Disclosure Report Cover

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 In	nformation		n Barr			Vojas e ya Agiley				
a. Full Name								c. ID Num	ber	
ELECT BOB V	WILLIAMS		···		***				HC715-0-000	
b. Mailing Addr		ty, State and Zi	p Code)	)				d. Date Fi	led	
929 COMMON JACKSONVIL		.6						01	/08/2019	
	.,	•						e. Phone	Number	
								(910	) 750-1356	
2. Report Year	3. Period Star	rt Date (mm/dd/	уу)	4. Period	End Da	ite (m m/dd/	yy) 5. Treas	urer Full Na	ıme	
2018		0/21/2018			12/31/2	2018	ROBER	T E WILLIA	AMS	
6. Type of Com			9. Typ	e of Repor	t (c.	heck only	one type of re	port from o	ne category)	
X Candidate Can	· ···· Permat	•	Munic	ipal		State/Cou	nty	Referende		
Joint Fundrais			□	Organizatio		☐ Organi	zational	☐ Organi	zational	
Referendum		gal Expense Fund	<u> </u>	Thirty-five	-	Quarte	rly	☐ Pre-re:	ferendum	
7. Type of Fund		le, check one)		Pre-primar	_	∏ Fi	rst	☐ Final		
☐ "Booster Fund				Pre-electio	n	☐ Se	cond	Supple:	mental Final	
☐ Building Fund				Pre-runoff		[□ T1	nirđ	Annua	l	
	lection Year Can			Semi-annua	ıl	<b>  ∑</b> Fo	urth	☐ Special	i	
NC Public Can	npaign Financing	g Fund		Mid Yo	ear	Semi-a	nnual			
				Year E	nd		id Year	10. Speci	al Report Name	
Other:				Final		☐ Ye	ear End			
8. Number of Fu	ındraisers this	Report		Special		☐ Final				
	0					Special	[			
3. Account Info	rmation	grafiji Milan Lafterije	ang Jawa	Simo J. Access.	3 Acc	ount Infor	mation	ranatina a are		
a. Financial Inst		me	<u> </u>				tution Full Na	me		
NAVY FEDER	AL CREDIT (	JNION			PAYP					
b. Purpose		c. Account Cod	e		b. Pur	oose		c. Account	Code	
CAMPAIGN F	INANCE		510		ACCEPT DONATIONS ON					
			518			PAIGN W		V73A		
		d. Period Begin	Balan	ce				d. Period I	Begin Balance	
		\$		494.13				\$	0.00	
CERTIFICATIO		-		·····		73				
I certify that th	he Committee o	or Fund is in co	mpliano	e with all a	applicat	ole provisio	ons of Article	22A, 22B &	22D-22M of	
Chapter 163 of	f the NC Gener	al Statutes and	that no	funds are	Commi	ngled with	prohibited or	other non-d	lisclosed	
funds. I furth	er certify that t	his report is co	mplete,	true and c	drrect a	nd that I h	ave been trai	ned by the N	JC State Board	
			•	1/5	$\times$				. O State Board	
				1				01/	/08/2019	
Pı	rinted Name of S	igner	al adiometric 2005	Sign	ature of	Appointed '	Гтеаѕигег		Date	
FOR OFFICE U	SEONLY	to the Land Land	L.			····	••	·····		
Date Receive	ed:	JAN 0 7 20	9	Emplo	yee: _		<u>D</u>	elivery Meth Normal M		
Date Postmarked: Employee: Employee: Hand Delivered						vered				
Date Scanne	d:			Emplo	yee: _			Electronic	ally Filed	
Date Data Entered: Employee: Signer has not re mandatory trainir					E E					
Please Not	e: This form cassistar	annot be used to t treasurer, cus	o amen todian	d committe of books i	ee infor	mation suc	ch as the com	mittee addre	ss, treasurer,	
Y		d the Statement								

