

RECEIVED

JUL 07 2011

Amendment

Yes  No

Disclosure Report Cover

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.

WAKE CO. BOARD OF ELECTIONS

<b>1. Committee Information</b>	
a. Full Name <i>Organizing for Southeast Raleigh To Elect Lent Carr Raleigh City Council 2011</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 28654 Raleigh, N.C. 27611</i>	d. Date Filed <i>7/7/2011</i>
	e. Phone Number <i>919-949-7162</i>

2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>12/26/2010</i>	4. Period End Date (mm/dd/yy) <i>12/31/2010</i>	5. Treasurer Full Name <i>Deltarina Diaz</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<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"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<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	<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 checked="" 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	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
<b>8. Number of Fundraisers this Report</b> <i>-0-</i>				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Will Provide in July</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign funds</i>	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ -0-</i>		d. Period Begin Balance <i>\$ -0-</i>

**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.

*De Harina Diaz* Printed Name of Signer      *Deltarina Diaz* Signature of Appointed Treasurer      *7/7/11* Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed  <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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.