

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 DEMOCRATIC WOMEN OF WAKE COUNTY	c. ID Number STA-C4034N-C-001
b. Mailing Address (include City, State and Zip Code) POST OFFICE BOX 12033 RALEIGH, NC 27605	d. Date Filed 10/06/2011
<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>OCT 11 2011</p> <p>WAKE CO. BOARD OF ELECTIONS</p> </div>	
e. Phone Number	

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 07/01/2011	4. Period End Date (mm/dd/yy) 08/30/2011	5. Treasurer Full Name EUNICE D RUDOLPH JONES
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input checked="" type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name WACHOVIA		a. Financial Institution Full Name	
b. Purpose CHECKING	c. Account Code 5456	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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

Eunice Jones Printed Name of Signer Eunice Jones Signature of Appointed Treasurer 10/06/2011 Date

FOR OFFICE USE ONLY

Date Received: 10-11-11 Employee: JUM **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ 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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
DEMOCRATIC WOMEN OF WAKE COUNTY	2011 Thirty-five-day	STA-C4034N-C-001	
Start of Election Cycle: January 1, <u>2011</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 13,090.19	\$ 7,642.94
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 287.00	\$ 5,540.00
6) Contributions from Individuals (CRO-1210)		\$ 1,163.72	\$ 26,443.72
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 84.00	\$ 1,304.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 150.00	\$ 150.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 1,684.72	\$ 33,437.72
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 3,789.87	\$ 27,204.29
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 12,000.00	\$ 13,957.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 13.92	\$ 398.25
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 184.72	\$ 184.72
17) In-Kind Contributions (CRO-1510)		\$ 184.72	\$ 734.72
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 16,173.23	\$ 42,478.98
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (1,398.32)	\$ (1,398.32)
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

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

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
DEMOCRATIC WOMEN OF WAKE COUNTY					STA-C4034N-C-001	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		07/25/2011	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/29/2011	\$	16.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/22/2011	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/25/2011	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/25/2011	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/25/2011	\$	16.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/25/2011	\$	16.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/25/2011	\$	16.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Cash		07/25/2011	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/25/2011	\$	36.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		07/25/2011	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/25/2011	\$	16.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		07/15/2011	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5456	Check		08/25/2011	\$	16.00
4. Total only this Page					\$	\$287.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$287.00

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. Committee Full Name (and Fund if applicable)						2. ID Number	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
GALE BROWN ADCOCK 300 LEGAULT DRIVE CARY, NC 27513				FAMILY NURSE PRACTITIONER			
				c. Employer's Name/Specific Field			
				SAS		e. Election Sum to Date	
						\$ 166.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
CHRISTY AGNER 1432-205 PITCHING WEDGE DR RALEIGH, NC 27603				LEGISLATIVE LIASON			
				c. Employer's Name/Specific Field			
				DEPARTMENT OF ADMINISTRATION		e. Election Sum to Date	
						\$ 96.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
CHERYL BLOCK 1210 OXFORD PLACE CARY, NC 27511				PROFESSOR			
				c. Employer's Name/Specific Field			
				NCSU		e. Election Sum to Date	
						\$ 302.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 32.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 64.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,163.72	

Contributions from Individuals

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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		
WILLIAM J BLOCK 5227 MELBOURNE ROAD RALEIGH, NC 27606			PROFESSOR				
			c. Employer's Name/Specific Field				
			NCSU		e. Election Sum to Date		
				\$ 96.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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		
FREDI BLUME 137 CHIMNEY RISE DRIVE CARY, NC 27511			RETIRED				
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
				\$ 101.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 36.00		
<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		
YEVONNE BRANNON 1113 LANDS END COURT RALEIGH, NC 27606			RESEARCH DIRECTOR				
			c. Employer's Name/Specific Field				
			NCSU		e. Election Sum to Date		
				\$ 120.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		07/07/2011	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 72.00		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,163.72		

