

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 <i>Deborah B. Brooks Campaign Committee</i> | c. ID Number <i>80-0547729</i> |
| b. Mailing Address (include City, State and Zip Code) <i>3001 Open Lane Hillsborough, NC 27278</i> | d. Date Filed |
| | e. Phone Number <i>919-732-8302</i> |

| | | | |
|-------------------------------|---|---|--|
| 2. Report Year <i>2011</i> | 3. Period Start Date (mm/dd/yy) <i>Jan 1, 2011</i> | 4. Period End Date (mm/dd/yy) <i>6-30-11</i> | 5. Treasurer Full Name <i>Linda T. Wade</i> |
|-------------------------------|---|---|--|

| | | | | |
|--|---|--|--|---|
| 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 type="checkbox"/> Municipal | <input type="checkbox"/> State/County | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Year End | <input checked="" 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 | | 10. Special Report Name | | |

| | | | |
|---|---|--------------------------------|-------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name <i>Community One Bank</i> | a. Financial Institution Full Name | b. Purpose <i>Campaign</i> | c. Account Code |
| b. Purpose | c. Account Code <i>01</i> | | |
| | d. Period Begin Balance <i>\$ 9.62</i> | | 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.

Linda T. Wade
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

7-11-11
 Date

FOR OFFICE USE ONLY

Date Received: *7/12/11* Employee: *[Signature]*

Date Postmarked: _____ Employee: _____

Date Scanned: *7/19/11* Employee: *[Signature]*

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Received
JUL 12 2011

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.
 Orange Co. Bd. of Elections

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 |
| Deborah B. Brooks Campaign | | 2011 Mid Year ^{Semi-Annual} | 80-054729 |
| Start of Election Cycle: January 1, 2011 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 9.62 | \$ |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ | |
| 6) Contributions from Individuals (CRO-1210) | \$ | \$ | 1229.00 |
| 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) | \$ | \$ | 1229.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ | \$ | |
| 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) | \$ 9.62 | \$ 9.62 | |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ | 734.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 9.62 | \$ 1229.00 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 0 | \$ 0 | |
| 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) | \$ | \$ | |

CRO-1100

NC State Board of Elections

August 2008

JUL 12 2011

Orange Co. Bd. Of Elections

Refunds/Reimbursements From the Committee

Pg ___ of ___

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 | |
| Delorah B. Brooks Campaign Committee | | | 80-0547129 | |
| 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 | | h. Original Receipt Date |
| Priscilla Bradsher 6314 NC Hwy 86N Hillsborough, NC 27278 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | i. Original Receipt Amount |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Custodians | Orange Co. School | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| CK # 1002 | | 1/5/11 | \$ 9.62 | |
| 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 | | h. Original Receipt Date |
| | | <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: | | i. Original Receipt Amount |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | \$ | |
| 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 | | h. Original Receipt Date |
| | | <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: | | i. Original Receipt Amount |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | \$ | |
| 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 | | h. Original Receipt Date |
| | | <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: | | i. Original Receipt Amount |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | \$ | |
| 4. Total only this Page | | | | \$ 9.62 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 9.62 |
| L - Returned to Contributor | | M - Overpayment for Service | | N Exceeded Contribution Limit Received |
| P* - Reimbursement of In-Kind | | O* Other | | |
| * Codes require detailed explanation in required remarks field (m) | | | | |

JUL 12 2011



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name:

Deborah B. Brooks Campaign Committee

Treasurer Name:

Linda T. Wade

Treasurer Address:

3611 Mill Creek Rd.

(include city, state, & zip)

Mebane, NC 27302

Treasurer Phone:

919-563-4528

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7-11-11
Date Signed

Linda T. Wade
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Received

JUL 12 2011