

1. Full Name DAVID WOODRUFF FOR COUNCIL		2. CID Number 044282
3. Mailing Address (include City, State and Zip Code) 255 S. VALLEY RD SOUTHERN PINES, NC 28387		4. Date Filed 7-19-11
		5. Phone Number 910-695-1023

2011	07-19-11	10-30-11	DAVID WOODRUFF
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special Special Report Name
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6. Financial Institution Full Name SUNTRUST BANK		7. Financial Institution Full Name	
8. Purpose FOR CAMPAIGN EXPENSES	9. Account Code	10. Purpose	11. Account Code
12. Period Begin Balance \$31.18		13. 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.

DAVID WOODRUFF *David Woodruff* 10-31-11
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>10/31/11</u>	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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.

RECEIVED
 OCT 31 2011
 MOORE BOE

Detailed Summary

Amendment Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

Committee Full Name (and Fund(s) applicable)		Type of Report	3-ID Number
DAVID WOODRUFF FOR COUNCIL		SCHEDULES	OH 4282
Start of Election Cycle: January 1, <u>2011</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 31.18	\$ 31.18
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1248.58	\$ 1248.58
6) Contributions from Individuals (CRO-1210)		\$ 1248.58	\$ 1248.58
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1076.82	\$ 1076.82
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 171.76	\$ 171.76
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

OCT 8 2011

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

DAVID WOODRUFF FOR COUNCIL					04 42 82
Name (Last, First, Middle Initial) ROBERT G. KIROLL 64 PINE LAKE DR WHISPERING PINES, NC 28327			Job Title/Profession RETIRED AVIATOR	Comments FRIEND Election Sum to Date \$50.00	
<input type="checkbox"/>		CHECK		09/26/2011 9-26-11	\$50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Name (Last, First, Middle Initial) DAVID AND PATSY BAILEY 17712 CLIFFBOURNE LANE DERWOOD, MD 20855-1104			Job Title/Profession RETIRED PHYSICIST	Comments CHILDHOOD FRIENDS FROM SEW PINNLS Election Sum to Date \$150.00	
<input type="checkbox"/>		CHECK		10/04/2011	\$150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Name (Last, First, Middle Initial) ELAINE SILLS			Job Title/Profession RETIRED EDUCATOR	Comments FRIEND Election Sum to Date \$150.00	
<input type="checkbox"/>		CHECK		10/13/2011	\$150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total Contributions					\$350.00
Total Contributions					\$

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

DAVID WOODRUFF FOR COUNCIL						OH 4282
Full Name, Mailing Address & Phone (Include city, state, zip)			Job Title/Profession CANDIDATE		Comments FUNNY FEE	
DAVID WOODRUFF			Employer's Name/Specific Field		Election Sum to Date \$35.75 46.58	
			FARMER			
Prefix	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount	
<input checked="" type="checkbox"/>		CASH		6-24-11	\$31.18	
<input type="checkbox"/>		CASH		6-25-11	\$ 5.00	
<input type="checkbox"/>		CHECKS		9-14-11	\$ 10.40	
WATTS AUMAN						
Full Name, Mailing Address & Phone (Include city, state, zip)			Job Title/Profession OWNER		Comments LONG TIME FRIEND	
3140 NC HIGHWAY 73 WEST END, NC 27376-4131			Employer's Name/Specific Field FARMER		Election Sum to Date \$40.00	
Prefix	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount	
<input type="checkbox"/>		CHECK		07/30/2011	\$ 40.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
FRED W GARRETT						
Full Name, Mailing Address & Phone (Include city, state, zip)			Job Title/Profession RETIRED		Comments FRIEND	
PO Box 1601 330 NEWTON DR SOUTHERN PINES, NC 28388			Employer's Name/Specific Field EDUCATOR		Election Sum to Date \$ 200.00	
Prefix	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount	
<input type="checkbox"/>		CHECK		09/10/2011	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total Contributions						\$ 286.58
Total of All CRO 1205 Filings						\$

Disbursements

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

WILKES COUNTY PUBLIC COPY

DAVID WOODRUFF FOR COUNCIL OH 4282

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
US POST OFFICE BROAD STREET SOUTHERN PINES NC 28387			
Level Registered (Specify)			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
		\$	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CASH	I	10/08/2011	\$ 88.00	STAMPS
				\$	

Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
MC BOB OF ELECTIONS 700 PINEHURST AVE CARTHAGE, NC 28327			PRINTING LABELS - VOTER LIST
Level Registered (Specify)			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
		\$	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	09/29/2011	\$ 12.00	PRINT LABELS - VOTING LIST
	CASH	O	06/25/2011	\$ 5.00	FLYING FEE

Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
STAPLES 290 TURNER ST. SOUTHERN PINES, NC 28387			LABELS FOR BOB
Level Registered (Specify)			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
		\$	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	O	09/28/2011	\$ 27.74	LABELS
				\$	

\$ 132.74

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 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

Disbursements

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

MOORE COUNTY PUBLIC COPY

CH 4282

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
JELLISON PRESS PRINTERS 135 NE BROAD ST SOUTHERN PINES, NC 28387			PRINTING CARDS
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	09/28/2011	\$ 106.75	PRINT HANDOUT CARDS
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
STAPLES 290 TURNER ST. SOUTHERN PINES, NC 28387			LABELS
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/06/2011	\$ 13.33	LABELS
	CASH		10/22/2011	\$ 24.00	INK - LABELS

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
THE PILOT			ADS
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	10/19/2011	\$ 400.00	
	CREDIT CARD	A	10/19/2011	\$ 400.00	

\$ 944.08

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 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