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
BARBARA T BROWN 820 CARLISLE ST RALEIGH, NC 27610				REAL ESTATE BROKER			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 91.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
DELOIS L BROWN 234 VINCA CIRCLE CARY, NC 27513				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 81.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
SALLY WOOD CREECH 1514 ST MARY'S STREET RALEIGH, NC 27608				REALTOR			
				c. Employer's Name/Specific Field			
				PRUDENTIAL CAROLINAS		e. Election Sum to Date	
						\$ 222.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 32.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 64.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,163.72	

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. Committee Full Name (and Fund if applicable)						2. ID Number	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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		
MARYLEE CROFTS 4832 LATIMER ROAD RALEIGH, NC 27609			RETIRED				
			c. Employer's Name/Specific Field				
			RETIRED		e. Election Sum to Date		
					\$ 171.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<input type="checkbox"/>	5456	In-Kind	STAPLES-COPY PAPER, PRINTER CARTRIDGE &	08/25/2011	\$ 118.69		
<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		
JACQUELINE DIXON-MASON 105 TIERCEL COURT CARY, NC 27511			RETIRED				
			c. Employer's Name/Specific Field				
			STATE OF ILLINOIS		e. Election Sum to Date		
					\$ 147.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Cash		08/25/2011	\$ 1.00		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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		
MARY ELLIN EISELE 264 JOSHUA GLEN LANE CARY, NC 27519			RETIRED				
			c. Employer's Name/Specific Field				
			EDUCATOR		e. Election Sum to Date		
					\$ 196.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 167.69		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,163.72		

Contributions from Individuals

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
DEMOCRATIC WOMEN OF WAKE COUNTY	STA-C4034N-C-001

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) CAROL A REID ERICHSEN 900 CANENAUGH DRIVE UNIT 208 RALEIGH, NC 27604	b. Job Title/Profession 	d. Comments
	c. Employer's Name/Specific Field 	
	e. Election Sum to Date \$ 51.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	5456	Check		02/24/2011	\$ 15.00
<input checked="" type="checkbox"/>	5456	Check		03/18/2011	\$ 20.00
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) LILA P FRIDAY 6308 LAKEWAY DRIVE RALEIGH, NC 27612	b. Job Title/Profession RETIRED	d. Comments
	c. Employer's Name/Specific Field RETIRED	
	e. Election Sum to Date \$ 106.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JOYCE H GAD 211 CHIMNEY RISE DR CARY, NC 27511	b. Job Title/Profession RETIRED	d. Comments
	c. Employer's Name/Specific Field RETIRED	
	e. Election Sum to Date \$ 101.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 48.00

5. Total of ALL CRO-1210 Pages \$ 1,163.72
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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) DEMOCRATIC WOMEN OF WAKE COUNTY	2. ID Number STA-C4034N-C-001
---	---

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) KEVIN L HILL 300 PAPRIKA CT RALEIGH, NC 27614	b. Job Title/Profession EDUCATOR	d. Comments e. Election Sum to Date \$ 55.00
	c. Employer's Name/Specific Field NCSU	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	5456	Check		04/21/2011	\$ 35.00
<input type="checkbox"/>	5456	Check		07/25/2011	\$ 20.00
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDITH HILLMAN 5044 ISABELLA CANNON DRIVE RALEIGH, NC 27612	b. Job Title/Profession RETIRED	d. Comments e. Election Sum to Date \$ 66.00
	c. Employer's Name/Specific Field PROFESSOR	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	5456	Cash		01/28/2011	\$ 15.00
<input checked="" type="checkbox"/>	5456	Check		02/28/2011	\$ 20.00
<input checked="" type="checkbox"/>	5456	Cash		05/26/2011	\$ 15.00

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDITH HILLMAN 5044 ISABELLA CANNON DRIVE RALEIGH, NC 27612	b. Job Title/Profession RETIRED	d. Comments e. Election Sum to Date \$ 66.00
	c. Employer's Name/Specific Field PROFESSOR	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 36.00