## **Detailed Summary**

Amendment

☐ Yes X 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 ELECT BOB WILLIAMS 2018 Fourth Quarter 000-THC715-0-000 Total this Total this Start of Election Cycle: January 1, 2018 Reporting Period **Election Cycle** 4) Cash on Hand at Start 494.13 \$ 59.62 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 0.00 169.00 6) Contributions from Individuals (CRO-1210) \$ 0.00 \$ 2,450.00 7) Contributions from Political Party Committees (CRO-1220) 0.00 \$ 0.00 8) Contributions from Other Political Committees (CRO-1230) 815.33 \$ 1,430.32 9) Loan Proceeds (CRO-1410) \$ \$ 0.00 2,000.00 0) Refunds/Reimbursements to the Committee (CRO-1240) 0.00 \$ 500.00 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 0.05 \$ 0.18 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 \$ 0.00 11c) Outside Sources of Income (CRO-1250) \$ 0.00 243.06 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 \$ 0.00 11e) Exempt Purchase Price Sales (CRO-1265) \$ 0.00 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 815.38 \$ 6,792.56 EXPENDITURES 3) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 319.97 \$ 4,295.00 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 0.00 500.00 13c) Coordinated Party Expenditures (CRO-1310) \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 0.00 209.59 5) Loan Repayments (CRO-1420) \$ 0.00 0.00 (6) Refunds/Reimbursements from the Committee (CRO-1320) \$ 0.00 0.00 7) In-Kind Contributions (CRO-1510) \$ 815.33 \$ 1,673.38 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 1,135.30 6,677.97 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 174.21 \$ 174.21 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 2,000.00 22) Debts and Obligations owed by the Committee (CRO-1610) 0.00 23) Debts and Obligations owed to the Committee (CRO-1620) 0.00 24) Account Transfers Within the Committee (CRO-1720) 200.00 25) Administrative Support (CRO-1710) 0.00 \$ 0.00 26) Forgiven Loans (CRO-1440) 0.00 \$ \$ 0.00 27) 48-Hour Notice Reports Sum

8) Contributions to be Refunded

(CRO-2220)

(CRO-1215)

\$

0.00

0.00

\$

\$

0.00

0.00

						Amendme	 1 <b>t</b>
Contributi	ons from Othe	r Political C	ommittees	eg <sup>1</sup> of	1	☐ Yes	X No
	report contributions f						
	ull Name (and Fund if			og antifetia populos a social	2. I	D Number	eget and
ELECT BOB V					1	000-THC71	
3. Contributor I	Information		Add □ I	Remove	<u>.</u> Attore		ander (1)
	ailing Address & Phone		b. Type of Commi	ittee	d. Comments		
ONSLOW PRO	state, & zip) DTECT OUR STUDE:	NTS	Candidate Referendum	X PAC			
2015 GUM BR			c. Level Registere	ed (Specify)			
#816			☐ Federal	X County:			
JACKSONVIL	LE, NC 28540		☐ State	☐ Municipality:	e. E	lection Sum	to Date
			Onslow		\$		815.33
f. Account Code	g. Form of Payment	h. In-Kind Descri	ption	i. Date (mm/dd/y	ууу)	j. Amount	
	In-Kind	POSTCARDS TO CANDIDATE ISS		10/22/2018		\$	115.33
	In-Kind	NEWSPAPER AD CANDIDATE ISS		10/22/2018		\$	170.00
	In-Kind	NEWSPAPER AL CANDIDATE ISS		11/02/2018		\$	180.00
3. Contributor I	nformation			Remove	eseid,	a e party (figur	
a. Full Name, Ma	ailing Address & Phone		b. Type of Commi	ttee	d. C	omments	
(include city, s	state, & zip)		☐ Candidate	X PAC			100.44
ONSLOW PRO	OTECT OUR STUDE	NTS	Referendum				
2015 GUM BR	ANCH ROAD		c. Level Registere				
#816	Y 77 3167 00640		Federal State	County:			. 5
JACKSONVIL	LE, NC 28540		L State	Municipality:	e. ₪	ection Sum	to Date

In-Kind NEWSPAPER AD TO SUPPORT CANDIDATE ISSUES \$ 170.00

4. Total only this Page \$ \$815.33

5. Total of ALL CRO-1230 Pages \$ \$815.33

NC State Board of Elections

Onslow

h. In-Kind Description

CANDIDATE ISSUES

NEWSPAPER AD TO SUPPORT

f. Account Code g. Form of Payment

CRO-1230

In-Kind

815.33

180.00

April 2007

i. Date (mm/dd/yyyy) j. Amount

\$

11/05/2018

241 D : 4 G					Amendm	dment	
Other Receipt Sources	Pg	1	of	1	☐ Yes	X No	
Ise this form to report income not reported on another form, i.e. in							

