

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
DELLINGER COMMITTEE	STA-78DCUZ-C-001
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
PO BOX 27374 RALEIGH, NC 27611	07/09/2008
	e. Phone Number
	(919) 740-2674

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	04/20/2008	06/30/2008	JANICE L. BRYANT

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	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 checked="" 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"/> 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)	10. Special Report Name		
<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:			
8. Number of Fundraisers this Report			
0			

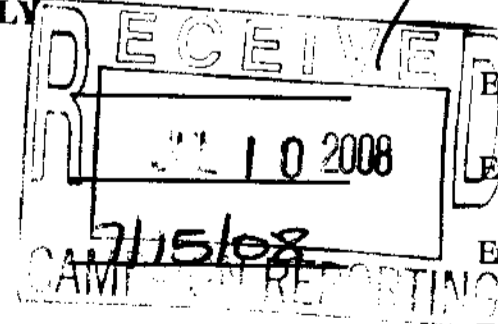
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
WACHOVIA BANK		MECHANICS & FARMERS BANK	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CONTRIBUTIONS AND OPERATING EXPENSES	1	INVESTMENT ACCOUNT FOR CONTRIBUTIONS	4
	d. Period Begin Balance		d. Period Begin Balance
	\$ 21,444.53		\$ 105,290.50

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

JANICE L. BRYANT JANICE L. BRYANT 07/09/2008
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:		Employee: <u>pmc</u>	Delivery Method
Date Postmarked:		Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned:		Employee: <u>JT</u>	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
			<input checked="" 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.

Disclosure Report Cover Addendum

Amendment
 Yes No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DELLINGER COMMITTEE		STA-78DCUZ-C-001	
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
WACHOVIA BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
OPEN SWEEP ACCOUNT TO MANAGE CASH MGMT ACCOUNT	6		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 489,688.72		\$
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			
<u>Janice L. Bryant</u>		<u>Janice L. Bryant</u>	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	
		07/09/2008	
Please Note: This cover sheet cannot be used to amend committee information such as the committee name or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

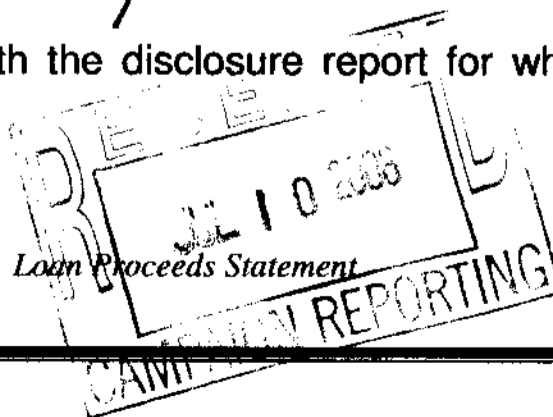
- Name of committee to receive loan: The Dellinger Committee
- Person lending money to committee (Lender): Walter Dellinger
- Date of loan to committee: April 24, 2008
- Name of lending institution and account number (source): _____
- Amount of loan: \$210,000.00
- Names of all parties responsible for payment of loan (guarantors): N/A
- Period of loan: Indefinite
- Rate of interest of loan: N/A
- Security pledged for loan: N/A

I, Walter Dellinger,
(Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Walter Dellinger
Signature of Lender

Arnie L. Bradford
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.



Loan Proceeds Statement

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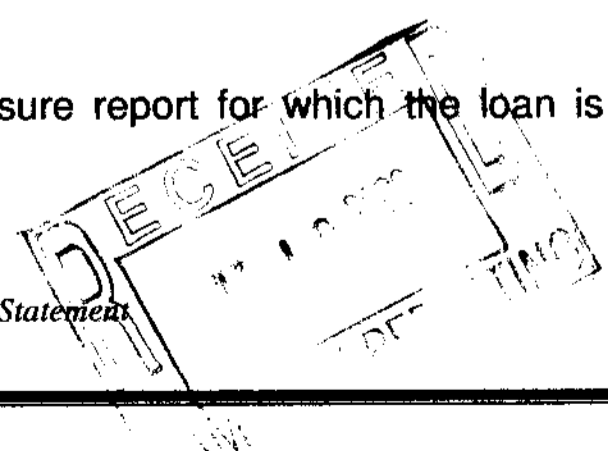
- Name of committee to receive loan: The Dellinger Committee
- Person lending money to committee (Lender): WALTER D. DELLINGER
- Date of loan to committee: MAY 2, 2008
- Name of lending institution and account number (source): N/A
- Amount of loan: \$ 25,000.00
- Names of all parties responsible for payment of loan (guarantors): N/A
- Period of loan: Indefinite
- Rate of interest of loan: N/A
- Security pledged for loan: N/A

I, WALTER DELLINGER,
(Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

[Signature]
Signature of Lender

[Signature]
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.



Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	DELLINGER COMMITTEE
Person lending money to committee (Lender):	ANNE DELLINGER
Date of loan to committee:	JANUARY 22, 2008
Name of lending institution and account number (source):	N/A
Amount of loan:	\$100,000.00
Names of all parties responsible for payment of loan (guarantor):	N/A
Period of loan:	INDEFINITE
Rate of interest of loan:	N/A
Security pledged for loan:	N/A

X I, Anne Dellinger (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

X Anne Dellinger
Signature of Lender

Arice H. Bryant
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

