

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 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 07/08/08
	e. Phone Number 910-259-2717

2008	04/23/08	06/30/08	Franklin D. Rivenbark
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6. Type of Committee (Check One)			
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> 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 Funds (Over the Reporting Period)			

11. Financial Institution	
a. Financial Institution Full Name Bank of America	a. Financial Institution Full Name
b. Purpose Campaign Finance	b. Purpose
c. Account Code FR	c. Account Code
d. Period Begin Balance \$ 4048.50	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
Printed Name of Signer

FDRivenbark
Signature of Appointed Treasurer

JAN 6, 09
Date

FOR OFFICE USE ONLY

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

Employee: DB
Employee: _____
Employee: _____
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		2nd Quarter		FHL330	
Start of Election Cycle: January 1, 2008		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	4048.50	\$	0
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	400.00
6) Contributions from Individuals (CRO-1210)		\$	5584.66	\$	10584.66
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	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)		\$	5584.66	\$	16834.66
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$	376.81	\$	6728.31
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)		\$	5584.66	\$	6434.66
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	5961.47	\$	13162.97
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	3671.69	\$	3671.69
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

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

1. Contributor Information					
FRANKLIN D. RIVENBARK					FHL 330
2. Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
CHRISTINA RIVENBARK 4019 Oleander Dr. Wilmington, N.C.		ATT		DAUGHTER	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		SELF		\$ 3646.66	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		IN KIND	POSTAGE	4/25/08	\$ 544.64
<input type="checkbox"/>		IN KIND	PRINTING	5/1/08	\$ 107.00
<input type="checkbox"/>		IN KIND	ADVERTISING	5/6/08	\$ 2995.00
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BRENDA RIVENBARK 151 BURGAW, N.C.		RET			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
				\$ 1938.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		IN KIND	POSTAGE	5/1/08	\$ 851.00
<input type="checkbox"/>		IN KIND	PRINTING	4/23/08	\$ 202.00
<input type="checkbox"/>		IN KIND	ADVERTISING	4/30/08	\$ 885.00
3. Contributor 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"/>					\$
4. Total on this Page					\$ 5584.66
5. Total of ALL CRO-1210 Pages					\$ 5584.66

In-Kind Contributions

Pg 1 of 1

Amendment Yes 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	
FRANKLIN D. RIVENBARK		FHL 330	
3. Contributor Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
CHRISTINA RIVENBARK 4019 OLEANDER DR. W. Lm. NC		<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	DAUGHTER
			d. Election Sum to Date
			\$ 3646.66
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE		7/25/08	\$ 544.64
PRINTING		5/1/08	\$ 107.02
ADVERTISING		5/6/08	\$ 2,995.00
3. Contributor Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BREND RIVENBARK 151 BURGAW. NC.		<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	WIFE
			d. Election Sum to Date
			\$ 1938.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Postage		5/1/08	\$ 851.00
PRINTING		4/23/08	\$ 202.00
ADVERTISING		4/30/08	\$ 885.00
3. Contributor Information			
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
			\$
			\$
			\$
4. Total only this Page			\$ 5584.66
5. Total of ALL CRO-1215 Pages			\$ 5584.66

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

Committee Full Name (and Fund if applicable) Franklin D. Rivenbark					ID Number FLH330												
Type of Disbursement <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> a. Full Name, Mailing Address & Phone (include city, state, & zip) The Topsail Voice Hampstead, NC </td> <td colspan="2"> b. Coordinated Committee Name </td> <td colspan="2"> d. Comments </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="2"> e. Election Sum to Date \$ 164.26 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) The Topsail Voice Hampstead, NC		b. Coordinated Committee Name 		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 \$ 164.26	
a. Full Name, Mailing Address & Phone (include city, state, & zip) The Topsail Voice Hampstead, NC		b. Coordinated Committee Name 		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 \$ 164.26													
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks												
FR	Check	A	04/29/08	\$164.26	Print Ads												
				\$													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> a. Full Name, Mailing Address & Phone (include city, state, & zip) Pender Chronicle Burgaw, NC </td> <td colspan="2"> b. Coordinated Committee Name </td> <td colspan="2"> d. Comments </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="2"> e. Election Sum to Date \$ 761.25 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) Pender Chronicle Burgaw, NC		b. Coordinated Committee Name 		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 \$ 761.25	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pender Chronicle Burgaw, NC		b. Coordinated Committee Name 		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 \$ 761.25													
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks												
FR	Check	A	04/24/08	\$108.75	Print Ads												
				\$													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> a. Full Name, Mailing Address & Phone (include city, state, & zip) Pender Post Burgaw, NC </td> <td colspan="2"> b. Coordinated Committee Name </td> <td colspan="2"> d. Comments </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="2"> e. Election Sum to Date \$ 711.00 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) Pender Post Burgaw, NC		b. Coordinated Committee Name 		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 \$ 711.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pender Post Burgaw, NC		b. Coordinated Committee Name 		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 \$ 711.00													
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks												
FR	Check	A	04/25/08	\$103.50	Print Ads												
				\$													
					\$ 376.81												
<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>					\$ 376.81												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>O* - Other</td> </tr> </table>						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	O* - Other
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	O* - Other														

Outstanding Loans

Amendment

Pg 1 of 1 Yes No

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

Candidate Information			
Franklin D. Rivenbark			
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			
Candidate 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
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. 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
m. Full Name of Lending Institution			n. Loan Number
			\$
o. Full Name of Lending Institution			p. Loan Number
			\$