	ull Name (and Fund if	orted on another form i.e. in	iterest income, not for			
ELECT BOB V		армісавіс)	of Enforcement Filetory, a serificio	1	2. ID Number	
				1		715-0-000
3. Type of Recei	pt Source (Please us	se separate CRO-1250 forn	ns for each type of Rec	eipt i	Source.)	Days (BONES) L
X Interest		outions from Not-for-Profit Org	ganizations 🔲 Outside Sc	urces	of Incom	е
4. Contributor 1			☐ Remove		acerei/ec	no Albertois
	ailing Address & Phone	b. Not-fo	or-Profit Federal ID#	d. C	omment	s
(include city, s	state, & zip)					
NAVY FEDER	AL CREDIT UNION					
1171 WESTER		c. Outsi	de Source Explanation	]		
JACKSONVIL						
(888) 842-6328				e. E	lection S	um to Date
				\$		0.13
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/y	yyy)	j. Amoui	ıt
5518	Electric Funds Tran		10/31/2018		\$	0.02
5518	Electric Funds Tran		11/30/2018		\$	0.02
4. Contributor I	The state of the s	☐ Add [	Remove		Hargariki	
	iling Address & Phone	b. Not-fo	r-Profit Federal ID#	d. C	omment	ş
(include city, s	tate, & zip)					
	AL CREDIT UNION					
1171 WESTER		c. Outsi	de Source Explanation			
JACKSONVILI						
(888) 842-6328				e. E	lection S	um to Date
				\$		0.13
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yy	уу)	j. Am our	ıt
5518	Electric Funds Tran		12/31/2018		\$	0.01
					\$	
5. Total only	this Page			\$		0.05
(This line goes is (This line goes is	n line 11b of Detailed Sun	Ses nmary Page CRO-1100 if Intere nmary Page CRO-1100 if Not-fo nmary Page CRO-1100 if Outsid	or-Profit Contribution)	\$		0.05
CRO-1250		NC State Board of Elec		2	I	December 2007

75.4 7					Amenament		
Disbursements	Pg	1	of	_1_	☐ Yes	X No	
Lice this form to report amonditures from the committee for a security		7	47.		1** /	7*4 * 1	

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

1 .Carrierassas m	-110NT	·							
	ull Name (and Fund i	таррисавіе)		<u>Titoria se estata es</u>	11/1/	teach green	<u> </u>	2. ID Nur	nber HC715-0-000
ELECT BOB V	VILLIAMS							000-1	HC/13-0-000
3. Type of Disbu	irsement <u>(Please)</u>	use separate CRO	<i>)-1310</i>	forms for each	h typ	e of Disbu	rseme	nt.)	
Operating Exp	oenses 🔲 Contr	ributions to Candidat	es/Polit	cal Committees		Coc	rdinat	ed Party Ex	penditures
4. Payee Inform	The state of the s	ruminist til 1800 och ha	:25 <b>0</b>	Add 🔲	Rei	nove		den per adji Ö	Mary Assertation of Control
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comm	ènts
(include city, sta	te, & zip)								
FACEBOOK, I	NC.								
P.O. BOX 1000				c. Level Regis	tere				
PALO ALTO, (	CA 94303			☐ Federal		County:			
				☐ State		☐ Municip	ality:	e. Bection	n Sum to Date
								\$	285.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
V73A	Electric Funds Tran	A	11	/30/2018	\$	200.00	FAC	EBOOK A	ADS
					\$				
4. Payee Inform	ation	reservicio dell'Arthere e deser	23 D	Add 🔲	Rer	nove	tare see	and September	
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	me	d. Commo	ents
(include city, sta						`			
NETWORK SO	LUTIONS, LLC								
13861 Sunrise	,			c. Level Regist	tere	d (Specify)			
Herndon, VA 2				☐ Federal		County:			
ĺ				☐ State		■ Municip	ality:	e. Election	Sum to Date
					**			\$	119.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyvy)	i. A	mount	k. Re	quired Re	
5518	Debit Card	K		2/01/2018	\$	119.97			ÆB HOST
			1.2	3/01/2010	-	117.77	11411	SKINL I W	ED HOST
					\$				
5. Total only thi	s Page				Sign	pilja ilika		\$	319.97
6. Total of ALL	CRO-1310 Pages		er efferes		41 E.S	Birel Lagra	Maria		
(This line goes i	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)	est sästlumat tatifis	ratu funts		
	n line 13b of Detailed S					s/Political C	omm)	\$	319.97
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	-1100 if	Coordinated Pai	rty E	xpenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)			776		
A* - Media	B* - Printin	g	C* - F	undraising		D - To	Anotl	ner Candio	late
E - Salaries	F* - Equipme	ent	G-Po	itical Party		H* - H	lding	Public O	ffice Expenses
I - Postage	J - Penaltie	S	K* - O	ffice Expenses	s				Expense Fund
O* Other				_		•		J	•
* Codes require	e detailed explanatio	n in required ren	ıarks fi	eld(k)		<u>amigase</u> n enises	200	ogeneral (Flanca	el ar semillar grangs som els
CPO 1310		NC C	tota Doo	nd of Floorisms					D 1 0000

						Amendme	nt	
In-Kind Contributions		Pg	1	of	_1_	☐ Yes	X No	
Has this forms to you set you manatemy and Thurstone of	1				4 - 41			

