

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 <i>Streater for School Board</i>	c. ID Number <i>45-0567252</i>		
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 2161 Chapel Hill, N.C. 27515-2161</i>	d. Date Filed <i>July 26, 2010</i>		
e. Phone Number <i>919-736-0683</i>			
2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>January 1, 2010</i>	4. Period End Date (mm/dd/yy) <i>June 30, 2010</i>	5. Treasurer Full Name <i>G. Patricia L. Stokes</i>
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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Number of Fundraisers this Report <i>0 661</i>		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose <i>Campaign Acct. for Receipts and Expenditures</i>		b. Purpose	
c. Account Code		c. Account Code	
d. Period Begin Balance <i>\$ 8.68</i>		d. Period Begin Balance <i>\$ - 0 -</i>	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 according to N.C.G.S. 163-278.7(f).			
<i>G. Patricia L. Stokes</i> Printed Name of Signer		<i>G. Patricia L. Stokes</i> Signature of Appointed Treasurer	
		<i>July 26, 2010</i> Date	
FOR OFFICE USE ONLY			
Date Received:	<i>7/27/10</i>	Employee:	<i>BSA</i>
Date Postmarked:		Employee:	
Date Scanned:	<i>7/27/10</i>	Employee:	<i>BSA</i>
Date Data Entered:		Employee:	
Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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. Orange Co. Bd. Of Elections You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment
 Yes 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	
Streater for School Board		Mid-Year		45-0567252	
Start of Election Cycle: January 1, 2010		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 8.68		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ - 0 -		\$ - 0 -	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ - 0 -		\$ - 0 -	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8.68		\$ 8.68	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ - 0 -			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ - 0 -			
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-2200)		\$ - 0 -		\$ - 0 -	
27) Contributions to be refunded (CRO-1215)		\$ - 0 -		\$ - 0 -	

Contributions from Individuals

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	
Streater for School Board						45-0567252	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ - 0 -	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ - 0 -	

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) <i>Streater for School Board</i>	2. ID Number <i>45-0567252</i>
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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 <small>(include city, state, & zip)</small> 	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
		\$

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

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 	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
		\$

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

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 	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
		\$

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 \$ 0

6. Total of ALL CRO-1310 Pages

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 0 Received

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 | O* - Other |

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

Orange Co. Bd. Of Elections

In-Kind Contributions

Amendment

Pg ____ of ____ 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
Streater for School Board		45-0567252
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 <input 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 \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input 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 \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input 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 \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		
		\$ - 0 -
5. Total of ALL CRO-1510 Pages		
(This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ - 0 -

Received

JUL 27 2010

Orange Co. Bd. Of Elections