

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
e. Phone Number	

RECEIVED
 OCT 11 2011
 WAKE CO. BOARD OF ELECTIONS

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 08/31/2011	4. Period End Date (mm/dd/yy) 09/26/2011	5. Treasurer Full Name EUNICE D RUDOLPH JONES
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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 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 checked="" 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	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

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 of Elections.

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: JLM Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____
 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 Pre-Election	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		\$ (1,398.32)	\$ 7,642.94
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 147.00	\$ 5,687.00
6) Contributions from Individuals (CRO-1210)		\$ 539.00	\$ 26,982.72
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 1,304.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 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)		\$ 686.00	\$ 34,123.72
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 90.00	\$ 27,294.29
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 13,957.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 398.25
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 200.00	\$ 384.72
17) In-Kind Contributions (CRO-1510)		\$ 200.00	\$ 934.72
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 490.00	\$ 42,968.98
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (1,202.32)	\$ (1,202.32)
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	5456	Check		09/18/2011	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	5456	Check		09/21/2011	\$ 16.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	5456	Check		09/26/2011	\$ 16.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	5456	Check		09/06/2011	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	5456	Check		09/17/2011	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	5456	Check		09/17/2011	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	5456	Check		08/31/2011	\$ 35.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 147.00	
5. Total of ALL CRO-1205 Pages					\$ 147.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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	
MARYLEE CROFTS 4832 LATIMER ROAD RALEIGH, NC 27609				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		187.00	
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		09/21/2011	\$ 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	
NANCY LORRIN FREEMAN 6405 NORTHWYCK PLACE RALEIGH, NC 27609				CLERK OF COURT			
				c. Employer's Name/Specific Field			
				WAKE COUNTY			
				e. Election Sum to Date			
				\$		190.00	
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		09/01/2011	\$ 75.00		
<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	
ELAINE MARSHALL 1000 KEITH HILLS ROAD LILLINGTON, NC 27546				SECRETARY OF STATE			
				c. Employer's Name/Specific Field			
				STATE OF NORTH CAROLINA			
				e. Election Sum to Date			
				\$		105.00	
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		09/18/2011	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 111.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 539.00	

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		
JUDY MARX 1305 GLENCASTLE WAY RALEIGH, NC 27606			RETIRED				
			c. Employer's Name/Specific Field				
			TEACHER		e. Election Sum to Date		
					\$ 86.00		
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			09/09/2011	\$ 35.00	
<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		
JUDITH MAUNEY 4821 LATIMER ROAD RALEIGH, NC 27609			RETIRED				
			c. Employer's Name/Specific Field				
			EDUCATOR		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			09/18/2011	\$ 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		
DOROTHY K PRESTON 4929 HERMITAGE DRIVE RALEIGH, NC 27612			PROFESSOR				
			c. Employer's Name/Specific Field				
			MEREDITH COLLEGE		e. Election Sum to Date		
					\$ 168.00		
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			09/09/2011	\$ 91.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 142.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 539.00	

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	
RITA RAKESTRAW 615 JUMPING FROG LANE KNIGHTDALE, NC 27545				DEVELOPMENT THERAPIST			
				c. Employer's Name/Specific Field			
				CORNERSTONE FAMILY SERVICES			
				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		01/28/2011	\$ 15.00		
<input checked="" type="checkbox"/>	5456	Check		02/28/2011	\$ 20.00		
<input type="checkbox"/>	5456	Check		09/08/2011	\$ 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	
STEVE RAO 128 GRATIOT DRIVE MORRISVILLE, NC 27560				BUSINESS OWNER - CEO			
				c. Employer's Name/Specific Field			
				TSG ACUDERNIES			
				e. Election Sum to Date			
				\$		150.00	
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		09/18/2011	\$ 50.00		
<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	In-Kind	MEALS & REGISTRATION - CONVENTION	09/05/2011	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 266.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 539.00	

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
ANNA WORLEY 1727 ZACHARY BROOK LANE RALEIGH, NC 27609			ATTORNEY		
			c. Employer's Name/Specific Field HERRING MCBONNETT & MILLS PLLC		
					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		09/05/2011	\$ 20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 20.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 539.00

Disbursements

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

1. Committee Full Name (and Fund if applicable) DEMOCRATIC WOMEN OF WAKE COUNTY	2. ID Number STA-C4034N-C-001
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC NATIONAL CONGRESS OF BLACK WOMEN PO BOX 61352 RALEIGH, NC 27616-1362	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 90.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5456	Check	O	09/03/2011	\$ 90.00	TICKETS
				\$	

5. Total only this Page	\$ 90.00
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6. Total of ALL CRO-1310 Pages <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>	\$ 90.00
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7. Purpose Codes (List detailed expenditure code in (h.) above)			
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	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)			2. ID Number	
DEMOCRATIC WOMEN OF WAKE COUNTY			STA-C4034N-C-001	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
MARY H STARKEY 917 HAYNES STREET RALEIGH, NC 27604		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/05/2011
				i. Original Receipt Amount
				\$ 200.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED	EDUCATOR	P		\$ 221.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5456	Check	CONVENTION REGISTRATION & MEALS	09/05/2011	\$ 200.00
4. Total only this Page				\$ 200.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 200.00
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kin		O* Other		
* Codes require detailed explanation in required remarks field (m)				

CRO-1320

NC State Board of Elections

July 2007

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	
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. Type of Contributor	c. Comments
MARY H STARKEY 917 HAYNES STREET RALEIGH, NC 27604		<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	
		d. Election Sum to Date	
		\$ 221.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEALS & REGISTRATION - CONVENTION		09/05/2011	\$ 200.00
			\$
			\$
4. Total only this Page		\$ 200.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 200.00	