

NOV 22 2011

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 DAVID WOODRUFF FOR COUNCIL	c. ID Number OH 4282
b. Mailing Address (include City, State and Zip Code) 255 S Valley Rd Southern Pines NC 29387	d. Date Filed 11-22-11
	e. Phone Number 910-695-1023

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 10/31/11	4. Period End Date (mm/dd/yy) 11/23/11	5. Treasurer Full Name DAVID WOODRUFF
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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 checked="" type="checkbox"/> Organizational	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End
			<input type="checkbox"/> Final
			<input type="checkbox"/> Special

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

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report

Referendum

Organizational

Pre-referendum

Final

Supplemental Final

Annual

Special

10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name SUNTRUST BANK	a. Financial Institution Full Name	b. Purpose FOR CANDIDATE CAMPAIGN	b. Purpose
c. Account Code 1	c. Account Code	d. Period Begin Balance \$ 0	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.

DAVID WOODRUFF David Woodruff 11-22-11
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 11/22/11 Employee: [Signature]

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

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

Amendments: Yes No

1400000 COUNTY PUBLIC COPY

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	
DAVID WOODRUFF For Council		Org.		014282	
Start of Election Cycle: January 1, 2011				Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ 0	\$ 0
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$		
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)		\$ 1248.58	\$ 1248.58		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 559.82	\$ 559.82		
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)		\$ 517.00	\$ 517.00		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1076.82	\$ 1076.82		
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)		\$	\$		

Contributions from Individuals

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

Committee Ballot Line (and fund if applicable)					
DAVID WOODRUFF FOR COUNCIL					OH 4282
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
CHRISTOPHER WOODRUFF 9112 CONCORD HUNT CIRCLE BENTWOOD, TN 37027			MARKETING MANAGER	SON	
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			NISSAN NA	\$ 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"/>		CHECK		10/13/2011	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
DAVID WOODRUFF 255 S. VALLEY RD SOUTHERN PINES, NC 28387 SOUTHERN PINES NC 28387 XEROX Form 1510			2nd		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK	News Ad	10/19/2011	\$ 400.00
<input type="checkbox"/>		Post. & Print (CASH)	STAMPS	10/13/2011	\$ 88.00
<input type="checkbox"/>		Gift (CASH)	Ink & Labels	10/22/2011	\$ 24.00
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			c. Employer's Name/Specific Field	e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Report Only - This Page					\$ 612.00
Total of All CRO-1205 Pages					\$ 1248.58

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

Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)					
b. Job Title/Profession					
c. Employer's Name/Specific Field					
d. Comments					
e. Election Sum to Date					
<p>DAVID WOODRUFF FOR COUNCIL</p> <p>OH 4282</p>					
<p>DAVID WOODRUFF 255 S. VALLEY RD SOUTHERN PINES NC 28387 XPRO TO FARM 1510</p>					
Candidate					
46.58					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>		CASH		06/24/2011	31.18
<input checked="" type="checkbox"/>			Filing Fee	06/25/2011	5.00
<input checked="" type="checkbox"/>		CASH		09/14/2011	10.40
Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)					
b. Job Title/Profession					
c. Employer's Name/Specific Field					
d. Comments					
e. Election Sum to Date					
<p>WATTS ADMAN 3140 NC HIGHWAY 73 WEST END, NC 27376-9131</p>					
OWNER					
FARMER					
LONGTIME FRIEND					
\$40.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>		CHECK		07/30/2011	\$40.00
<input checked="" type="checkbox"/>					\$
<input checked="" type="checkbox"/>					\$
Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)					
b. Job Title/Profession					
c. Employer's Name/Specific Field					
d. Comments					
e. Election Sum to Date					
<p>FRED W GARRETT PO BOX 1601 330 NEWTON DR SOUTHERN PINES, NC 28388</p>					
RETIRED					
EDUCATOR					
FRIEND					
\$200.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>		CHECK		09/10/2011	\$200.00
<input checked="" type="checkbox"/>					\$
<input checked="" type="checkbox"/>					\$
Total from this page					\$ 286.58
Total of all CRO 1205 pages					\$ 1248.58

