

To be Used by Committees to Report Contributions of over \$1,000

1. Committee Name <i>Lodgepole (Nash Political Comm)</i>						7. Date <i>7/8/04</i>
2. Committee Address						8. ID Number <i>774006</i>
3. City	4. State	5. Zip	6. Phone		9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Treasurer Name						

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Strategic Communications & Consulting, LLC 5 W. Hargett St STE. 310 Raleigh, NC 27610</i>			b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input checked="" type="checkbox"/> Other Source: <i>Consulting, Fed.</i>			c. If Not-for-Profit, list Fed ID #:
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County:			e. If Ind, list Job Title/Profession:			
g. Election Cycle Sum to Date \$ <i>4,000</i> <i>DH</i>		h. In-Kind <input checked="" type="checkbox"/>	i. Account Number/Code	j. Form of Payment <i>ck</i>	k. Date (mm/dd/yyyy) <i>7/8/04</i>	l. Amount \$ <i>2,000</i>

see page 2

a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source:			c. If Not-for-Profit, list Fed ID #:
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:			e. If Ind, list Job Title/Profession:			
g. Election Cycle Sum to Date \$		h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$

a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source:			c. If Not-for-Profit, list Fed ID #:
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:			e. If Ind, list Job Title/Profession:			
g. Election Cycle Sum to Date \$		h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$

12. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	13. Total Contributions THIS Page (sum all the 111 entries on this page)		\$ <i>2,000</i>
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CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.

Signature of Appointed Treasurer or Candidate
(if multi-page, only sign on page 1)

Date