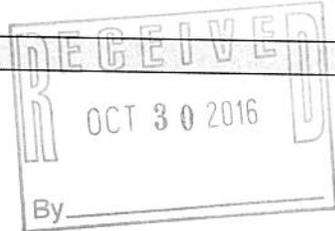


Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 STRACENER FOR SCHOOL BOARD	c. ID Number KDU113
b. Mailing Address (include City, State and Zip Code) PO BOX 456 HICKORY NC 28601	d. Date Filed 10/30/2016
	e. Phone Number 828-327-2522

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	07/12/2016	10/22/2016	BRENDA LEIGH CRAIG

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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input 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 1		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name WELLS FARGO BANK		a. Financial Institution Full Name	
b. Purpose	c. Account Code TRS	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 200.00		d. Period Begin Balance \$

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

BRENDA L CRAIG
Printed Name of Signer

Brenda L. Craig
Signature of Appointed Treasurer

10/30/2016
Date

FOR OFFICE USE ONLY

Date Received: _____	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
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

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	
STRACENER FOR SCHOOL BOARD		2016 THIRD QTR		KDU113	
Start of Election Cycle: January 1,		2016		Total this Reporting Period	
4) Cash on Hand at Start		\$ 200.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$ 619.00	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 2447.75	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$ 200.00	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$ 25.00	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>		\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 3291.75		\$ 3402.75	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$ 2650.64	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$ 178.78	
15) Loan Repayments		<i>(CRO-1420)</i>		\$	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$ 150.25	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 2970.67		\$ 2970.67	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 312.08		\$ 312.08	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$	
25) Administrative Support		<i>(CRO-1710)</i>		\$	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$	
27) 48-Hour Notice Reports Sum		<i>(CRO-2200)</i>		\$	
28) Contributions to be Refunded		<i>(CRO-1215)</i>		\$	

Aggregated Contributions from Individuals

Amendment

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	
STRACENER FOR SCHOOL BOARD						
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	TRS	Check		08/09/2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check		08/23/2016	\$ 23.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Cash		08/08/2016	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Credit Card		07/26/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Electric Funds Tran		09/30/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Cash		08/08/2016	\$ 7.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Cash		08/08/2016	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Cash		08/08/2016	\$ 24.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Credit Card		07/22/2016	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check		08/08/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Cash		08/08/2016	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Cash		08/08/2016	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check		08/08/2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check		08/08/2016	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check		08/08/2016	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Credit Card		08/02/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Electric Funds Tran		08/31/2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check		08/20/2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check		08/08/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Electric Funds Tran		07/20/2016	\$ 23.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Cash		08/08/2016	\$ 12.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Credit Card		07/22/2016	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check		07/25/2016	\$ 50.00	
4. Total only this Page					\$ 619.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 619.00	

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	
STRACENER FOR SCHOOL BOARD					KDU113	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) HULDAH CURRY BEWLEY 1419 6TH ST CIR NW HICKORY NC 28601			b. Job Title/Profession		d. Comments	
			TEACHER ASST			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			BURKE CTY SCHOOLS			
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	CHECK		08/08/2016	\$ 70.00	
<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) COLLEEN BORST 3836 16TH ST NE HICKORY NC 28601			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			TEACHER/NEW YORK			
					\$ 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"/>	TRS	CHECK		07/25/2016	\$ 50.00	
<input type="checkbox"/>	TRS	CHECK		08/09/2016	\$ 25.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MISSY CLEVELAND 256 UNION SQUARE HICKORY NC 28601			b. Job Title/Profession		d. Comments	
			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			BOTTEGA A SOULFUL PLACE LLC			
					\$ 65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	CHECK		08/08/2016	\$ 65.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 210.00	
5. Total of ALL CRO-1210 Pages					\$ 2447.75	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

