

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 STRICKLAND FOR PINEHURST	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 755 PINEHURST, NC 28370	d. Date Filed 12/20/2019
	e. Phone Number (910) 295-6808

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2019	10/22/2019	12/20/2019	JOHN A O WEBSTER

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report				
0				

3. Account Information		3. Account Information	
a. Financial Institution Full Name BANK OF AMERICA		a. Financial Institution Full Name	
b. Purpose OPERATIONS	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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

John Webster
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

12/20/2019
Date

FOR OFFICE USE ONLY

Date Received: 12-23-19 Employee: [Signature] Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Signer has not received mandatory training

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
STRICKLAND FOR PINEHURST	2019 Final		
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 14,581.93	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 429.14	\$ 950.52
6) Contributions from Individuals	(CRO-1210)	\$ 2,465.42	\$ 29,178.50
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.06
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 2,894.56	\$ 30,129.08
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 16,132.24	\$ 24,396.53
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 142.51	\$ 246.35
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 147.18	\$ 147.18
17) In-Kind Contributions	(CRO-1510)	\$ 1,054.56	\$ 5,339.02
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 17,476.49	\$ 30,129.08
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number
STRICKLAND FOR PINEHURST					
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	A	In-Kind	SHARED MEET & GREET 10/27/19	10/27/2019	\$ 30.34
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	In-Kind	SHARED MEET & GREET 10/27/19	10/27/2019	\$ 28.80
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/31/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/31/2019	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		10/25/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Cash		10/25/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/31/2019	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/28/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/23/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/23/2019	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Check		10/25/2019	\$ 50.00
4. Total only this Page					\$ 429.14
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 429.14

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
STRICKLAND FOR PINEHURST						
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		
KATHLEEN BEDDOW 19 EDINBURGH LANE PINEHURST, NC 28374			HOMEMAKER			
			c. Employer's Name/Specific Field			
			HOMEMAKER	e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		10/25/2019	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
ANTHONY CARUBBA 15 PAGE RD PINEHURST, NC 28374			SMALL BUSINESS OWNER - AUTO INDUSTRY			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED	e. Election Sum to Date		
				\$ 124.22		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	In-Kind	WEBPAGE	11/05/2019	\$ 124.22	
<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		
CAROL COATES 21 EDINBURGH LANE PINEHURST, NC 28374			RETIRED - SALES REP			
			c. Employer's Name/Specific Field			
			UNISHIPPERS INC	e. Election Sum to Date		
				\$ 90.89		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	In-Kind	DONUTS & COOKIES FOR ELECTION DAY	11/04/2019	\$ 27.49	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 401.71	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,465.42	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
STRICKLAND FOR PINEHURST						
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	
OLIVIA COLLINI 3 VILLAGE LANE PINEHURST, NC 28374			HOMEMAKER			
			c. Employer's Name/Specific Field HOMEMAKER			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		10/31/2019	\$ 100.00	
<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	
ROBERT FALLON 145 BEL AIR DRIVE PINEHURST, NC 28374			RETIRED PHYSICIAN			
			c. Employer's Name/Specific Field INDIANA UNIVERSITY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		10/23/2019	\$ 100.00	
<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	
ARTHUR HOPPER 155 LAKE DORNOCH DRIVE PINEHURST, NC 28374			INVESTMENT MANAGER			
			c. Employer's Name/Specific Field ADDISON CAPITAL MANAGEMENT			
					e. Election Sum to Date	
					\$ 773.85	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	In-Kind	MEET AND GREET 10/23/19	10/23/2019	\$ 773.85	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 973.85	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,465.42	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
STRICKLAND FOR PINEHURST						
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	
ROBERT IHDE 170 MCCASKILL W PINEHURST, NC 28374			RETIRE ENGINEER			
			c. Employer's Name/Specific Field			
			DUKE ENERGY STONE & WEBSTER		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		10/23/2019	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM KEITH 1095 LONGLEAF DRIVE PINEHURST, NC 28374			RETIRE ENGINEER			
			c. Employer's Name/Specific Field			
			HONEYWELL INTERNATIONAL		e. Election Sum to Date	
					\$ 93.74	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	In-Kind	SHARED MEET AND GREET 10/25/19	10/25/2019	\$ 43.86	
<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	
MICHAEL MALONE 9 OVERPECK LANE PINEHURST, NC 28374			RETIRE RADIOLOGIST			
			c. Employer's Name/Specific Field			
			JOHN E SEXTON ASSOC		e. Election Sum to Date	
					\$ 176.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	In-Kind	SHARED MEET AND GREET 10/27	10/27/2019	\$ 26.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 269.86	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,465.42	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
STRICKLAND FOR PINEHURST							
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	
EUGENE MAPLES 280 PEEDEE RD SOUTHERN PINES, NC 28387				NATURAL RESOURCE CONSERVATION			
				c. Employer's Name/Specific Field SELF EMPLOYED			
				e. Election Sum to Date		\$ 95.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		10/31/2019	\$ 95.00		
<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	
CARL MEARES 180 PALMETTO RD PINEHURST, NC 28374				REAL ESTATE / PROPERTY MANAGEMENT			
				c. Employer's Name/Specific Field SELF-EMPLOYED			
				e. Election Sum to Date		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		10/31/2019	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHARLES SHOWALTER 65 DEERWOOD LANE PINEHURST, NC 28374				RETIRED - SALES			
				c. Employer's Name/Specific Field SELF EMPLOYED			
				e. Election Sum to Date		\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		10/25/2019	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 370.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,465.42	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
STRICKLAND FOR PINEHURST						
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	
GEORGE VICKERS 175 BROOKHAVEN RD PINEHURST, NC 28374			RETIRED			
			c. Employer's Name/Specific Field US ARMY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		11/04/2019	\$ 100.00	
<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	
GEORGE WATTERWORTH 14 MCMICHAEL DR PINEHURST, NC 28374			RETIRED			
			c. Employer's Name/Specific Field INGERSOLL RAND			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		10/23/2019	\$ 100.00	
<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	
ROBERT WILSON 455 LAKE FOREST DR PINEHURST, NC 28374			ATTORNEY			
			c. Employer's Name/Specific Field SELF-EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		10/23/2019	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,465.42	

