

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.

Amendment
 Yes No

Received

1. Committee Information		c. ID Number
a. Full Name EVANS FOR WAKE		JAN 18 2012
b. Mailing Address (include City, State and Zip Code) 2016 W. STERLINGTON PLACE APEX, NC 27502		d. Date Filed WAKE COUNTY Board of Elections 01/10/2012
		e. Phone Number (919) X 387-1497

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 09/27/2011 ✓	4. Period End Date (mm/dd/yy) 12/31/2011 ✓	5. Treasurer Full Name KATHLEEN HERTZBERG
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6. Type of Committee (Check One)		9. 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 <input type="checkbox"/> Legal Expense Fund		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"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
8. Number of Fundraisers this Report 1		<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	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name WACHOVIA		a. Financial Institution Full Name	
b. Purpose CAMPAIGN CHECKING ACCOUNT	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ X 21,857.93		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

Kathleen Hertzberg Printed Name of Signer
Kathleen Hertzberg Signature of Appointed Treasurer
 01/10/2012 Date

FOR OFFICE USE ONLY

Date Received:	<u>1-11-12</u>	Employee:	<u>JLM</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
EVANS FOR WAKE							
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	
SHEILA B AHLER 3521 PINNACLE DRIVE CARY, NC 27518				PARTNER, CPA			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CHERRY BEKAERT & HOLLAND, LLP		\$ 357.75	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	In-Kind	FOOD, DRINK, DECORATIONS FOR	10/03/2011	\$ 107.75 ✓		
<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	
J STEPHEN DAVIS III 1708 PARK DR RALEIGH, NC 27605				X need this - freelance advertising art director			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				X need this Steve Davis Design		\$ 100.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Draft		09/30/2011	\$ 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)				b. Job Title/Profession		d. Comments	
KARLA Y DIENER 417 HILLCREST ROAD APEX, NC 27502				CPA			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NONE		\$ 235.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Draft		10/05/2011	\$ 100.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 307.75 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,776.31	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
EVANS FOR WAKE							
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		
MELANIE DUBIS 3308 GLADE SPRING CT RALEIGH, NC 27612 510-7892 phoned 1/17/12 <i>Best Effort</i> <i>No Reply</i>			X need this				
			c. Employer's Name/Specific Field				
			X need this		e. Election Sum to Date		
					\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Draft		09/27/2011	\$ 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)			b. Job Title/Profession		d. Comments		
LEON W HERNDON 6828 TURNER CREEK RD CARY, NC 27519 367-0389 <i>. Retire</i> <i>. WCPSS</i>			X need this				
			c. Employer's Name/Specific Field				
			X need this		e. Election Sum to Date		
					\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/29/2011	\$ 50.00		
<input type="checkbox"/>	1	Check		10/08/2011	\$ 50.00		
<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		
DEBORAH L HILDEBRAN BACHOFEN 5216 WYNNEFORD WAY RALEIGH, NC 27614			ATTORNEY				
			c. Employer's Name/Specific Field				
			MANNING, FULTON & SKINNER, PA		e. Election Sum to Date		
					\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		10/03/2011	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,776.31	

Contributions from Individuals

Amendment
 Yes No

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
EVANS FOR WAKE							
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	
NEAL OLDHAM 513 KELLYRIDGE DR APEX, NC 27502				PROCESS ENGINEER			
				c. Employer's Name/Specific Field			
				CREE, INC.			
						e. Election Sum to Date	
						\$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Draft		10/04/2011		\$ 25.00	
<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)				b. Job Title/Profession		d. Comments	
PRAJESH PATEL 201 W CHATHAM ST. CARY, NC 27514				OWNER X need this			
2nd email request 1/17/12 1073 Up church farm Lane Cary, NC 27519				X need this TRAVELINKS			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Draft		10/11/2011		\$ 200.00	
<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)				b. Job Title/Profession		d. Comments	
SUSAN PORTMAN 101 FERN BLUFF WAY CARY, NC 27518				HUMAN RESOURCES			
				c. Employer's Name/Specific Field			
				WESTSTAR PRECISION			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		10/03/2011		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 425.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,776.31	