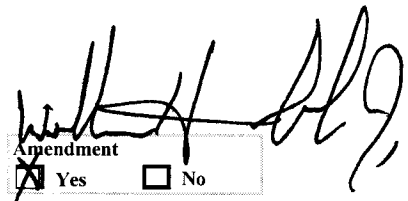


Disclosure Report Cover


 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.

I. Committee Information	
a. Full Name	c. ID Number
EDFRED M. GASKILL CAMPAIGN FUND	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
105 WOODRIDGE DRIVE MOREHEAD CITY, NC 28557	07/11/2006
	e. Phone Number
	252-240-0729

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	04/16/2006	07/11/2006	WILLIAM K. HUMBLE, JR.

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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	Municipal	State/County	Referendum
7. Type of Fund (if applicable, check one)	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name	
<input type="checkbox"/> Final	<input type="checkbox"/> Year End		
<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final		
<input type="checkbox"/> Other:	<input type="checkbox"/> Special		

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BANK OF AMERICA			
b. Purpose	c. Code	b. Purpose	c. Code
CAMPAIGN EXPENSES	C1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2,401.03		\$

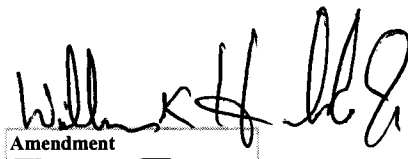
CERTIFICATION

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.

William K. Humble Jr William K. Humble Jr 7/24/2006
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	<u>Delivery Method</u> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	


 Amendment
 Yes No

Detailed Summary

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
EDFRED M. GASKILL CAMPAIGN FUND		FINAL			
Start of Election Cycle: January 1, 2006		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,401.03		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 700.00		\$ 900.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 3,000.00		\$ 15,000.00	
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)		\$ 3,700.00		\$ 15,900.00	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 4,556.39		\$ 14,355.36	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$ 576.80		\$ 576.80	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 967.84		\$ 967.84	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 6101.03		\$ 15,900.00	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 0.00		\$ 0.00	
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		\$		\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) EDFRED M. GASKILL CAMPAIGN FUND						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Edward Hoeverman 1 Dutch Treat Ct. Newport, NC 28570				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"/>	C1	CHECK		04/27/2006	\$	250.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) James Parsons 210 Sumpter Rd Havelock, NC 28532 252-447-4414				b. Job Title/Profession Retired		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"/>	C1	Check		04/27/2006	\$	100.00	
<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) Preston Parsons 597 Providence Rd Randelman, NC 27317				b. Job Title/Profession Retired Minister		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"/>	C1	Check		04/27/2006	\$	50.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) EDFRED M. GASKILL CAMPAIGN FUND						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Brian Parsons 210 Wash Creek Hendersonville, NC				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"/>	C1	CHECK		05/04/2006	\$ 300.00		
<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) James Parsons 210 Sumpter Rd Havelock, NC 28532 252-447-4414				b. Job Title/Profession Retired		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"/>					\$		
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 Retired Minister		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					\$ 300.00 ✓		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 700.00 ✓		

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EDFRED M. GASKILL CAMPAIGN FUND					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
NEWS TIMES 4034 ARENDELL STREET MOREHEAD CITY, NC 28577 252-726-7081			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	
C1	CHECK	ADVERTISING	04/18/2006	\$ 800.00	
C1	CHECK	ADVERTISING	04/28/2006	\$ 2,384.35	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
NEWS TIMES 4034 ARENDELL STREET MOREHEAD CITY, NC 28577 252-726-7081			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	
C1	CHECK	ADVERTISING	05/09/2006	\$ 48.24	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
COASTAL PRESS 502 ARENDELL STREET MOREHEAD CITY, NC 28557 252-726-1549			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	
C1	CHECK	MAILING CARDS	04/20/2006	\$ 53.50	
C1	CHECK	ADVERTISING	04/20/2006	\$ 808.33	
5. Total only this Page				\$ 4,094.42 ✓	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EDFRED M. GASKILL CAMPAIGN FUND					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
MORTON PUBLISHING & NEWPORT VOICE 820 LIVE OAK STREET BEAUFORT, NC 28516 252-728-2435			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input 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	
C1	CHECK	ADVERTISING	05/01/2006	\$ 450.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
EARTHLINK PO BOX 7645 ATLANTA, GA 30357 800-237-0148			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	
C1	CHECK	WEBSITE	05/01/2006	\$ 11.97	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input 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	
				\$	
				\$	
5. Total only this Page				\$ 461.97 ✓	
6. Total of ALL CRO-1310 Pages				\$ 4,556.39 ✓	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Loan Proceeds