5. Total of ALL CRO-1210 Pages \$ 1,163.72
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
CAROLYN HONEYCUTT 4720 RAMPART STREET RALEIGH, NC 27609				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		236.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
MANA JOHNSON 4621 EDWARDS MILL ROAD RALEIGH, NC 27612				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		146.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
PAULINE LATTA 709 DELANY DRIVE RALEIGH, NC 27610				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		66.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	5456	Check		02/24/2011	\$ 15.00		
<input checked="" type="checkbox"/>	5456	Check		03/18/2011	\$ 20.00		
<input checked="" type="checkbox"/>	5456	Check		03/26/2011	\$ 15.00		
4. Total only this Page						\$ 32.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,163.72	

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
DEMOCRATIC WOMEN OF WAKE COUNTY	STA-C4034N-C-001

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PAULINE LATTA 709 DELANY DRIVE RALEIGH, NC 27610	b. Job Title/Profession	d. Comments
	RETIRED	
	c. Employer's Name/Specific Field	e. Election Sum to Date
	RETIRED	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDY MARX 1305 GLENCASTLE WAY RALEIGH, NC 27606	b. Job Title/Profession	d. Comments
	RETIRED	
	c. Employer's Name/Specific Field	e. Election Sum to Date
	TEACHER	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	5456	Check		04/12/2011	\$ 35.00
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ANNE NORRIS MCLAURIN 324 SOUTH BOYLAN AVE RALEIGH, NC 27603	b. Job Title/Profession	d. Comments
	PHYSICIAN	
	c. Employer's Name/Specific Field	e. Election Sum to Date
	SAS	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	5456	Check		04/29/2011	\$ 35.00
<input type="checkbox"/>	5456	Check		07/12/2011	\$ 35.00
<input type="checkbox"/>	5456	Check		08/10/2011	\$ 35.00

4. Total only this Page	\$ 102.00
--------------------------------	-----------

5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1,163.72
---	-------------

Contributions from Individuals

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
SHARON M MORRIS 4712 HIDDENBROOK DRIVE RALEIGH, NC 27609				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 116.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/23/2011	\$ 16.00		
<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	
CAROLYN MORRISON 900 INDIAN TRAIL RALEIGH, NC 27609				ADJUNCT			
				c. Employer's Name/Specific Field			
				PEACE COLLEGE		e. Election Sum to Date	
						\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/15/2011	\$ 20.00		
<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	
SALLY PINNIX 125 AMMONS DRIVE RALEIGH, NC 27615				RETIRED			
				c. Employer's Name/Specific Field			
				EDUCATOR		e. Election Sum to Date	
						\$ 96.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Cash		08/25/2011	\$ 1.00		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 15.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 52.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1,163.72	

Contributions from Individuals

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
BETSY ANN PRICE 3032 SYLVANIA DRIVE RALEIGH, NC 27607				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		127.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 32.00		
<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	
JOAN ROBERTSON 5441 BLEU SAGE DRIVE RALEIGH, NC 27606				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		131.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
EUNICE D RUDOLPH JONES 3601 ECK DRIVE RALEIGH, NC 27604				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		71.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 64.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,163.72	

Contributions from Individuals

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
WANDA WEBB SCHRADER 116 SKYLARK WAY RALEIGH, NC 27615				WELLNESS CONSULTANT			
				c. Employer's Name/Specific Field			
				SELF			
						e. Election Sum to Date	
						\$ 166.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
SONDRA SCHUTZ 103 PENNY LN CARY, NC 27511				RETIRED			
				c. Employer's Name/Specific Field			
				SOCIAL WORKER			
						e. Election Sum to Date	
						\$ 52.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 20.00		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 32.00		
<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	
MARY ALICE SIMMONS 4017 OLD MILBURNIE ROAD RALEIGH, NC 27616				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 116.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 84.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,163.72	

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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		
JEANNE SIMPSON 12636 SCENIC WAY RALEIGH, NC 27614			RETIRED				
			c. Employer's Name/Specific Field				
			RETIRED		e. Election Sum to Date		
					\$ 106.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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		
E. CAROL SPRUILL 2501 KENMORE DRIVE RALEIGH, NC 27608			SENIOR LECTURING FELLOW				
			c. Employer's Name/Specific Field				
			DUKE LAW SCHOOL		e. Election Sum to Date		
					\$ 171.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/24/2011	\$ 16.00		
<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		
MARY H STARKEY 917 HAYNES STREET RALEIGH, NC 27604			RETIRED				
			c. Employer's Name/Specific Field				
			EDUCATOR		e. Election Sum to Date		
					\$ 221.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<input type="checkbox"/>	5456	In-Kind	NAME TAGS	08/25/2011	\$ 66.03		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 114.03	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,163.72	