Disbursements

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
STRICKLAND FOR PINEHURST							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FACEBOOK 16010WILLOW RD MENLO PARK, CA 94025 (650) 543-4800							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 324.16	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	A	10/25/2019	\$ 25.00	ADS		
A	Debit Card	A	10/29/2019	\$ 35.00	ADS		
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	
FACEBOOK 16010WILLOW RD MENLO PARK, CA 94025 (650) 543-4800							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 324.16	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	A	11/01/2019	\$ 50.00	ADS		
A	Debit Card	A	11/04/2019	\$ 75.00	ADS		
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	
FACEBOOK 16010WILLOW RD MENLO PARK, CA 94025 (650) 543-4800							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 324.16	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	A	11/05/2019	\$ 75.00	ADS		
A	Debit Card	A	11/19/2019	\$ 64.16	INSTAGRAM ADS		
5. Total only this Page						\$ 324.16	
6. Total of ALL CRO-1310 Pages						\$ 16,132.24	
(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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
STRICKLAND FOR PINEHURST							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement!)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
GIVEN LIBRARY & TUFTS ARCHIVES PO BOX 159 PINEHURST, NC 28370							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	12/19/2019	\$ 1,000.00	DONATION TO LOCAL		
				\$	NGO		
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	
GOOGLE 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 495.02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	A	11/04/2019	\$ 350.00	ADS		
A	Debit Card	A	12/04/2019	\$ 145.02	NOVEMBER ADS		
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	
HARRIS TEETER 305 IVEY LANE PINEHURST, NC 28374							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 134.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	O	11/04/2019	\$ 134.71	THANK YOU RECEPTION		
5. Total only this Page						\$ 1,629.73	
6. Total of ALL CRO-1310 Pages						\$ 16,132.24	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (k) above)</i>							
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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
STRICKLAND FOR PINEHURST							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HOLLIE'S CATERING LLC 30 MCINTYRE RD PINEHURST, NC 28374							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,088.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	11/05/2019	\$ 1,088.10	THANK YOU RECEPTION		
				\$			
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	
JASON KAUFMAN 26 PINECREST PLAZA SOUTHERN PINES, NC 28387							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	O	11/04/2019	\$ 1,000.00	VIDEOS		
				\$			
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	
MUIRFIELD BROADCASTING 200 SHORT ST SOUTHERN PINES, NC 28387							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,458.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	A	10/25/2019	\$ 234.00	RADIO ADS		
A	Debit Card	A	10/30/2019	\$ 440.84	RADIO ADS		
5. Total only this Page						\$ 2,762.94	
6. Total of ALL CRO-1310 Pages						\$ 16,132.24	
(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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
STRICKLAND FOR PINEHURST							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PINEHURST COMMUNITY FOUNDATION PO BOX 4901 PINEHURST, NC 28374-4901							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	12/16/2019	\$ 1,000.00	DONATION TO A LOCAL		
				\$	NGO		
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	
SANDHILLS WOMAN'S EXCHANGE PO BOX 215 PINEHURST, NC 28370							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 948.97	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	12/19/2019	\$ 948.97	DONATION TO LOCAL		
				\$	NGO		
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 PILOT LLC P O BOX 58 SOUTHERN PINES, NC 28388 (910) 692-9382							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 5,958.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	A	10/24/2019	\$ 357.00	AD 10/27/19		
A	Debit Card	A	10/25/2019	\$ 250.00	WEB AD 10/29		
5. Total only this Page						\$ 2,555.97	
6. Total of ALL CRO-1310 Pages						\$ 16,132.24	
(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

