

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 COMMITTEE FOR MARY RAKESTRAW PRE ELECTION | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 101 EAST AVONDALE DRIVE GREENSBORO NC 27403 | d. Date Filed |
| | e. Phone Number 336-332-3448 |

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2007 | 3. Period Start Date (mm/dd/yy) 10/23/2007 | 4. Period End Date (mm/dd/yy) 12/31/2007 | 5. Treasurer Full Name FRANK P. RAKESTRAW |
|-------------------------------|--|--|--|

| | | | | |
|---|--------------------------------|--|---|---|
| 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 | 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"/> 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 Plus | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input 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 Plus | <input type="checkbox"/> Annual |
| <input type="checkbox"/> NC Political Party Financing Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input checked="" type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| 8. Number of Fundraisers this Report 0 | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Special | |

| | | | |
|---|---------------------------------------|------------------------------------|-------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name WACHOVIA BANK AND TRUST | | a. Financial Institution Full Name | |
| b. Purpose TRACK EXPENS | c. Account Code RLC | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 5898.83 | | d. Period Begin Balance \$ |

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

FRANK P. RAKESTRAW

Printed Name of Signer

[Handwritten Signature]

Signature of Appointed Treasurer

1-22-08

Date

FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:

RECEIVED
JAN 22 2008
GUILFORD COUNTY
BOARD of ELECTIONS

Employee: _____

Employee: _____

Employee: _____

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

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 | | 2. ID Number | |
|---|--|-------------------|--|-----------------------------|--|
| COMMITTEE FOR MARY RAKESTRAW | | YEAR END | | | |
| Start of Election Cycle: January 1, | | 2007 | | Total this Reporting Period | |
| 4) Cash on Hand at Start | | \$ 5898.83 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 1480.00 | | \$ 3360.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1700.00 | | \$ 7625.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 150.00 | | \$ 834.23 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0 | | \$ 1500.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 3000.00 | | \$ 3550.00 | |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | | \$ | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0 | | \$ | |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ 0 | | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0 | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c) | | \$ 6330.00 | | \$ 16869.23 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 10884.73 | | \$ 15525.13 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ | | \$ | |
| 14) Loan Repayments (CRO-1420) | | \$ | | \$ | |
| 15) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ | | \$ | |
| 16) In-Kind Contributions (CRO-1510) | | \$ | | \$ | |
| 17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16) | | \$ 10884.73 | | \$ 15525.13 | |
| 18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17) | | \$ 1344.10 | | \$ 1344.10 | |
| ADDITIONAL INFORMATION | | | | | |
| 19) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0 | | | |
| 20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 3550.00 | | | |
| 21) Debts and Obligations owed By the Committee (CRO-1610) | | \$ 0 | | | |
| 22) Debts and Obligations owed To the Committee (CRO-1620) | | \$ 0 | | | |
| 23) Account Transfers Within the Committee (CRO-1720) | | \$ 0 | | | |
| 24) Administrative Support (CRO-1710) | | \$ 0 | | \$ 0 | |
| 25) Forgiven Loans (CRO-1440) | | \$ 0 | | \$ 0 | |
| 26) 48-Hour Notice Reports Sum | | \$ 0 | | \$ 0 | |

② 4 ⑦

Aggregated Contributions from Individuals

Page

1 of 1

Amendment
 Yes 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 | | | | |
|--|-----------------|--------------------|------------------------|----------------------|------------|--|
| COMMITTEE FOR MARY RAKESTRAW YEAR END REPORT | | | | | | |
| 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 | RLC | CHECK | | 10/20/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/02/07 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/20/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/20/09 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/23/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/24/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/24/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/26/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/24/07 | \$ 25.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/29/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/31/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/23/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/31/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 11/02/07 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/28/07 | \$ 30.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/28/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/29/07 | \$ 25.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | CHECK | | 10/15/07 | \$ 100.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | \$ | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | \$ | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | \$ | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1480.00 | |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 1480.00 | |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | |

③ of ⑦

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 | |
| COMMITTEE FOR MARY RAKESTRAW | | | | | | |
| 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 | |
| MICHAEL BYRD 31 STURBRIDGE LANE GREENSBORO NC 27408 | | | HAIR SHOP | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | RLC | CHECK | | 10/22/07 | \$ 200.00 | |
| <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 | |
| HENRY ISAACSON PO BOX 1888 GREENSBORO NC 274-2 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | RLC | CHECK | | 10/25/07 | \$ 200.00 | |
| <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 | |
| RONALD BILLOTTE 6621 BARTON CREEK DR WHITSETT NC 27377 | | | REAL ESTATE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | RLC | CHECK | | 10/31/07 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 900.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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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 | |
|--|-----------------|--------------------|--------------------------------------|----------------------|-----------|--------------|---------|
| COMMITTEE FOR MARY RAKESTRAW (YEAR END) | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID FLETCHER 3000 SOUTH ELM EUGENE ST GREENSBORO NC 27406 | | | b. Job Title/Profession FURNITURE | | | d. Comments | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | e. Election Sum to Date | | | | |
| | | | \$ 300.00 | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | RLC | CHECK | | 10/21/07 | \$ | 300.00 | |
| <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) WESLEY WALLACE 305 WAYCROSS CT GREENSBORO NC 27410 | | | b. Job Title/Profession PRESIDENT | | | d. Comments | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | e. Election Sum to Date | | | | |
| | | | \$ 500.00 | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | RLC | CHECK | | 11/03/07 | \$ | 500.00 | |
| <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 | |
| | | | 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"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ | 800.00 |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ | 1700.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | |

6 7

Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
|---|--------------------|--|----------------------|-------------------------|--|
| COMMITTEE FOR MARY RAKESTRAW YEAR END | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| TRIAD GOOD GOVERNMENT COMMITTEE PO BOX 2888 GREENSBORO NC 27402 | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 150.00 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| RLC | CHECK | | 10/25/07 | \$ 150.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 150.00 | |
| 5. Total of ALL CRO-1230 Pages | | | | \$ 150.00 | |
| <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i> | | | | | |

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Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full

| | | | |
|--|----------------------------|--|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number |
| COMMITTEE FOR MARY RAKESTRAW PREPRIMARY | | | |
| 3. Lender 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 |
| FRANK P. RAKESTRAW 101 E. AVONDALE DR GREENSBORO NC 27403 | | MANAGER | HUSBAND |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | APPAREL | 07/21/2007 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | OPEN |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ 550.00 | \$ 550.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 3. Lender 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 |
| FRANK P RAKESTRAW 101 E. AVONDALE DR GREENSBORO NC 27403 | | MANAGER | HUSBAND |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | APPAREL | 10/31/07 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ | \$ |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 3. Lender 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 |
| | | | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | | |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ | \$ |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 4. Total only this Page | | | \$ 3550.00 |
| 5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | \$ 3550.00 |