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	
STRACENER FOR SCHOOL BOARD					KDU113	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGUERITE COOK 4031 19TH ST CT NE HICKORY NC 28601			b. Job Title/Profession		d. Comments	
			RETIREED			
			c. Employer's Name/Specific Field			
			TAFECO-PRINTING CO.		e. Election Sum to Date	
				\$ 55.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	CHECK		08/20/2016	\$ 55.00	
<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) BRENDA CRAIG 1025 20TH AV PL NW HICKORY NC 28601			b. Job Title/Profession		d. Comments	
			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			FURNITURE AND RELATED PRODUCT MANUFACTURING		e. Election Sum to Date	
				\$ 153.94		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	CHECK		07/25/2016	\$ 54.50	
<input type="checkbox"/>	TRS	CHECK		08/08/2016	\$ 25.00	
<input type="checkbox"/>	TRS	CHECK		09/25/2016	\$ 74.44	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TRACEY CRAWFORD 2598 LAUREL BROOK RD. FALLSTON MD 21047			b. Job Title/Profession		d. Comments	
			STAY AT HOME WIFE AND MOM			
			c. Employer's Name/Specific Field			
			NONE		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"/>	TRS	CHECK		07/20/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 308.94	
5. Total of ALL CRO-1210 Pages					\$ 2447.75	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
STRACENER FOR SCHOOL BOARD					KDU113	
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	
LYNN DORFMAN 102 20TH AVE NW HICKORY NC 28601			BLOGGER			
			c. Employer's Name/Specific Field			
			AIRLINES NTSB CHAIR		e. Election Sum to Date	
					\$ 250.81	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	IN KIND	THANK YOU NOTES	08/06/2016	\$	15.81
<input type="checkbox"/>	TRS	IN KIND		08/08/2016	\$	40.00
<input type="checkbox"/>	TRS	IN KIND		08/08/2016	\$	60.00
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	
CONTINUED FROM ABOVE CONTRIBUTOR						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250.81	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	IN KIND	CHAMBER EVENT	09/19/2016	\$	60.00
<input type="checkbox"/>	TRS	IN KIND		07/05/2016	\$	75.00
<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	
BRET GARNET			DIRECTOR			
			c. Employer's Name/Specific Field			
			LAKE HICKORY COUNTRY CLUB		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"/>	TRS	CREDIT CD		08/05/2016	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	350.81
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	2447.75

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	
STRACENER FOR SCHOOL BOARD					KDU113	
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	
MITCHELL GOLD 1572 BASIN ST CONOVER NC 28613			DESIGNER			
			c. Employer's Name/Specific Field			
			MITCHELL GOLD			
					e. Election Sum to Date	
					\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	TRANSFER		09/26/2016	\$ 750.00	
<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	
DELENE HUGGINS 1221 SAIN RD HICKORY NC 28602			TEACHER			
			c. Employer's Name/Specific Field			
			NC SCHOOL OF THE DEAF			
					e. Election Sum to Date	
					\$ 78.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	CHECK		08/08/2016	\$ 31.00	
<input type="checkbox"/>	TRS	CHECK		08/08/2016	\$ 47.00	
<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	
BRIAN ILLARI 4005 PENHURST DR MARIETTA GA 30062			BUSINESS CONSULTANT			
			c. Employer's Name/Specific Field			
			ILLARI CONSULTING INC			
					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"/>	TRS	CREDIT CD		07/27/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 928.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2447.75	

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	
STRACENER FOR SCHOOL BOARD					KDU113	
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	
REBECCA INGLEFIELD 510 11TH AVE PL NW HICKORY NC 28601			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		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"/>	TRS	CHECK		08/08/2016	\$ 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	
JOHN KEMPF 8 HOLLY MEWS BERKKLEY HEIGHTS NJ 07922			MARKET ANALYST			
			c. Employer's Name/Specific Field			
			REUTERS		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"/>	TRS	CREDIT CD		08/03/2016	\$ 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	
RUTH B LONG 4207 HEMMINGWAY DR HICKORY NC 28601			RETIRED			
			c. Employer's Name/Specific Field			
			US POSTAL SERVICE		e. Election Sum to Date	
					\$ 160.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TRS	CHECK		08/08/2016	\$ 60.00	
<input type="checkbox"/>	TRS	CHECK		09/15/2016	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 360.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2447.75	

Contributions from Individuals

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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	
STRACENER FOR SCHOOL BOARD					KDU113	
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	
DONNA ROULIC 2029 19TH ST SW HICKORY NC 28602			RETIRED			
			c. Employer's Name/Specific Field			
			SCHOOL NURSE			
					e. Election Sum to Date	
					\$ 190.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	TRS	CHECK		07/25/2016		\$ 150.00
<input type="checkbox"/>	TRS	CASH		08/08/2016		\$ 40.00
<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	
CHARLOTTE WILLIAMS 4320 3RD ST NW HICKORY NC 28601			INSTRUCTOR			
			c. Employer's Name/Specific Field			
			LRU			
					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"/>	TRS	CHECK		08/08/2016		\$ 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	
			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					\$ 290.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2447.75	

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
STRACENER FOR SCHOOL BOARD				
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income				
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
QGIV 53 LAKE MORTON DRIVE LAKELAND, FL 33801 (888) 855-9595				
		QFIV FUNDS DISBURSEMENT	e. Election Sum to Date	
			\$ 25.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
TRS	Electric Funds Tran		08/31/2016	\$ 25.00
				\$
5. Total only this Page				\$ 25.00
6. Total of ALL CRO-1250 Pages				\$ 25.00
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				