Contributions from Individuals

Pg 1 of 3 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 Name (and fund, if applicable)						OH 4282
2. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
ROBERT G. KIROLL 64 PINE LAKE DR WHISPERING PINES, NC 28327			RETIRED	FRIEND		
			c. Employer's Name/Specific Field			
			AVIATOR	e. Election Sum to Date		
				\$50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CHECK		09/26/2011	\$50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
DAVID BAILEY 17712 CLIFFBOURNE LANE DERWOOD, MD 20855-1104			RETIRED	CHILDHOOD FRIEND FROM SOUTHWEST		
			c. Employer's Name/Specific Field			
			PHYSICIST	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"/>		CHECK		10/04/2011	\$150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
ELAINE SILLS 166 W. HEDGELAWN SOUTHERN PINES, NC 28387			RETIRED	FRIEND		
			c. Employer's Name/Specific Field			
			EDUCATOR	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"/>		CHECK		10/13/2011	\$150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total for this page					\$350.00	
5. Total for all CRO 1205 forms					\$1248.58	

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

Committee Full Name (and number if applicable)						ID Number																																										
DAVID WOODRUFF FOR COUNCIL						0144282																																										
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="3" rowspan="2"></td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2" rowspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: </td> </tr> <tr> <td colspan="2">f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td colspan="2"></td> <td>CHECK</td> <td>B</td> <td>09/29/2011</td> <td>\$ 12.00</td> <td>PRINT LABELS - VOTER LIST</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>							a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments					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	09/29/2011	\$ 12.00	PRINT LABELS - VOTER LIST						\$						
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Disbursements

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

WATKINS COUNTY PUBLIC COPY

Committee Full Name (and fund if applicable) _____ ID Number: **CH 4282**

Operating Expenses
 Contributions to Candidates/Political Committees
 Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip):
**JELISON PRESS PRINTERS
 135 NE BROAD ST
 SOUTHERN PINES, NC 28387**

b. Coordinated Committee Name: _____
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments: **PRINTING CARDS**
 e. Election Sum to Date: **\$106.75**

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):
**STAPLES
 290 TURNER ST.
 SOUTHERN PINES, NC 28387**

b. Coordinated Committee Name: _____
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments: **LABELS**
 e. Election Sum to Date: **\$ 41.07**

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	9/28/2011	\$ 27.74	LABELS
	CHECK	O	10/06/2011	\$ 13.33	LABELS

a. Full Name, Mailing Address & Phone (include city, state, & zip):
**THE PILOT
 145 W PENNSYLVANIA AVE
 SOUTHERN PINES, NC 28387**

b. Coordinated Committee Name: _____
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments: **ADS**
 e. Election Sum to Date: **\$ 400.00**

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	ADVERTISEMENTS
				\$	

Total Operating Expenses: **\$ 547.82**
 Total Contributions to Candidates/Political Committees: _____
 Total Coordinated Party Expenditures: **\$ 559.82**

(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

In-Kind Contributions

Pg 1 of 4 / 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	
DAVID WOODRUFF FOR COUNCIL		OH 4282	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DAVID WOODRUFF 255 S. VALLEY RD SOUTHERN PINES, NC 28387		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 46.58	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee		06/25/11	\$ 5.00
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DAVID WOODRUFF 255 S. VALLEY RD SOUTHERN PINES, NC 28387		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 512.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Newspaper Ad (PAID BY CANDIDATE)		10/19/2011	\$ 400.00
Stamps (✓✓✓)		10/13/2011	\$ 88.00
Purchase of Ink & Labels (✓✓✓)		10/22/2011	\$ 24.00
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
255 S. VALLEY RD SOUTHERN PINES NC, 28387		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 297.72	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAPER - CARD STOCK - INK		11/01/2011	\$ 182.51
REFRESHMENTS		11/04/2011	\$ 115.21
			\$
4. Total only this Page			\$ 517.00
5. Total of ALL CRO-1510 Pages			\$ 517.00
<small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>			