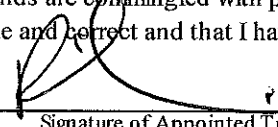


Disclosure Report Cover

Amendment
 Yes No

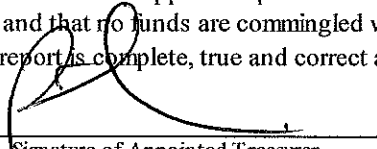
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information			
a. Full Name			c. ID Number
ELECT BOB WILLIAMS			000-THC715-0-000
b. Mailing Address (include City, State and Zip Code)			d. Date Filed
929 COMMONS DR. N JACKSONVILLE, NC 28546			07/02/2014
			e. Phone Number
			(910) 750-1356
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	04/20/2014	06/30/2014	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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal State/County Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day Quarterly <input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Pre-election <input checked="" type="checkbox"/> Second <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Mid Year Semi-annual <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> <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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
NAVY FEDERAL CREDIT UNION		NAVY FEDERAL CREDIT UNION	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FINANCE	2997	CAMPAIGN FINANCE	4283
	d. Period Begin Balance		d. Period Begin Balance
	\$ 5.00		\$ 159.19
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	
		07/02/2014 Date	
FOR OFFICE USE ONLY			
Date Received:	_____	Employee: _____	Delivery Method
Date Postmarked:	_____	Employee: JUL 02 2014	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee: _____	<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
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>			

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) ELECT BOB WILLIAMS		2. ID Number 000-THC715-0-000	
3. Account Information		3. Account Information	
a. Financial Institution Full Name NAVY FEDERAL CREDIT UNION		a. Financial Institution Full Name AMERICAN EXPRESS	
b. Purpose CAMPAIGN FINANCE	c. Account Code 5518	b. Purpose CREDIT CARD EXPENDITURES	c. Account Code 61003
	d. Period Begin Balance \$ 203.15		d. Period Begin Balance \$
3. Account Information		3. Account Information	
a. Financial Institution Full Name DISCOVER CARD		a. Financial Institution Full Name	
b. Purpose CREDIT CARD EXPENDITURES	c. Account Code 6396	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			
<u>ROBERTE WILLIAMS</u> Printed Name of Signer		 Signature of Appointed Treasurer	<u>07/02/2014</u> 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	2014 Second Quarter	000-THC715-0-000	
Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 367.34	\$ 41.91
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 901.62	\$ 4,378.86
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.03	\$ 0.09
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 901.65	\$ 4,378.95
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 347.75	\$ 3,442.20
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 861.62	\$ 919.04
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,209.37	\$ 4,361.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 59.62	\$ 59.62
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	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

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	
ELECT BOB WILLIAMS					000-THC715-0-000	
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	
STEVE BARBOUR 201 JAMES STREET EMERALD ISLE, NC 28594			PUBLISHING			
			c. Employer's Name/Specific Field			
			ENC WEEKLY		e. Election Sum to Date	
					\$ 700.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	DONATED 1/2 PAGE AD SPACE FOR THANK YOU	05/09/2014	\$ 600.00	
<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	
ROBERT E WILLIAMS 929 COMMON DR. N JACKSONVILLE, NC 28546 (910) 750-1356			PHOTOGRAPHER			
			c. Employer's Name/Specific Field			
			BOB'S GRAPHICS		e. Election Sum to Date	
					\$ 1,601.62	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4283	In-Kind	REFRESHMENTS AT EARLY VOTING POLL	04/23/2014	\$ 78.38	
<input type="checkbox"/>	4283	In-Kind	REFRESHMENTS PURCHASED FROM	05/05/2014	\$ 183.24	
<input type="checkbox"/>	5518	Electric Funds Tran		05/08/2014	\$ 40.00	
4. Total only this Page					\$ 901.62	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 901.62	

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 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 \$ 0.04	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
4283	Electric Funds Tran		04/30/2014	\$ 0.01	
				\$	
4. Contributor Information <input 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 \$ 0.05	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
5518	Electric Funds Tran		04/30/2014	\$ 0.01	
5518	Electric Funds Tran		05/30/2014	\$ 0.01	
5. Total only this Page				\$ 0.03	
6. Total of ALL CRO-1250 Pages <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>				\$ 0.03	

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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HAMPTON INN & SUITES JACKSONVILLE, NC 1032 HAMPTON WAY JACKSONVILLE, NC 28546 (910) 347-3400							
				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	
						\$ 347.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5518	Debit Card	O	05/08/2014	\$ 347.75	ELECTION NIGHT		
				\$	GATHERING		
5. Total only this Page						\$ 347.75	
6. Total of ALL CRO-1310 Pages						\$ 347.75	
<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)							

In-Kind Contributions

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)		2. ID Number	
ELECT BOB WILLIAMS		000-THC715-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
STEVE BARBOUR 201 JAMES STREET EMERALD ISLE, NC 28594		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
		\$	700.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONATED 1/2 PAGE AD SPACE FOR THANK YOU ADVERTISEMENT IN ENC WEEKLY		05/09/2014	\$ 600.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ROBERT E WILLIAMS 929 COMMON DR. N JACKSONVILLE, NC 28546 (910) 750-1356		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
		\$	1,601.62
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
REFRESHMENTS AT EARLY VOTING POLL PURCHASED FROM WALMART		04/23/2014	\$ 78.38
REFRESHMENTS PURCHASED FROM SAM'S CLUB FOR ELECTION NIGHT GATHERING		05/05/2014	\$ 183.24
			\$
4. Total only this Page		\$	861.62
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	861.62