

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 JENNIFER STRICKLAND COMMITTEE		c. ID Number 							
b. Mailing Address (include City, State and Zip Code) 686 RIVERBEND ROAD GOLDSBORO, NC 27530		d. Date Filed 01/09/2026							
e. Phone Number 									
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 12/04/2025	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name JENNIFER SMITH STRICKLAND						
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <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 </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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							
7. Type of Fund (if applicable, check one) <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:		10. Special Report Name 							
8. Number of Fundraisers this Report 0									
3. Account Information a. Financial Institution Full Name KS BANK		3. Account Information a. Financial Institution Full Name Wayne County Board of Elections							
b. Purpose CAMPAIGN FUNDS	c. Account Code 1	b. Purpose JAN 20 2026	d. Account Code Period Begin Balance						
		d. Period Begin Balance \$ 9918.00 Received \$ By _____							
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									
<u>Jennifer Strickland</u> Printed Name of Signer		<u>Jennifer Strickland</u> Signature of Appointed Treasurer							
		01/09/2026 Date							
FOR OFFICE USE ONLY									
Date Received: <u>1/20/26</u>		Employee: <u>Nels</u> Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed							
Date Postmarked: _____		Employee: _____							
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

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
JENNIFER STRICKLAND COMMITTEE	2025 Year End Semi-Annual	
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start		\$ 9,918.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00
6) Contributions from Individuals	(CRO-1210)	\$ 650.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 800.00
		\$ 10,800.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 6,049.70
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 48.58
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,098.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,619.72
		\$ 4,619.72
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 10,000.00
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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00
		\$ 0.00

Amendment _____

Aggregated Contributions from Individuals Page 1 of 1 Yes 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			
JENNIFER STRICKLAND COMMITTEE					
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	1	Cash		12/13/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		12/13/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		12/23/2025	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 150.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 150.00

NC State Board of Elections

April 2007

CRO-1205

Contributions from Individuals

Pg 1 of 2 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
JENNIFER STRICKLAND COMMITTEE					
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	
			RETIRED		
LAURIE BUCKHOUT 210 BLAIR COURT EDENTON, NC 27932			c. Employer's Name/Specific Field		
			RETIRED		
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"/>	1	Credit Card		12/29/2025	\$ 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	
			DENTAL HYGIENIST		
SHAWN CASON 311 WILLOWBROOK DRIVE PIKEVILLE, NC 27863			c. Employer's Name/Specific Field		
			SOUTHERN LIVING FAMILY DENTISTRY		
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"/>	1	Debit Card		12/30/2025	\$ 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	
			RETIRED		
KATHERINE DANIELS 111 HILLCDALE LANE GOLDSBORO, NC 27530			c. Employer's Name/Specific Field		
			RETIRED		
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"/>	1	Credit Card		12/17/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 550.00					
5. Total of ALL CRO-1210 Pages \$ 650.00					
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from IndividualsPg 2 of 2 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			
JENNIFER STRICKLAND COMMITTEE					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
3. Contributor Information		b. Job Title/Profession	d. Comments		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		COLLEGE INSTRUCTOR			
TERRY HUMPHREY 576 LAKELAND DRIVE KINSTON, NC 28504		c. Employer's Name/Specific Field LENOIR COMMUNITY COLLEGE			
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"/>	1	Credit Card		12/10/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 100.00
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)					\$ 650.00

NC State Board of Elections

April 2007

CRO-1210

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			
JENNIFER STRICKLAND COMMITTEE					
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments YARD SIGNS e. Election Sum to Date \$ 1,890.00		
AGE GRAPHICS 678 COLLINS ROAD LITTLE HOCKING, OH 45742					
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Debit Card	O	12/05/2025	\$ 1,265.00	YARD SIGNS
1	Debit Card	B	12/18/2025	\$ 625.00	SIGNS
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments POLLWORKER EXPENSE e. Election Sum to Date \$ 85.00		
NADINE MCEACHERN 206 GERALD LANE GOLDSBORO, NC 27530					
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Electric Funds Tran	O	12/22/2025	\$ 85.00	POLLWORKER FEE
				\$	
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments AD IN WAYNE WEEK NEWSPAPER e. Election Sum to Date \$ 3,000.00		
NEW OLD NORTH MEDIA GOLDSBORO, NC 27530					
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Check	A	12/29/2025	\$ 3,000.00	AD IN LOCAL PAPER
				\$	
5. Total only this Page				\$ 4,975.00	
6. Total of ALL CRO-1310 Pages <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>				\$ 6,049.70	
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			
JENNIFER STRICKLAND COMMITTEE					
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 OUTDOOR BILLBOARD FEE	
RILEY OUTDOORS PO BOX 1433 KINSTON, NC 28503 (252) 527-2223				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 \$ 660.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	12/29/2025	\$ 660.00	BILLBOARD
				\$	
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	
ANN ROWE GOLDSBORO, NC 27530				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 \$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	12/05/2025	\$ 200.00	POLL WORKER
				\$	ADVANCE PAYMENT
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 ENVELOPES FOR MAILING FUNDRAISER FLYER	
STAPLES 1101 B BERKELEY PLAZA GOLDSBORO, NC 27534				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 \$ 82.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	C	12/26/2025	\$ 58.70	ENVELOPES FOR FUNDRAISER FLYER
				\$	
5. Total only this Page \$ 918.70					
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) \$ 6,049.70					
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		
JENNIFER STRICKLAND COMMITTEE				
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 <div style="border: 1px solid black; height: 40px; width: 100%;"></div> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments POSTAGE TO MAIL FUNDRAISING FLYER e. Election Sum to Date \$ 156.00
UNITED STATES POSTAL SERVICE 3100 CASHWELL DRIVE GOLDSBORO, NC 27534				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
1	Debit Card	I	12/26/2025	\$ 156.00
				\$
5. Total only this Page				\$ 156.00
6. Total of ALL CRO-1310 Pages				\$ 6,049.70
<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)				

Aggregated Non-Media Expenditures

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number				
JENNIFER STRICKLAND COMMITTEE						
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	1	Electric Funds Tran	CO	12/31/2025	\$ 25.20	FEE FROM ANEDOT TO PROCESS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	12/26/2025	\$ 23.38	PRINTING FUNDRAISER
4. Total only this Page					\$	48.58
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	48.58
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing	C* - Fundraising	D - To Another Candidate		
I - Postage		F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
O* - Other		J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

Outstanding Loans

Pg 1 of 1 Yes No

Amendment

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	
JENNIFER STRICKLAND COMMITTEE			
3. Lender 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
JENNIFER STRICKLAND 686 RIVERBEND ROAD GOLDSBORO, NC 27530			
			e. Start Date (mm/dd/yyyy)
			12/01/2025
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 10,000.00	\$ 10,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 10,000.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 10,000.00

CRO-1430

NC State Board of Elections

December 2007