

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>Demetrice A. Keith</i>	c. ID Number <i>54L531</i>
b. Mailing Address (include City, State and Zip Code) <i>15925 US Hwy 421 Burgaw, NC 28425</i>	d. Date Filed <i>07/12/2010</i>
	e. Phone Number <i>910-283-9442</i>

2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>February 23, 2010</i>	4. Period End Date (mm/dd/yy) <i>July 12/2010</i>	5. Treasurer Full Name <i>Demetrice A. Keith</i>
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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	Municipal	State/County	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				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<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 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>Bank of America</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign Finances</i>	c. Account Code
b. Purpose	c. Account Code	d. Period Begin Balance	d. Period Begin Balance
	<i>DK</i>	<i>\$ 642.83</i>	<i>\$</i>

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.

Demetrice A. Keith Printed Name of Signer *Demetrice A. Keith* Signature of Appointed Treasurer *7/12/10* Date

FOR OFFICE USE ONLY

Date Received: <i>7/12/10</i>	Employee: <i>OB</i>	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.

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	3. ID Number	
Demetrice A. Keith	2nd	542531	
Start of Election Cycle: January 1,	<u>2010</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 65.11	\$ 65.11
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 140.00	\$ 140.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 172.00	\$ 172.00
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 312.00	\$ 312.00
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)	\$	\$
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)		\$ 377.11	\$ 377.11
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)	\$ 497.16	
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-2200)	\$	\$
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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Demetrice A. Keith					5HL531	
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	
Wilbert Nixon, Jr. 7826 12 th St NW Washington, DC 20012			Lawyer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DK	check		04/06/2010	\$ 25.00	
<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	
Joyce Reaves 3094 Fairway Ct. 9sw Supply, NC 28462			retiree			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			N. H. Memorial Hospital		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DK	check		04/21/2010	\$ 25.00	
<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	
Charles Stephens 2418 Horse branch Rd Willard, NC 28478			retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			University of Akron OHIO		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DK	check		04/24/2010	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 75.00	
5. Total of ALL CRO-1210 Pages					\$ 140.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

Contributions from Individuals

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	
Demetria A. Keith					54L531	
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	
James R. Fullwood 6305 Virgilia Court Raleigh, NC 27616			retiree			
			c. Employer's Name/Specific Field			
			North Carolina Dept. of Corrections			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	DK	check		04/23/2010		\$ 25.00
<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	
Ruth Reaves 2521 Old Ocean Hwy Bolivia, NC 28422			retiree			
			c. Employer's Name/Specific Field			
			Block shirt Factory Wilmington, NC			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	DK	check		04/22/10		\$ 25.00
<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	
Jesse Bryant 5033 Pender Rd. Shallotte, NC 28470			retiree			
			c. Employer's Name/Specific Field			
			farmer			
					e. Election Sum to Date	
					\$ 15.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	DK	check		04/26/10		\$ 15.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 65.00	
5. Total of ALL CRO-1210 Pages					\$ 140.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Demetria A. Keith		5HL531		
3. Lender Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>	b. Job Title/Profession	d. Comments		
Demetria Keith 15925 US Hwy 421 Burgaw, NC 28425	Candidate			
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)		
		02-23-2010		
		f. End Date (mm/dd/yyyy)		
		12-31-2010		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %	None	DK	check	\$ 172.00
l. Full Name of Lending Institution			m. Loan Number	
4. Endorsers/Makers <small>(The people who guarantee the loan.)</small>				
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>	b. Job Title/Profession	c. Employer's Name/Specific Field		
	d. Percentage	e. Amount		
	%	\$		
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>	b. Job Title/Profession	c. Employer's Name/Specific Field		
	d. Percentage	e. Amount		
	%	\$		
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>	b. Job Title/Profession	c. Employer's Name/Specific Field		
	d. Percentage	e. Amount		
	%	\$ 172.00		
5. Total of ALL CRO-1410 Pages <small>(This line must be on line 9 of Detailed Summary Page CRO-1100)</small>				
				\$ 172.00

Debts and Obligations Owed By the Committee

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Demetrice A. Keith - School Board		5HL532	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Demetrice A. Keith 15925 US Hwy 421 Durgaw, NC 28425		b. Description of Creditor	
		Candidate	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 325.16	\$ 0	\$ 172.00	\$ 497.16
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
		b. Description of Creditor	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$	\$	\$	\$
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page <i>(This should be the sum of all item '3f' from this page)</i>			\$ 497.16
5. Total of ALL CRO-1610 Pages <i>(This line must be on line 22 of Detailed Summary Page CRO-1100)</i>			\$ 497.16