Contributions from Individuals

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
LINDA STEPHENS 5524 NORTH HILLS DRIVE RALEIGH, NC 27612				JUDGE			
				c. Employer's Name/Specific Field			
				STATE OF NC		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"/>	5456	Check		08/30/2011	\$ 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	
PAMELA J STURGEON 2311 TRELIS GRN CARY, NC 27518				EDUCATIONAL ADMINISTRATOR			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	5456	Check		03/26/2011	\$ 15.00		
<input checked="" type="checkbox"/>	5456	Check		06/03/2011	\$ 20.00		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
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	
CAROL TEAL 3109 CARTWRIGHT DRIVE RALEIGH, NC 27612				EXECUTIVE DIRECTOR			
				c. Employer's Name/Specific Field			
				LILLIANS LIST		e. Election Sum to Date	
						\$ 141.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 132.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1,163.72	

Contributions from Individuals

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
CHRISTINE BLOCK TERRELL 205 WOODBURN ROAD RALEIGH, NC 27605				FARM MANAGER			
				c. Employer's Name/Specific Field			
				PRESTON-BLOCK FARMS			
						e. Election Sum to Date	
						\$ 286.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<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	
CHARLENE TORREST 56 RENWICK COURT RALEIGH, NC 27615				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 66.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	5456	Check		03/26/2011	\$ 15.00		
<input checked="" type="checkbox"/>	5456	Check		06/03/2011	\$ 35.00		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
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	
ANN T TURLINGTON 750 WASHINGTON ST RALEIGH, NC 27605				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 91.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 48.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,163.72	

Contributions from Individuals

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	
DEMOCRATIC WOMEN OF WAKE COUNTY						STA-C4034N-C-001	
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	
SHERRY E WARD 8816 COCHRAN COURT WAKE FOREST, NC 27587				EDUCATION CONSULTANT			
				c. Employer's Name/Specific Field			
				NC DPI			
				e. Election Sum to Date			
				\$		55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	5456	Check		04/21/2011	\$ 35.00		
<input type="checkbox"/>	5456	Check		08/20/2011	\$ 20.00		
<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	
BETSY L WATSON 6842 GLOUCESTER ROAD RALEIGH, NC 27612				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		266.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Cash		08/25/2011	\$ 1.00		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 15.00		
<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	
DARLENE A WHITTED 112 WEST ACRES CRESCENT CARY, NC 27519				MERCHANDISER			
				c. Employer's Name/Specific Field			
				HALLMARK			
				e. Election Sum to Date			
				\$		221.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 52.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1,163.72	

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
DEMOCRATIC WOMEN OF WAKE COUNTY	STA-C4034N-C-001

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
LAURA W WINSLOW 4209 ARCKELTON DRIVE RALEIGH, NC 27612	RETIRED	
	c. Employer's Name/Specific Field	
	RETIRED	
		e. Election Sum to Date
		\$ 66.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	5456	Check		02/03/2011	\$ 20.00
<input checked="" type="checkbox"/>	5456	Check		02/24/2011	\$ 15.00
<input checked="" type="checkbox"/>	5456	Cash		05/26/2011	\$ 15.00

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
LAURA W WINSLOW 4209 ARCKELTON DRIVE RALEIGH, NC 27612	RETIRED	
	c. Employer's Name/Specific Field	
	RETIRED	
		e. Election Sum to Date
		\$ 66.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
PAULA WOLF 616 WEATHERGREEN DRIVE RALEIGH, NC 27615	LOBBYIST/POLITICAL CONSULTANT	
	c. Employer's Name/Specific Field	
	SELF	
		e. Election Sum to Date
		\$ 91.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5456	Check		08/25/2011	\$ 16.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 32.00
--------------------------------	----------

5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1,163.72
---	-------------