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	
STRACENER FOR SCHOOL BOARD							
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	
CAROLINA SCREENCO, INC 1269-A 16TH STREET NE HICKORY, NC 28601							
				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	
						\$ 400.18	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
TRS	Check	O	09/09/2016	\$ 400.18	TEE SHIRTS TO WEAR AT		
				\$	POLLS		
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	
EDWIN DENNIS P O BOX 2735 HICKORY, NC 28603							
				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	
						\$ 400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
TRS	Check	A	10/19/2016	\$ 400.00	VIDEO OF CANDIDATE -		
				\$	FACEBOOK AND		
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	
DIRT CHEAP SIGNS 7301 BAR K RANCH ROAD LAGO VISTA, TX 78645							
				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	
						\$ 713.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
TRS	Debit Card	B	08/29/2016	\$ 713.72	YARD SIGNS FOR		
				\$	CNDIDATE		
5. Total only this Page						\$ 1,513.90	
6. Total of ALL CRO-1310 Pages						\$ 2,641.64	
<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	
STRACENER FOR SCHOOL BOARD							
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	
HICKORY POST OFFICE 231 GOVERNMENT AVENUESW SUITE 99 HICKORY, NC 28602-2958						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	
						\$ 578.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
TRS	Debit Card	IO	10/07/2016	\$ 578.00	POSTAGE FOR EARLY		
				\$	VOTING POSTCARDS FOR		
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	
PRINT WRIGHT 308 4TH STREET NW HICKORY, NC 28601						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	
						\$ 408.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
TRS	Check	B	08/22/2016	\$ 171.20	PALM CARDS PRINTED		
TRS	Check	B	10/07/2016	\$ 237.54	POSTCARDS FOR EARLY VOTING		
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	
DONNA ROULIC 2029 19TH STREET SW HICKORY, NC 28602						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	
						\$ 77.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
TRS	Check	O	10/18/2016	\$ 77.00	LABELS FOR MAILING		
				\$	POSTCARDS-EARLY		
5. Total only this Page						\$ 1,063.74	
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>						\$ 2,641.64	
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	
STRACENER FOR SCHOOL BOARD							
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	
WELLS FARGO 1453 2ND STREET NE HICKORY, NC 28601							
				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	
						\$ 26.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
TRS	Electric Funds Tran	AO	09/30/2016	\$ 14.00	SERVICE 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		d. Comments	
WHITNEY YOUNG 1921 4TH AVENUE NW HICKORY, NC 28601							
				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	
						\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
TRS	Check	AO	08/22/2016	\$ 50.00	DESIGN CARDS FOR		
				\$	CAMPAIGN		
5. Total only this Page						\$ 64.00	
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>						\$ 2,641.64	
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	
STRACENER FOR SCHOOL BOARD						
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	TRS	Electric Funds Tran	O	08/02/2016	\$ 41.38	CHECK PRINTING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Debit Card	B	07/17/2016	\$ 37.45	CALLING CARDS FOR CANDIDATE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Electric Funds Tran	C	08/02/2016	\$ 23.20	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Electric Funds Tran	C	09/01/2016	\$ 5.54	BANK FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Electric Funds Tran	CO	10/14/2016	\$ 32.21	BANK FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Check	O	08/08/2016	\$ 36.00	REIMBURSE DBA FEE - CLERK OF
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TRS	Electric Funds Tran	O	09/09/2016	\$ 3.00	BANK FEE
4. Total only this Page					\$	178.78
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	178.78
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)						

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	
STRACENER 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. Type of Contributor	
BRENDA CRAIG 1025 20TH AVENUE PLACE NW HICKORY, NC 28601		<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	
		\$ 153.94	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CENTURY CLUB DINNER FUNDRAISER-PAID FOR CANDIDATES DINNER - TRACEY SPOKE ABOUT CAT.CO. SCHOOL BOARD FOR A FEW MINUTES		09/25/2016	\$ 74.44
			\$
			\$
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	
LYNN DORFMAN 102 20TH AVENUE NW HICKORY, NC 28601		<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	
		\$ 315.81	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
THANK YOU NOTES AND STAMPS		08/06/2016	\$ 15.81
CHAMBER OF COMMERCE EVENT - PEELIN EATIN AND POLITIICKIN		09/19/2016	\$ 60.00
			\$
4. Total only this Page			\$ 150.25
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 150.25