

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		c. ID Number	
Streater for School Board			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 2161 Chapel Hill, N.C. 27515-2161			
		e. Phone Number	
		919-736-0683	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	1-1-08	6-30-08	G. Patricia L. Stokes
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"/> Joint Fundraiser	<input type="checkbox"/> PAC	<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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
		<input type="checkbox"/>	<input type="checkbox"/> Special
		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Wachovia Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Acct. for Receipts and Expenditures			
d. Period Begin Balance		d. Period Begin Balance	
\$ 22.20		\$	
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).			
G. Patricia L. Stokes		Signature of Appointed Treasurer	
Printed Name of Signer		Date	
		July 12, 2008	
FOR OFFICE USE ONLY			
Date Received:	8/29/08	Employee:	_____ <i>sm</i>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			Delivery Method
			<input 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.			
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		M-d-Year			
Start of Election Cycle: January 1, 2008		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 22.20		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 15.00	\$ 2,499.00		
6) Contributions from Individuals	(CRO-1210)	\$ 60.00	\$ 1,710.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$ -0-	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$ -0-	\$		
9) Loan Proceeds	(CRO-1410)	\$ -0-	\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ -0-	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ -0-	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ -0-	\$		
11c) Outside Sources of Income	(CRO-1250)	\$ -0-	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ -0-	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 135.00		\$ 4,209.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ -0-	\$ 3,420.64		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ -0-	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ -0-	\$ 631.16		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ -0-	\$		
15) Loan Repayments	(CRO-1420)	\$ -0-	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ -0-	\$		
17) In-Kind Contributions	(CRO-1510)	\$ -0-	\$ (26.57)		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ -0-		\$ 4,051.80	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 157.20		\$ 157.20	
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						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mrs. Marilyn W. Council 28 Velvet St. Bridgeport, CT 06610 203-333-0438			Teacher			
			c. Employer's Name/Specific Field			
			Bridgeport School System		e. Election Sum to Date	
					\$60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		1-2-08	\$	
<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					\$ 60.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 60.00	