

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

I. Committee Information	
a. Full Name Franklin D. Rivenbark	c. ID Number FHL330
b. Mailing Address (include City, State and Zip Code) PO Box 151 Burgaw, NC 28425	d. Date Filed April 28, 08
	e. Phone Number 910-259-2717

2. Report Year 2008	3. Report Start Date 02/23/08	4. Report End Date 04/22/08	5. Report Signer Franklin D. Rivenbark
-------------------------------	---	---------------------------------------	--

<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<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 checked="" 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 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
	6. Type of Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		
8. Number of Fundraisers in Report			

9. Financial Institution Full Name Bank of America		10. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code FR	b. Purpose	c. Account Code
d. Period Begin Balance \$ 5000.00		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.

FRANKLIN D. RIVENBARK FRANKLIN D. RIVENBARK JAN 6, 09
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 1/6/09 Employee: OB
 Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

Franklin D. Rivenbark		1 st Quarter	FHL330	
Start of Election Cycle:	January 1,	2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 5000.00	\$ 0
5) Aggregated Contributions from Individuals	(CRO-1205)		\$ 400.00	\$ 400.00
6) Contributions from Individuals	(CRO-1210)		\$ 5000.00	\$ 5000.00
7) Contributions from Political Party Committees	(CRO-1220)		\$	\$
8) Contributions from Other Political Committees	(CRO-1230)		\$ 850.00	\$ 850.00
9) Loan Proceeds	(CRO-1410)		\$	\$ 5000.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)		\$	\$
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)		\$	\$
11c) Outside Sources of Income	(CRO-1250)		\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)		\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 6250.00	\$ 11250.00
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)		\$ 6351.50	\$ 6351.50
13b) Contributions to Candidates/Political Committees	(CRO-1310)		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)		\$	\$
15) Loan Repayments	(CRO-1420)		\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)		\$	\$
17) In-Kind Contributions	(CRO-1510)		\$ 850.00	\$ 850.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 7201.50	\$ 7201.50
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 4048.50	\$ 4048.50
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		\$	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		\$ 5000.00	\$
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	(CRO-2200)		\$	\$
28) Contributions to be Refunded	(CRO-1215)		\$	\$

Contributions from Individuals

Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Candidate Full Name (and Firm if applicable)						2. Election
Franklin D. Rivenbark						FHL330
3. Candidate Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Franklin D. Rivenbark 4286 Coras Grove Rd Willard, NC 28478			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 850.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FR	Transfer		04/11/08	\$ 5000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Candidate Information						
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"/>					\$	
3. Candidate Information						
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"/>					\$	
					\$ 5000.00	
					\$ 5000.00	

Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

Franklin D. Rivenbark				FHL330
Contributor Information				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Save Our Community PO Box Hampstead, NC 28443		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Referendum		d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date \$ 850.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	In Kind	Campaign Signs	04/12/08	\$ 800.00
	In Kind	Campaign Flyers	04/12/08	\$ 50.00
				\$
Contributor Information				
		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
		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 \$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$
Contributor Information				
		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
		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 \$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$
				\$ 850.00
				\$ 850.00

In-Kind Contributions

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.

Franklin D. Rivenbark		FHL330
a. Full Name, Mailing Address & Phone (include city, state, & zip)		
Save Our Community PO Box Hampstead, NC 28443	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 850.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Signs	04/12/08	\$ 800.00
Campaign Flyers	04/12/08	\$ 50.00
		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		
	b. Type of Contributor	c. Comments
	<input 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	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		
	b. Type of Contributor	c. Comments
	<input 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	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
		\$ 850.00
		\$ 850.00

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 (Do Not Abbreviate)						2. ID Number
Franklin D. Rivenbark						FLH330
3. Expense Type <i>(Print - For Candidates, FR - For Candidates/Political Committees, CP - For Coordinated Party Expenditures)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Party Information						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
WECT TV6 Shipyard Blvd Wilmington, NC 28403					Several Ads on Channel 6 & 26	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 5092.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FR	Check	A	04/11/08	\$5091.50	Tv Advertising	
				\$		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
Pender Chronicle Burgaw, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 652.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FR	Check	A	03/21/08	\$652.00	Print Ads	
				\$		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
Pender Post Burgaw, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 607.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FR	Check	A	03/21/08	\$607.50	Print Ads	
				\$		
					\$ 6351.50	
<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>					\$ 6351.50	
A* - Media			B* - Printing		C* - Fundraising	
E - Salaries			F* - Equipment		D - To Another Candidate	
I - Postage			J - Penalties		G - Political Party	
					H* - Holding Public Office Expenses	
					O* - Other	

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Lender Information			
Franklin D. Rivenbark			
2. Loan Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
Franklin D. Rivenbark 4286 Coras Grove Rd. Willard, NC 28478	Retired		
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	02/23/08
		f. End Date (mm/dd/yyyy)	12/31/08
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	None	\$ 5000.00	\$ 5000.00
k. Full Name of Lending Institution			l. Loan Number
Self			
3. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
Self	Retired		
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
5. Total Outstanding Loans			
			\$
			\$