

Disclosure Report Cover

APR 24 2006

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name <i>Norwoods Election</i>		c. ID Number <i>TR1YDM3</i>
b. Mailing Address (include City, State and Zip Code) <i>PO Box 1425 BURGAW, NC 28425</i>		d. Date Filed <i>04/24/2006</i>
		e. Phone Number <i>910 259-2003</i>

2. Report Year <i>2006</i>	3. Period Start Date (mm/dd/yyyy) <i>04/10/2006</i>	4. Period End Date (mm/dd/yyyy) <i>04/15/2006</i>	5. Treasurer Full Name <i>Norwood Pitt Blancheard</i>
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6. Type of Committee (Check one)		8. 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"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<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 type="checkbox"/> Third Plus	<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"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name <i>FNB Southeast</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign Funds</i>	c. Code <i>E</i>	b. Purpose	c. Code
	d. Period Begin Balance <i>\$ 0</i>		d. Period Begin Balance <i>\$</i>

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 and correct.

Norwood Pitt Blancheard Printed Name of Signer *[Signature]* Signature of Appointed Treasurer *04/15/2006* Date

FOR OFFICE USE ONLY

Date Received: *4/24/06* Employee: *[Signature]*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

APR 24 2006

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Northwoods Election	First Booked Plus	R1Y0M3	
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$	
6) Contributions from Individuals (CRO-1210)	\$ 2705	\$ 2705	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 2500	\$ 2500	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 5205	\$ 5205	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 2529	\$ 2529	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 2529	\$ 2529	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 2676	\$ 2675	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	\$	\$	

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Contributions from Individuals

Pg 1 of 2 Amendment Yes No

1. Committee Full Name (and Fund if applicable) Norwoods Election						2. ID Number R1YEM3	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Richard V Biberstein PO Box 428 Burgaw, NC 28425 910-254-2175				b. Job Title/Profession Attorney		d. Comments	
				c. Employer's Name/Specific Field Self-Employed		e. Election Cycle Sum to Date \$ 500.00	
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) John W. Moore 5327 Halfway Brook Rd Ivanhoe, NC 28447 910-283-5888				b. Job Title/Profession Farmer/Blueberries		d. Comments	
				c. Employer's Name/Specific Field Self Employed		e. Election Cycle Sum to Date \$ 150.00	
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) Krista R Strickland 1005 Bally Bunion Ln Burgaw, NC 28425 910-254-9562				b. Job Title/Profession Pharmacist		d. Comments	
				c. Employer's Name/Specific Field Kerr Drug		e. Election Cycle Sum to Date \$ 500.00	
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						\$ 1150	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2150	

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Contributions from Individuals

Pg 2 of 2 Amendment Yes No

1. Committee Full Name (and Fund if applicable) Norwoods Election						2. ID Number TRV 013
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Scott H. Cook 600 Pelican Drive Wrightsboro, NC 28480 910 256-0837				b. Job Title/Profession Retired		d. Comments
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 500.00
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) Jack H. Stocks 211 N 5th St Wilmington, NC 28401 910-763-8124				b. Job Title/Profession Retired		d. Comments
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 500.00
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 Cycle 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					\$ 1000	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2150	

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Disbursements

Pg 1 of 1 Amendment Yes No

1. Committee Full Name (and Fund if applicable) <u>Norwoods Election</u>				2. ID Number <u>RIY0M3</u>	
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 checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Podographics 340 BROMWAY AVE SAINT PAUL PARK, MN 651-769-1141 55071</u>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<u>CK to VISA</u>	<u>SIGNS</u>	<u>3/4/06</u>	\$ <u>849.30</u>	
				\$ <u>849.30</u>	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>CAPITAL PROMOTIONS 2362 OAK DALE AVE HONOLULU, HI 96818 808-884-3024</u>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<u>CK</u>	<u>outdoor SIGNS</u>	<u>3/27/06</u>	\$ <u>1627.00</u>	
				\$ <u>1627.00</u>	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>VISTA PRINT 100 HAYDEN AVE LEXINGTON, MA 02421 1-800-961-2025</u>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<u>CK/VISA</u>	<u>BUSINESS CARDS</u>	<u>03/13/06</u>	\$ <u>52.87</u>	
				\$ <u>52.87</u>	
5. Total only this Page				\$ <u>2529.17</u>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ <u>2529.17</u>	

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Loan Proceeds

Pg 1 of 1 Amendment Yes No

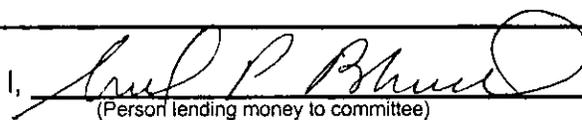
1. Committee Full Name (and Fund if applicable) Norwoods Election		2. ID Number R1Y0M3	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Norwood P. Blackard PO Box 1425 Burgan, NC 28425		b. Job Title/Profession Pharmacist	d. Comments
		c. Employer's Name/Specific Field Kerr Drug	e. Start Date (mm/dd/yyyy) 01/01/2006
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment
			k. Amount \$ 2500.00
l. Full Name of Lending Institution Personal Loan			m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)			\$ 2500.00

MAY 24 2006

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:	<u>Norwoods Election</u>
• Person lending money to committee (Lender):	<u>Norwood P Blanchard</u>
• Date of loan to committee:	<u>03/07/2006</u>
• Name of lending institution and account number (source):	<u>FNB Southeast A/c # [REDACTED]</u>
• Amount of loan:	<u>\$2500.00</u>
• Names of all parties responsible for payment of loan (guarantors):	<u>PERSONAL LOAN to Center</u>
• Period of loan:	<u>TILL Paid Back or forgiven</u>
• Rate of interest of loan:	<u>NONE</u>
• Security pledged for loan:	<u>NONE</u>

I, , (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 of Lender

Norwood P Blanchard
Signature of Treasurer of Committee

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

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Loan Proceeds

Pg 1 of 1 Amendment Yes No

1. Committee Full Name (and Fund if applicable) <u>Norwoods Election</u>		2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Norwood P Blanchard PO Box 1425 BURGOW, NC 28425</u>		b. Job Title/Profession <u>Pharmacist</u>	d. Comments
		c. Employer's Name/Specific Field <u>KERR DRUG</u>	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate <u>0 %</u>	h. Security Pledged <u>NONE</u>	i. Account Code	j. Form of Payment <u>CK</u>
			k. Amount <u>\$ 2500</u>
l. Full Name of Lending Institution <u>FNB Southeast / from CKing Acct</u>			m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>N/A</u>		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage <u>%</u>	e. Amount <u>\$</u>
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>N/A</u>		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage <u>%</u>	e. Amount <u>\$</u>
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>N/A</u>		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage <u>%</u>	e. Amount <u>\$</u>
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>N/A</u>		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage <u>%</u>	e. Amount <u>\$</u>
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)			<u>\$ 2500</u>