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.

RECEIVED
SEP 28 2011
WAKE COUNTY BOARD OF ELECTIONS

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name	c. ID Number
FRIENDS OF RACQUEL WILLIAMS	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO BOX 25713 RALEIGH, NC 27611-5713	09/28/2011
	e. Phone Number
	(919) 227-9690

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2011	05/09/2011	09/26/2011	ABC MANAGEMENT INC

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☒ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

13. Account Information

a. Financial Institution Full Name	
MECHANICS AND FARMERS BANK	
b. Purpose	**c. Account Code**
ACCOUNT FOR CAMPAIGN RECEIPTS & EXPENDITURES	949
	d. Period Begin Balance
	$

13. Account Information

a. Financial Institution Full Name	
PAYPAL INC	
b. Purpose	**c. Account Code**
ELECTRONIC CONTRIBUTIONS	999
	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

BRIAN CLARKE		09/28/2011
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	9-28-11	Employee:	JLM	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail ☐ Registered Mail ☑ Hand Delivered ☐ Electronically Filed
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.