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EDFRED M. GASKILL CAMPAIGN FUND					
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Edfred M. Gaskill 105 Woodridge Drive Morehead City, NC 28557		Assistant Manager			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		McDonald's		04/16/2006	
				f. End Date (mm/dd/yyyy)	
				07/11/2006	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		C1	Check	\$ 3,000.00	
l. Full Name of Lending Institution				m. Loan Number	
N/A				N/A	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
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				\$ 3,000.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Loan Repayments

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EDFRED M. GASKILL CAMPAIGN FUND					
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Edfred M. Gaskill 105 Woodridge Drive Morehead City, NC 28557 252-240-0729					
				c. Original Loan Date	
				04/28/2006	
				d. Original Loan Amount	
				\$ 3,000.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 576.80	C1	Check	07/11/2006	\$ 576.80	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 576.80	
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$	

Forgiven Loans

Pg ____ of ____

Amendment

Yes No

This form should be completed for each loan NOT being repaid by the committee. A Forgiven Loan Statement (CRO-6200) should accompany each forgiven loan.

The lender information should contain the same information as supplied under the original loan proceed. The people who satisfied the loan should be listed under loan payers, and should include their occupational information, as well as the amount they paid and their sum to date total as a contributor for the election cycle covered by the report.

1. Committee Full Name (and Fund if applicable)	2. ID Number
EDFRED M. GASKILL CAMPAIGN FUND	

3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
EDFRED M. GASKILL 105 WOODRIDGE DRIVE MOREHEAD CITY, NC 28557 252-240-0729		c. Original Loan Date (mm/dd/yyyy)	f. Election Cycle Sum to Date
		04/28/2006	\$ 15,000.00
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
		\$ 3,000.00	07/11/2006
e. Remaining Loan Balance		h. Forgiven Amount	
\$ 967.84		\$ 967.84	

4. Loan Payers *(These are the people who satisfied the loan, and the amount they paid, if it wasn't completely satisfied by the lender.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)		a. Full Name, Mailing Address & Phone (include city, state, & zip)	
b. Job Title/Profession	d. Forgiven Amount	b. Job Title/Profession	d. Forgiven Amount
	\$		\$
c. Employer's Name/Specific Field	e. Elect Cycle Sum to Date	c. Employer's Name/Specific Field	e. Elect Cycle Sum to Date
	\$		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		a. Full Name, Mailing Address & Phone (include city, state, & zip)	
b. Job Title/Profession	d. Forgiven Amount	b. Job Title/Profession	d. Forgiven Amount
	\$		\$
c. Employer's Name/Specific Field	e. Elect Cycle Sum to Date	c. Employer's Name/Specific Field	e. Elect Cycle Sum to Date
	\$		\$

5. Total only this Page \$ 967.84

6. Total of ALL CRO-1440 Pages \$ 967.84
(This line must be on line 17 of Detailed Summary Page CRO-1100)

Forgiven Loan Statement

Name of Lender:	EDFRED M. GASKILL
Committee receiving loan:	EDFRED M. GASKILL CAMPAIGN FUND
Date of loan:	04/28/2006
Amount of original loan:	\$3,000.00
*Amount of loan to be forgiven:	\$967.84

I, Edfred M Gaskill, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Edfred M Gaskill
Signature of Lender

[Signature]
Signature of Committee Treasurer

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:	EDFRED M. GASKILL CAMPAIGN FUND
• Person lending money to committee (Lender):	EDFRED M. GASKILL
• Date of loan to committee:	04/28/2006
• Name of lending institution and account number (source):	
• Amount of loan:	\$3,000.00
• Names of all parties responsible for payment of loan (guarantors):	
• Period of loan:	
• Rate of interest of loan:	
• Security pledged for loan:	

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

Edfred M Gaskill
Signature of Lender

William K. Hill
Signature of Treasurer of Committee

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



RECEIVED

JUL 10 2006

North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification to Close Committee

FILED BY:

Committee Name: EDFRED M. GASKILL CAMPAIGN FUND

Treasurer Name: WILLIAM K. HUMBLE, JR.

Treasurer Address: 143 COUNTRY CLUB LANE
 (include city, state, & zip) NEWPORT, NC 28570

Treasurer Phone: 252-728-2051

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7/9/2006
Date Signed

William K. Humble, Jr.
Signature