



STATE BOARD OF ELECTIONS
6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT
Executive Director

MAILING ADDRESS:
P.O. BOX 27255
RALEIGH, NC 27611-7255

Certified Mail
Return Receipt Requested

NOTICE OF NONCOMPLIANCE

22 KS
February 16, 2010

Everette Witherspoon, Treasurer
Winston Salem Black PAC
1325 Reynolds Forest Drive
Winston Salem, NC 27107

Re: Winston Salem Black PAC
SBOE ID # STA-D85Y6R-C-001
2009 Year End Semi-Annual Report (7/1/2009 - 12/31/2009)

Dear Mr. Witherspoon,

This is official notice that the 2009 Year End Semi-Annual Report (due January 29, 2010) has not been received by the State Board of Elections.

In addition, if the report is not filed within twenty (20) days after the date of this letter, the Board is mandated by Chapter 1.0104(d) of Title 8 of the North Carolina Administrative Code to issue a **Notice of Termination of Active Status**. This status renders the committee ineligible to receive or make contributions until such time as it has filed the delinquent report and has satisfied any statutory penalty incurred as a result of noncompliance under the provisions of Article 22A of Chapter 163 of the North Carolina General Statutes.

If you need assistance in this matter, you may contact Adam Ragan in this office at (919) 733-7173.

Sincerely,


Kim W. Strach, Deputy Director
Campaign Finance Division

LOCATION: 506 NORTH HARRINGTON STREET • RALEIGH, NORTH CAROLINA 27603 • (919) 733-7173



STATE BOARD OF ELECTIONS
506 North Harrington Street
Raleigh, NC 27603

GARY O. BARTLETT
Executive Secretary-Director

Mailing Address:
P.O. BOX 27255
RALEIGH, NC 27611-7255
(919) 733-7173
CAMPAIGN REP. FAX (919) 715-8047
ADM. FAX (919) 715-0135

Certified Mail
Return Receipt Requested

NOTICE OF TERMINATION OF ACTIVE STATUS

April 12, 2010

Everette Witherspoon, Treasurer
Winston Salem Black PAC
1325 Reynolds Forest Drive
Winston Salem, NC 27107

Re: Winston Salem Black PAC
SBOE ID # STA-D85Y6R-C-001

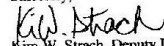
Dear Mr. Witherspoon,

This is official notice that this office has not received the 2009 Year End Semi-Annual Report

As such, this is **Notice of Termination of Active Status** for the committee. In accordance to Chapter 1.0104(d) of Title 8 of the North Carolina Administrative Code the committee is ineligible to receive contributions or make expenditures until such time as any delinquent reports are filed and has satisfied any statutory penalty incurred as a result of noncompliance with the provisions of Article 22A of Chapter 163 of the North Carolina General Statutes.

For further information or assistance in this matter, you may contact Adam Ragan in this office at (919) 733-7173.

Sincerely,


Kim W. Strach, Deputy Director
Campaign Finance Division

4/12/10 EBT

NC Campaign Report Search

Click on one of the 1 link(s) below to view the available reports for that committee. It may take a few seconds to return all of the reports.

Committee Name	SBoE ID	Status	Candidate Name/Parent Entity Name
<u>WS BLACK PAC (WS BLACK PAC WS BLACK PAC)</u>	<u>STA-D85Y6R-C-001</u>	<u>TERMINATED</u>	

BLACK POLITICAL ACTION COMMITTEE
Candidate Ballot

"ENDORSEMENTS"

US SENATE

Vote For

- o Ken Lewis

CLERK OF COURT

Vote For

- o Susan Frye

SCHOOL BOARD AT
LARGE

Vote For

- o Malishai (Shai)
Woodbury

SCHOOL BOARD-
DISTRICT 1

Vote For

- o Jimmie Bonham

NC STATE HOUSE
REPRESENTATIVE

Vote For

- o Earline W. Parmon
District 72

COUNTY
COMMISSIONER-
DISTRICT A

Vote For

- o Everette
Witherspoon
- o Walter Marshall

COURT OF APPEALS

Vote For

- o Jane Gray

COURT OF APPEALS

Vote For

- o Leto Copeley

Paid for by Winston-Salem Black Political Committee

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		c. ID Number	
a. Full Name W/S Black Political Action Committee		STA-185161-C-000011	
b. Mailing Address (include City, State and Zip Code) 1325 Reynolds Forest Dr. Winston-Salem, NC 27107		d. Date Filed 4-19-2010	
		e. Phone Number 336-306-4815	
2. Report Year 2010	3. Period Start Date (mm/dd/yyyy) 1/1/2010	4. Period End Date (mm/dd/yyyy) 7-17-2010	5. Treasurer Full Name Eurette Witherspoon
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input checked="" 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	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name Tristone		a. Financial Institution Full Name	
b. Purpose	c. Account Code WSB PAC-1	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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.			
Eurette Witherspoon Printed Name of Signer		Eurette Witherspoon Signature of Appointed Treasurer	
		4-17-2010 Date	
FOR OFFICE USE ONLY			
Date Received: 4/20/10	Employee: [Signature]	Delivery Method	
Date Postmarked: 4/20/10	Employee: A	<input checked="" type="checkbox"/> Normal Mail	
Date Scanned: 4/21/10	Employee: A	<input type="checkbox"/> Registered Mail	
Date Data Entered:	Employee:	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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	3. ID Number
W/S Black Political Action Committee		First Quarter	STA085YGR-C 0001
Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1285)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$	\$
7) Contributions from Political Party Committees (CRO-1270)		\$	\$
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)		\$	\$
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)		\$ 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)		\$	\$

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		e. ID Number	
a. Full Name WS Black Political Action Committee			
b. Mailing Address (include City, State and Zip Code) 1325 Kinnelab Forest Pt #4 Wilson-Selma, NC 27107		d. Date Filed 7/11/10	
		e. Phone Number 306-4815	
2. Report Year 2010	3. Period Start Date (mm/dd/yy) 4/13/10	4. Period End Date (mm/dd/yy) 6/30/10	5. Treasurer Full Name Euretha Williams
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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 checked="" 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	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name Wachovia		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		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.			
<u>Euretha Williams</u> Printed Name of Signer		<u>Euretha Williams</u> Signature of Appointed Treasurer	
		<u>7/11/10</u> Date	
FOR OFFICE USE ONLY			
Date Received: <u>JUL 28 2010</u>	Employee: <u>A</u>	Delivery Method	
Date Postmarked: <u>7/12/10</u>	Employee: <u>A</u>	<input checked="" type="checkbox"/> Normal Mail	
Date Scanned: <u>7/14/10</u>	Employee: <u>A</u>	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
W/S R-ck Political Action Committee		Over/Under		
Start of Election Cycle: January 1, _____		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)	\$	\$	
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)	\$	\$	
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)				
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)	\$ 0	\$ 0	