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	
STRICKLAND FOR PINEHURST							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE PILOT LLC P O BOX 58 SOUTHERN PINES, NC 28388 (910) 692-9382				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 5,958.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	A	10/29/2019	\$ 268.00	AD 10/30/19		
A	Debit Card	A	10/31/2019	\$ 536.00	AD 11/3/19		
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 PILOT LLC P O BOX 58 SOUTHERN PINES, NC 28388 (910) 692-9382				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 5,958.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	A	11/01/2019	\$ 268.00	AD 11/3/19		
A	Debit Card	A	11/01/2019	\$ 536.00	AD 11/3/19		
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 PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,643.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	O	12/02/2019	\$ 1,797.77	CELEBRATION WITH		
A	Electric Funds Tran	O	12/10/2019	\$ (130.01)	COUNCIL MEMBERS AND PARTIAL REFUND PAYMENT 12/4/19		
5. Total only this Page						\$ 3,275.76	
6. Total of ALL CRO-1310 Pages						\$ 16,132.24	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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	
STRICKLAND FOR PINEHURST							
3 Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4 Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE PINE CREST INN 50 DOGWOOD RD PINEHURST, NC 28374							
c. Level Registered (Specify)				e. Election Sum to Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 1,643.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Electric Funds Tran	O	12/12/2019	\$ (24.00)	PARTIAL REFUND		
				\$	PAYMENT 12/4/19		
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	
US POSTAL SERVICE 80 BLAKE BLVD PINEHURST, NC 28374							
c. Level Registered (Specify)				e. Election Sum to Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 138.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	I	10/22/2019	\$ 11.00			
				\$			
4 Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VILLAGE HERITAGE FOUNDATION P O BOX 398 PINEHURST, NC 28370							
c. Level Registered (Specify)				e. Election Sum to Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	12/19/2019	\$ 1,000.00	DONATION TO LOCAL		
				\$	NGO		
5 Total only this Page						\$ 987.00	
6 Total of ALL CRO-1310 Pages						\$ 16,132.24	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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
STRICKLAND FOR PINEHURST	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) VILLAGE PRINTERS 50 RATTLESNAKE TRAIL PINEHURST, NC 28374	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
		\$ 4,432.03	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	BI	10/23/2019	\$ 3,505.20	PRINTING & POSTAGE
A	Check	B	11/04/2019	\$ 204.58	MAILER DIRECT MAIL

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) VILLAGE WINE SHOP 80 MAGNOLIA RD PINEHURST, NC 28374	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
		\$ 334.90	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Debit Card	O	10/25/2019	\$ 334.90	END OF CAMPAIGN
				\$	MEETING

