

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 ELECT BOB WILLIAMS	c. ID Number 000-THC715-0-000
b. Mailing Address (include City, State and Zip Code) 929 COMMONS DR. N JACKSONVILLE, NC 28546	d. Date Filed 09/30/2013
	e. Phone Number (910) 750-1356

2. Report Year 2013	3. Period Start Date (mm/dd/yy) 07/16/2013	4. Period End Date (mm/dd/yy) 09/30/2013	5. Treasurer Full Name ROBERT E WILLIAMS
-------------------------------	--	--	--

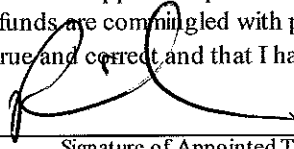
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input checked="" 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	<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	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<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 0		10. Special Report Name MUNICIPAL 35 DAY REPORT		

3. Account Information		3. Account Information	
a. Financial Institution Full Name NAVY FEDERAL CREDIT UNION		a. Financial Institution Full Name NAVY FEDERAL CREDIT UNION	
b. Purpose CAMPAIGN FINANCE	c. Account Code 2997	b. Purpose CAMPAIGN FINANCE	c. Account Code 4283
	d. Period Begin Balance \$ 0.00		d. Period Begin Balance \$ 0.00

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

ROBERT E WILLIAMS
 Printed Name of Signer


 Signature of Appointed Treasurer

09/30/2013
 Date

FOR OFFICE USE ONLY

Date Received: SEP 30 2013 Employee: KH

Date Postmarked: BY: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

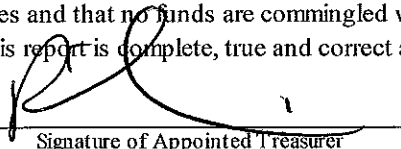
Signer has not received mandatory training

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.

Disclosure Report Cover Addendum

Amendment
 Yes No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ELECT BOB WILLIAMS		000-THC715-0-000	
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
AMERICAN EXPRESS		DISCOVER CARD	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CREDIT CARD EXPENDITURES	61003	CREDIT CARD EXPENDITURES	6396
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$ 0.00
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			
<u>ROBERT E WILLIAMS</u>			<u>09/30/2013</u>
Printed Name of Signer		Signature of Appointed Treasurer	Date
Please Note: This cover sheet cannot be used to amend committee information such as the committee name 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	
ELECT BOB WILLIAMS		2013 Special 35 day Report		000-THC715-0-000	
Start of Election Cycle: January 1, 2013				Total this Reporting Period	
				Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 0.00	
6) Contributions from Individuals		(CRO-1210)		\$ 2,638.99	
7) Contributions from Political Party Committees		(CRO-1220)		\$ 0.00	
8) Contributions from Other Political Committees		(CRO-1230)		\$ 0.00	
9) Loan Proceeds		(CRO-1410)		\$ 0.00	
10) Refunds/Reimbursements to the Committee		(CRO-1240)		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$ 0.01	
11b) Contributions from Not-For-Profit Organizations		(CRO-1250)		\$ 0.00	
11c) Outside Sources of Income		(CRO-1250)		\$ 0.00	
11d) Legal Expense Fund - Other Sources		(CRO-1270)		\$ 0.00	
11e) Exempt Purchase Price Sales		(CRO-1265)		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 2,639.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 2,586.42	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 0.00	
13c) Coordinated Party Expenditures		(CRO-1310)		\$ 0.00	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ 0.00	
15) Loan Repayments		(CRO-1420)		\$ 0.00	
16) Refunds/Reimbursements from the Committee		(CRO-1320)		\$ 0.00	
17) In-Kind Contributions		(CRO-1510)		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 2,586.42	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ 52.58	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)		\$ 0.00	
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)		\$ 0.00	
25) Administrative Support		(CRO-1710)		\$ 0.00	
26) Forgiven Loans		(CRO-1440)		\$ 0.00	
27) 48-Hour Notice Reports Sum		(CRO-2220)		\$ 0.00	
28) Contributions to be Refunded		(CRO-1215)		\$ 0.00	

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	
ELECT BOB WILLIAMS						000-THC715-0-000	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT E WILLIAMS 929 COMMONS DR. N JACKSONVILLE, NC 28546 (910) 750-1356				PHOTOGRAPHER			
				c. Employer's Name/Specific Field			
				BOB'S GRAPHICS			
				e. Election Sum to Date		\$ 2,638.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	4283	Cash		07/16/2013	\$ 15.00		
<input type="checkbox"/>	4283	Cash		07/16/2013	\$ 25.00		
<input type="checkbox"/>	61003	Credit Card		07/16/2013	\$ 29.95		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT E WILLIAMS 929 COMMONS DR. N JACKSONVILLE, NC 28546 (910) 750-1356				PHOTOGRAPHER			
				c. Employer's Name/Specific Field			
				BOB'S GRAPHICS			
				e. Election Sum to Date		\$ 2,638.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	61003	Credit Card		07/16/2013	\$ 137.35		
<input type="checkbox"/>	61003	Credit Card		07/24/2013	\$ 59.90		
<input type="checkbox"/>	6396	Credit Card		07/29/2013	\$ 35.84		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT E WILLIAMS 929 COMMONS DR. N JACKSONVILLE, NC 28546 (910) 750-1356				PHOTOGRAPHER			
				c. Employer's Name/Specific Field			
				BOB'S GRAPHICS			
				e. Election Sum to Date		\$ 2,638.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	4283	Electric Funds Tran		08/08/2013	\$ 18.30		
<input type="checkbox"/>	4283	Electric Funds Tran		08/24/2013	\$ 450.00		
<input type="checkbox"/>	4283	Electric Funds Tran		08/27/2013	\$ 300.00		
4. Total only this Page						\$ 1,071.34	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,638.99	