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)	Clunded Willing	i 7 days. Jeografia	2. ID 1	Number	
ELECT BOB WILLIAMS			-	HC715-0	
3. Contributor Information	Add 🔲 Rei	move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Con	ments	
(include city, state, & zip)	Individual				
ONSLOW PROTECT OUR STUDENTS	☐ Candidate☐ Party				
2015 GUM BRANCH ROAD	X PAC				
#816 JACKSONVILLE, NC 28540	Referendum	ı	d. Elec	tion Sum	to Date
JACKSON VILLE, INC. 263-40	Other Rece	\$	815.33		
e. Description		f. Date (mm/dd	/yyyy)	g. Fair N	Aarket Amount
POSTCARDS TO SUPPORT CANDIDATE ISSUES		10/22/20	18	\$	115.33
NEWSPAPER AD TO SUPPORT CANDIDATE ISSUES		10/22/20	18	\$	170.00
NEWSPAPER AD TO SUPPORT CANDIDATE ISSUES		11/02/20	18	\$	180.00
3. Contributor Information	Add 🔲 Re	move	e vegetyleje		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Con	ments	
(include city, state, & zip)	Individual				
ONSLOW PROTECT OUR STUDENTS	☐ Candidate☐ Party				
2015 GUM BRANCH ROAD #816	X PAC				
JACKSONVILLE, NC 28540	☐ Referendum	L	d. Election Sum to Date		
	Other Rece	ipt Source	\$		815.33
e. Description		f. Date (mm/dd	/уууу)	g. Fair N	Aarket Amount
NEWSPAPER AD TO SUPPORT CANDIDATE ISSUES	, 100	11/05/20	18	\$	180.00
NEWSPAPER AD TO SUPPORT CANDIDATE ISSUES	11/08/20	18	\$	170.00	
				\$	
4. Total only this Page			\$		815.33
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CR	0~1100)		\$		815.33

CRO-1510

NC State Board of Elections

December 2007

				Amendment				
Pg	1_	of	1	☐ Yes	X No			

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

1. Commit	tee Full Name (and Fund if applicab	de)	All San San		2. ID Numb	er	
ELECT B	OB WILLIAMS				000-THC7	15-0-000	
3. Lender	Information	☐ Ad	d 🔲 Remo	ove	· Markovski		
	ne, Mailing Address & Phone		ob Title/Prof	ession	d. Commen	ts	
(include	city, state, & zip)	RE	TIRED				
	E WILLIAMS						
	MONS DR. N				e. Start Dat	e (mm/dd/yyyy)	
JACKSONVILLE, NC 28546		c. E	mpioyer's Na	me/Specific Field	02	2/23/2018	
i					f. End Date	(mm/dd/yyyy)	
					12	/23/2018	
g. Rate	h. Security Pledged	ed i. Original Loan Amount				g Loan Balance	
0.00% NONE \$ 1,000.00					\$	1,000.00	
k. Full Nar	ne of Lending Institution	l. Loan Nun	ıber				
	Information ne, Mailing Address & Phone			ve application application	Principal.		
	city, state, & zip)	<u> </u>	ob Title/Prof	ession	d. Commen	ts	
		K.	TIRED				
	E WILLIAMS IMONS DR. N				e. Start Date (mm/dd/yyyy)		
	NVILLE, NC 28546	c. E	c. Employer's Name/Specific Field			/08/2018	
						(mm/dd/yyyy)	
					01	/08/2019	
g. Rate	b. Security Pledged		i. Original I	oan Amount	j. Remainin	g Loan Balance	
0.00%	NONE		\$	1,000.00	\$	1,000.00	
k. Full Nar	ne of Lending Institution				l. Loan Nun	ber	
4. Total	only this Page				\$	2,000.00	
	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary	y Page CRO-11	00)		\$	2,000.00	

CRO-1430

NC State Board of Elections

December 2007

Use this for	rm to transfer money bet	ween multiple bank, dep	tee Page 1 of ository or credit accounts.	Amenda 1 Ves	nent 🛛 No
1. Committ	ee Full Name (and Fund	if applicable)		2. ID Numb	er
ELECT BO	OB WILLIAMS			000-THC7	
3. Transfer	Information			Tana (Alba a serencia)	. Projekt a soutenberg
a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount	
☐ Add ☐ Remove	5518	V73A	12/01/2018	\$	200.00
	only this Page			\$	200.00
	of ALL CRO-1720 I must be on line 24 of Detail	Pages ed Summary Page CRO-110	10)	\$	200.00
CRO-1720		NC State Board o	f Elections	1	December 2007



# North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director



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

# **Certification of Inactive Status**

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign

### FILED BY:

Committee Name:

Elect Bob Williams

Treasurer Name:

Robert E. Williams

Treasurer Address:

929 Commons Dr. N

(include city, state, & zip)

Jacksonville, NC 28546

Treasurer Phone:

(910) 750-1356

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

January 8, 2019

Date Signed

Signature

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