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) WEEB RADIO 1650 MIDLAND RD SOUTHERN PINES, NC 28387	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
		\$ 1,024.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Debit Card	A	10/25/2019	\$ 240.00	RADIO ADS
A	Debit Card	A	11/01/2019	\$ 312.00	RADIO ADS

5. Total only this Page \$ 4,596.68

6. Total of ALL CRO-1310 Pages
 (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)
 \$ 16,132.24

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)

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and branch, if applicable)						2. ID Number	
STRICKLAND FOR PINEHURST							
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	O	11/07/2019	\$ 37.45	FLOWERS TO PILOT ADVERT STAFF	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	O	11/07/2019	\$ 47.45	FLOWERS TO PILOT ADVERT STAFF	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	O	11/07/2019	\$ 47.45	FLOWERS TO PILOT ADVERT STAFF	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	O	11/05/2019	\$ 10.16	THANK YOU RECEPTION	
4. Total only this Page					\$	142.51	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	142.51	
6. Purpose Codes (list detailed expenditure code in (d) above)							
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* - Donations to Legal Expense Fund	
O* - Other							
* Codes require detailed explanation in required remarks field (g)							

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
STRICKLAND FOR PINEHURST					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
CAROL COATES 21 EDINBURGH LANE PINEHURST, NC 28374			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 10/21/2019
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 58.34
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED - SALES REP		UNISHIPPERS INC		L	
				j. Election Sum to Date \$ 90.89	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (m/m/dd/yyyy)	o. Amount
A	Check			10/29/2019	\$ 58.34
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
CAROL COATES 21 EDINBURGH LANE PINEHURST, NC 28374			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 11/04/2019
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 27.49
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED - SALES REP		UNISHIPPERS INC		P	
				j. Election Sum to Date \$ 90.89	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (m/m/dd/yyyy)	o. Amount
A	Check	FOOD ON ELECTION DAY		11/22/2019	\$ 27.49
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
JOHN CONNELL STRICKLAND PO BOX 755 PINEHURST, NC 28370 (910) 295-6808			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 10/20/2019
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 61.35
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED BANKING		JP MORGAN CHASE		L	
				j. Election Sum to Date \$ 600.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (m/m/dd/yyyy)	o. Amount
A	Check			10/30/2019	\$ 61.35
4. Total only this Page					\$ 147.18
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 147.18
6* Purpose Codes (List detailed disbursement code in (d) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kin		O* - Other			
Codes require detailed explanation in required remarks field (m)					

In-Kind ContributionsPg 1 of 3Amendment
 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	
STRICKLAND FOR PINEHURST			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 28.80	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SHARED MEET & GREET 10/27/19		10/27/2019	\$ 28.80
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 30.34	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SHARED MEET & GREET 10/27/19		10/27/2019	\$ 30.34
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ANTHONY CARUBBA 15 PAGE RD PINEHURST, NC 28374		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 124.22	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WEBPAGE		11/05/2019	\$ 124.22
			\$
			\$
4. Total only this Page		\$ 183.36	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,054.56	

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
STRICKLAND FOR PINEHURST			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
CAROL COATES 21 EDINBURGH LANE PINEHURST, NC 28374		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 90.89
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONUTS & COOKIES FOR ELECTION DAY		11/04/2019	\$ 27.49
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ARTHUR HOPPER 155 LAKE DORNOCH DRIVE PINEHURST, NC 28374		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 773.85
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEET AND GREET 10/23/19		10/23/2019	\$ 773.85
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
WILLIAM KEITH 1095 LONGLEAF DRIVE PINEHURST, NC 28374		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 93.74
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SHARED MEET AND GREET 10/25/19		10/25/2019	\$ 43.86
			\$
			\$
4. Total only this Page			\$ 845.20
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 1,054.56

In-Kind Contributions

Pg 3 of 3

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
STRICKLAND FOR PINEHURST			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
MICHAEL MALONE 9 OVERPECK LANE PINEHURST, NC 28374		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 176.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SHARED MEET AND GREET 10/27		10/27/2019	\$ 26.00
			\$
			\$
4. Total only this Page			\$ 26.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 1,054.56