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	
ELECT BOB WILLIAMS					000-THC715-0-000	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT E WILLIAMS 929 COMMONS DR. N JACKSONVILLE, NC 28546 (910) 750-1356			PHOTOGRAPHER			
			c. Employer's Name/Specific Field			
			BOB'S GRAPHICS		e. Election Sum to Date	
					\$ 2,638.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4283	Cash		08/30/2013	\$ 300.00	
<input type="checkbox"/>	61003	Credit Card		09/04/2013	\$ 627.65	
<input type="checkbox"/>	4283	Electric Funds Tran		09/11/2013	\$ 600.00	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT E WILLIAMS 929 COMMONS DR. N JACKSONVILLE, NC 28546 (910) 750-1356			PHOTOGRAPHER			
			c. Employer's Name/Specific Field			
			BOB'S GRAPHICS		e. Election Sum to Date	
					\$ 2,638.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4283	Electric Funds Tran		09/20/2013	\$ 40.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,567.65	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,638.99	

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
ELECT BOB WILLIAMS			000-THC715-0-000	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income				
4. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
NAVY FEDERAL CREDIT UNION 1171 WESTERN BLVD. JACKSONVILLE, NC 28546 (888) 842-6328		c. Outside Source Explanation		
			e. Election Sum to Date	
			\$ 0.01	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
4283	Electric Funds Tran		08/30/2013	\$ 0.01
				\$
5. Total only this Page			\$ 0.01	
6. Total of ALL CRO-1250 Pages			\$ 0.01	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				

Disbursements

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

1. Committee Full Name (and Fund if applicable) ELECT BOB WILLIAMS						2. ID Number 000-THC715-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) AFFORDABLE BUTTONS 3269 19ST NW #6 ROCHESTER, MN 55901 (888) 603-0308				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 59.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
61003	Debit Card	B	07/24/2013	\$ 59.90	CAMPAIGN BUTTONS		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DALEY PROFESSIONAL WEB SOLUTIONS PO Box 402 Montgomery, NY 12549 (845) 527-8188				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 29.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
61003	Debit Card	K	07/16/2013	\$ 29.95	CAMPAIGN WEBSITE TEMPLATE		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ENC WEEKLY LLC PO BOX 4201 EMERALD ISLE, NC 28594 (910) 934-1738				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 510.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4283	Check	A	08/30/2013	\$ 510.00	CAMPAIGN ADVERTISEMENT		
				\$			
5. Total only this Page						\$ 599.85	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 2,586.42	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable) ELECT BOB WILLIAMS	2. ID Number 000-THC715-0-000
--	---

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> FACEBOOK, INC. P.O. BOX 10005 PALO ALTO, CA 94303 (800) 606-5589			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 18.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4283	Draft	A	08/08/2013	\$ 18.30	FACEBOOK ADS
				\$	

4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> FAIRWAY OUTDOOR ADVERTISING, LLC 1530 S COLLEGE ROAD WILIMINGTON, NC 28403 (910) 343-1900			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 1,100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4283	Debit Card	A	09/13/2013	\$ 1,100.00	POSTER DISPLAY
				\$	

4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ONSLOW COUNTY BOARD OF ELECTIONS 4024 Richlands Hwy JACKSONVILLE, NC 28540 (910) 455-4484			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 15.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4283	Cash	H	07/16/2013	\$ 15.00	CANDIDATE FILING FEE
				\$	

5. Total only this Page	\$ 1,133.30
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 2,586.42

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
ELECT BOB WILLIAMS						000-THC715-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
OUT THE DOOR PRINTING 2151 DENTON AVE SUITE A COOKEVILLE, TN 38501 (800) 653-3065							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 627.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
61003	Debit Card	B	09/04/2013	\$ 627.65	YARD SIGNS		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
VISTAPRINT 95 Hayden Avenue Lexington Lexington, MA 02421 (866) 614-8002							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 137.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
61003	Debit Card	B	07/16/2013	\$ 137.35	HANDOUT CARDS		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
WALGREENS 359 WESTERN BLVD. JACKSONVILLE, NC 28546 (910) 355-7056							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 88.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
6396	Debit Card	B	07/29/2013	\$ 35.84	CAMPAIGN FLYERS		
4283	Debit Card	B	09/08/2013	\$ 37.45	CAMPAIGN FLYERS		
5. Total only this Page						\$ 838.29	
6. Total of ALL CRO-1310 Pages						\$ 2,586.42	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
ELECT BOB WILLIAMS						000-THC715-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WALGREENS 359 WESTERN BLVD. JACKSONVILLE, NC 28546 (910) 355-7056							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 88.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4283	Debit Card	B	09/20/2013	\$ 14.98	CAMPAIGN FLYERS		
				\$			
5. Total only this Page						\$ 14.98	
6. Total of ALL CRO-1310 Pages						\$ 2,586.42	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							