | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | CHECK | | 4/17/10 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 195.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 13 of 14 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-2156<br>Gail M. Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | Retired | County Government | Candidate | $ 814.22 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | In-Kind | Business Cards | 3-5-10 | $132.75 |
| ☐ | 1 | In-Kind | Campaign Cards + Buttons | 3-10-10 | $363.04 |
| ☐ | 1 | In-Kind | Car Signs | 3-12-10 | $318.43 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Gail M. Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | Retired | County Government | Candidate | $ 2956.21 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | In-Kind | Copies | 3-14-10 | $ 77.50 |
| ☐ | 1 | In-Kind | Signs + Cards | 3-19-10 | $1622.56 |
| ☐ | 1 | In-Kind | Signs | 3-22-10 | $ 441.93 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Gail M. Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | Retired | County Government | Candidate | $ 3802.77 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | In-Kind | Car Signs | 3-25-10 | $ 276.52 |
| ☐ | 1 | In-Kind | Yard Signs | 4-7-10 | $ 570.04 |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 3802.77 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

## Contributions from Individuals

Pg 14 of 14

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-245-2156<br>Doug Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | Co-owner / Grading | Strickland Grading | Candidate's Spouse | $ 1,132.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1 | In-Kind | Stamps | 3/21/10 | $ 132.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | | | $ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | | | | $ |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | | | $ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | | | | $ |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 132.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 7,539.77 |

# Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | g. Comments |
|---|---|---|
| Gail McBrayer Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | ☒ Candidate ☐ PAC<br>☐ Referendum ☐ Party<br>e. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | h. Original Expenditure Date: 3/28/10<br>i. Original Expenditure Amt: $ 921.71 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose | j. Election Sum to Date |
|---|---|---|---|
| Retired | County Gov | Reimburse campaign for personal charge on credit card | $ 3802.77 |

| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|---|
| 1 | CHECK | | 4/16/10 | $ 29.99 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | g. Comments |
|---|---|---|
| | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party<br>e. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | h. Original Expenditure Date:<br>i. Original Expenditure Amt: $ |

| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose | j. Election Sum to Date |
|---|---|---|---|
| | | | $ |

| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|---|
| | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | g. Comments |
|---|---|---|
| | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party<br>e. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | h. Original Expenditure Date:<br>i. Original Expenditure Amt: $ |

| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose | j. Election 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** | $ 29.99 |
| **5. Total of ALL CRO-1240 Pages** *(This line must be on line 10 of Detailed Summary Page CRO-1100)* | $ 29.99 |

# Disbursements

Pg 1 of 2 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): 828-245-9887
WAGY
129 N. Powell St
Forest City, NC 28043

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 200.00

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | CHECK | A | 3-17-10 | $ 200.00 | Radio Ad |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
RTR
PO Box 82
Rutherfordton, NC 28139

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 25.00

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | CHECK | O | | $ 25.00 | MayFest Booth Fee |
| | | | | $ | Town of Rutherfordton |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): 828-287-3356
WCAB
191 Whiteside Rd
Rutherfordton, NC 28139

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 350.00

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | CHECK | A | 3-30-10 | $ 350.00 | Radio Ad |
| | | | | $ | |

**5. Total only this Page** $ 575.00

**6. Total of ALL CRO-1310 Pages** $ 1350.00

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

| | | | |
|---|---|---|---|
| **A* - Media** | **B* - Printing** | **C* - Fundraising** | D - To Another Candidate |
| E - Salaries | **F* - Equipment** | G - Political Party | **H* - Holding Public Office Expenses** |
| I - Postage | J - Penalties | **K* - Office Expenses** | **Q* - Donation to Legal Expense Fund** |
| **O* Other** | | | |

*** Codes require detailed explanation in required remarks field (k)**

# Disbursements

Pg 2 of 2 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| 828-248-1408<br>Community First Media<br>Rutherford Weekly<br>369 Butler Rd<br>Forest City NC 28043 | | ☐ Federal ☐ County: ☐ State ☐ Municipality: | | $ 275.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | CHECK | A | 3/29/10 | $ 275.00 | Newspaper Ad |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| The Daily Courier<br>601 Oak St.<br>Forest City NC 28043 | | ☐ Federal ☐ County: ☐ State ☐ Municipality: | | $ 500.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | CHECK | A | 4/15/10 | $ 500.00 | Newspaper Ad |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | ☐ Federal ☐ County: ☐ State ☐ Municipality: | | $ |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| | | | | $ | |
| | | | | $ | |

**5. Total only this Page** $ 775.00

**6. Total of ALL CRO-1310 Pages** $ 1350.00

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

| | | | |
|---|---|---|---|
| **A* - Media** | **B* - Printing** | **C* - Fundraising** | D - To Another Candidate |
| E - Salaries | **F* - Equipment** | G - Political Party | **H* - Holding Public Office Expenses** |
| I - Postage | J - Penalties | **K* - Office Expenses** | **Q* - Donation to Legal Expense Fund** |
| O* Other | | | |

*** Codes require detailed explanation in required remarks field (k)**

# Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

**1. Committee Full Name (and Fund if applicable)**: Campaign to Elect Gail M. Strickland

**2. ID Number**: 4J619F

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Gail M. Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | ☒ Candidate ☐ PAC ☐ Referendum ☐ Party | 3/28/10 |
| | e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality: | i. Original Receipt Amount: $ 921.71 |
| | f. Purpose Code: P | j. Election Sum to Date: $ 2,881.06 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| Retired | County Gov. | Personal American Exp. Repayment | 1 |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Electronic ck - Payment to credit card | | 3/28/10 | $ 921.71 |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| | ☐ Candidate ☐ PAC ☐ Referendum ☐ Party | |
| | e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality: | i. Original Receipt Amount: $ |
| | f. Purpose Code | j. Election Sum to Date: $ |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| | | | |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| | | | $ |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| | ☐ Candidate ☐ PAC ☐ Referendum ☐ Party | |
| | e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality: | i. Original Receipt Amount: $ |
| | f. Purpose Code | j. Election Sum to Date: $ |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| | | | |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| | | | $ |

**4. Total only this Page** $ 921.71

**5. Total of ALL CRO-1320 Pages** $ 921.71
*(This line must be on line 16 of Detailed Summary Page CRO-1100)*

**6. Purpose Codes** (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind O* Other
* Codes require detailed explanation in required remarks field (m)

# In-Kind Contributions

Pg 1 of 2 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| 828-245-2156<br>Gail M. Strickland<br>1373 old US 74 Hwy<br>Ellenboro, NC 28040 | ☐ Individual<br>☒ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | d. Election Sum to Date: $ 814.22 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| Credit card purchases: | 3-5-10 | $ 132.75 |
| Promotions R US For Signs, | 3-10-10 | $ 363.04 |
| Buttons + Business cards | 3-12-10 | $ 318.43 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| 828-245-2156<br>Gail M. Strickland<br>1373 old US 74 Hwy<br>Ellenboro, NC 28040 | ☐ Individual<br>☒ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | d. Election Sum to Date: $ 2,956.21 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| credit card purchase - Staples - For Copies | 3-14-10 | $ 77.50 |
| " " " - Promotions R US-Signs | 3-19-10 | $ 1622.56 |
| CC Purchase - Promotions R US-Signs | 3-22-10 | $ 441.93 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| 828-245-2156<br>Gail M. Strickland<br>1373 old US 74 Hwy<br>Ellenboro, NC 28040 | ☐ Individual<br>☒ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | d. Election Sum to Date: $ 3,802.77 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| Credit Card Purchase Promotions R US - Signs + Business cards | 3-25-10 | $ 276.52 |
| cc Purchase - Promotions R US - Signs | 4-7-10 | $ 570.04 |
| | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 3,802.77 |
| **5. Total of ALL CRO-1510 Pages** *(This line must be on line 17 of Detailed Summary Page CRO-1100)* | $ 3,934.77 |

# In-Kind Contributions

Pg 2 of 2

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| 828-245-2156<br>Doug Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | ☒ Individual<br>☐ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | Candidate's Spouse<br>**d. Election Sum to Date**<br>$ 1,132.00 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| Staples For Stamps | 3/21/10 | $ 132.00 |
| | | $ |
| | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| | ☐ Individual<br>☐ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | **d. Election Sum to Date**<br>$ |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| | ☐ Individual<br>☐ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | **d. Election Sum to Date**<br>$ |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |

| | |
|---|---|
| 4. Total only this Pages | $ 132.00 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | $ 3,934.77 |

# Outstanding Loans

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Campaign to Elect Gail McBrayer Strickland | 4J619F |

**3. Lender Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Start Date (mm/dd/yyyy) | f. End Date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| Gail M. Strickland<br>1373 Old US 74 Hwy<br>Ellenboro, NC 28040 | Retired | County Gov. | Candidate | 2/22/10 | 12/31/10 |

| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
|---|---|---|---|
| 0 % | None | $ 164.03 | $ 164.03 |

| k. Full Name of Lending Institution | l. Loan Number |
|---|---|
| N/A | |

**3. Lender Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Start Date (mm/dd/yyyy) | f. End Date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| | | | | | |

| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
|---|---|---|---|
| % | | $ | $ |

| k. Full Name of Lending Institution | l. Loan Number |
|---|---|
| | |

**3. Lender Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Start Date (mm/dd/yyyy) | f. End Date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| | | | | | |

| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
|---|---|---|---|
| % | | $ | $ |

| k. Full Name of Lending Institution | l. Loan Number |
|---|---|
| | |

| | |
|---|---|
| **4. Total only this Page** | $ 164.03 |
| **5. Total of ALL CRO-1430 Pages** *(This line must be on line 21 of Detailed Summary Page CRO-1100)* | $ 164.03 |